



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #20-13-ELI

MEETING THE NEEDS OF INDIVIDUALS AND FAMILIES AFFECTED BY THE CORONAVIRUS (COVID-19)

<p>Date: March 19, 2020</p>	<p>Subtopic(s): Application, Recertification, ACCESS HRA, Single Issuance Requests, D&C, Providing Interpretation Services, Document Return, PC Bank</p>
<p>Refer to PB #18-37-OPE, PB #17-13-OPE, PB #17-76-SYS, CD #18-02, PB #18-23-ELI, and PB #18-20-OPE</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff of operational changes due to the outbreak of coronavirus (COVID-19). This policy bulletin is informational for all other staff.</p> <p><u>Cash Assistance Applications and Recertifications</u></p> <p>Individuals applying/recertifying for Cash Assistance (CA) at a Job Center will be directed to the Personal Computer (PC) Banks in all CA and SNAP Centers that have one in operation. Through the ACCESS HRA (AHRA) website, the following may be submitted:</p> <ul style="list-style-type: none"> • CA electronic application (CA E-App) forms (NYC’s electronic version of the New York State Application for Certain Benefits and Services [LDSS-2921] form) can be submitted using PC Bank terminals; and • CA electronic recertification (CA E-Recert) forms (NYC’s electronic version of the New York State Recertification Form for Certain Benefits and Services [LDSS-3174] form) can be submitted using PC Bank terminals at select Job Centers, on all computers that have an internet connection, and Apple and Android mobile devices with the ACCESS HRA Mobile App. • CA Single Issuance (SI) grant requests CA E-Special Grant (E-SG) form (NYC’s electronic version of the Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) [W-137A]) can be submitted using PC Bank terminals. • SNAP electronic application (E-App) forms (NYC’s electronic version of the New York State SNAP Application/Recertification [LDSS-4826] form) can be submitted using PC Bank terminals.

HAVE QUESTIONS ABOUT THIS PROCEDURE?

Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- SNAP electronic recertification (**E-Recert**) forms (NYC’s electronic version of the **LDSS-4826** form) can be submitted using PC Bank terminals.
- SNAP E-Periodic Report can be submitted using PC Bank terminals.

Note: Additional guidance will be provided for individuals residing in Residential Treatment Programs serviced by the Residential Treatment Service Center (Job Center #52).

Everyone will receive an application kit at the Job Center

Note: If the PC Bank is not available, there is no functional PC Bank in the location, or the applicant/participant does not want to complete the action in the PC Bank, they will receive a paper application or paper recertification form to complete. Once that is completed, they are able to hand the application/recertification form to the Job Opportunity Specialist (JOS)/Worker or drop the completed application/recertification form into the drop box.

Staff must ensure they have a contact telephone number for the individual.

If the completed application/recertification is given to the JOS/Worker, they must ensure that the application or recertification form is completed, signed, and a contact telephone number is provided. **It is imperative that the JOS/Worker gets a contact telephone number from the applicant/participant, to ensure that staff can reach the applicant/participant to complete the interview.**

Drop Box

Signage near drop box must remind individuals to ensure a telephone number is on their application/recertification.

An applicant/participant may also put a completed application/recertification form into the drop box. All Centers will designate a place where a signed application/recertification form can be signed and dropped off. If information on the application/recertification is missing, the JOS/Worker will mail the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) form to the applicant/participant.

Note: All paper applications will be registered.

CA Interviews

Refer to [PD#18-10-OPE](#)

All CA eligibility and recertification interviews should be conducted by telephone, as opposed to in-person or “face-to-face”. However, if the applicant/participant requests an in-person interview, it must be provided to them. Applicants/Participants with limited or no ability to speak, read, write, or understand English, must be provided with communication assistance in their preferred language(s). All applicants/participants have the right to free interpretation services.

Note: For individuals applying or recertifying for SNAP, current

processes and protocols should be continued. Refer to page 7 of this policy bulletin.

For CA applicants/participants, after completion at the PC Bank, designated staff will annotate the Applicant Cases Assignment Log ([W-111H](#)) with the applicant/participant's name and contact telephone number. The **W-111H** form is available on DSS eDocs. There will be a separate **W-111H** form for applications and recertifications. Cases will be assigned to the JOS/Worker staff using the **W-111H** form. The Center Director or Designee will be in charge of tracking the cases on the **W-111H** form, to ensure that interviews have been conducted.

No telephone

Applicants/Participants without a telephone, or those who may want to have their interview while they are at the Job Center, may use a telephone located within designated workstations in the Job Center. The applicant/participant will be asked to wait by the designated telephone to receive a call from the JOS/Worker assigned to the case for the telephone interview.

Supervisors should follow current procedure regarding assigning cases. For PC Bank cases, please refer to [PB #18-37-OPE](#) and [PB #17-76-SYS](#). For Single Issuance grant requests, please refer to [PB #19-61-SYS](#) and [PB #19-44-SYS](#).

Telephone interviews will be initiated by the JOS/Worker calling the applicant/participant within a prescribed three-hour window or calling the designated workstations for those individuals who have no access to a telephone or who have asked to conduct their interview while in the Center. If there is no response, the JOS/Worker will continue to make contact, up to 7 days, to complete the CA eligibility or recertification interview by telephone. Staff should leave a voicemail with their name and contact telephone number in instances where an applicant/participant does not answer the telephone call and a voicemail is set up. Staff should annotate the Participant Request Control Card (**W-111F**) form with the outcome each time they contact the applicant/participant. The Center Director or Designee will be in charge of tracking the **W-111F** form.

Refer to [PB #15-95-SYS](#) and [PB #18-78-OPE](#)

If the applicant/participant does not receive a call, they may call Infoline at (718) 557-1399, who will create a record of the inquiry and forward it to the Center. Interviews will be conducted in the Paperless Office System (POS). All relevant eligibility questions will be asked, and all necessary documentation will be requested. For telephone interviews, the **W-113K** will be mailed to the applicant/participant upon completion of the telephone interview. The JOS/Worker will inform the applicant/participant that they can submit their documents using the

ACCESS HRA Mobile App or self-service scanners in the Job Center to return documents. If no interview was conducted, the Center will need to make a decision as per current procedure.

Immediate Needs

Refer to [PD #17-01-ELI](#)

A food-related Code **44** grant may be issued if the household has an immediate need and meets one of the following criteria:

- The household appears to be ineligible for expedited processing of their SNAP application;
- The applicant is determined ineligible for SNAP benefits (e.g., SNAP ineligible noncitizen); or
- The household is eligible for same-day SNAP benefits; however the benefits will not be available on the same day.

Job Center Directors must ensure that eligible applicant households are issued Code **44** grants whenever a need is demonstrated. The amount of the Code **44** grant issued will be approved by the Center Director/Designee. The applicant will receive a fifteen (15) day immediate needs grant.

Adding another adult on case

In instances where a second (or other) adult needs to be added on the CA application/recertification, the following will occur:

- If the head of household is in-Center, they can be provided with the CA application/recertification form or the printed POS version of the CA application/recertification (after the interview is completed), along with a self-addressed stamped envelope to mail back the application/recertification form.
- If the head of household is not in-Center, they will be mailed the CA application/recertification form with a self-addressed stamped envelope, and the **W-113K** form to submit any missing information.

CBIC Cards

The Common Benefit Identification Card (CBIC) can be issued without photographs affixed. No referrals should be made to the Automated Finger Imaging System (AFIS) unit.

Refer to [PB #19-42-SYS](#)

Applicants who stay for in-Center interviews will be referred to Disbursement and Collection (D&C) and be given vault cards. The vault card is used as a temporary card until the applicant/re-applicant receives their CBIC in the mail.

Note: Homeless applicants without access to mail will be referred to the

CBIC over-the-counter site.

Refer to [PD #20-03-SYS](#)

Applicants with telephone interviews will be instructed to go to the CBIC over-the-counter sites located at 109 East 16th Street, New York, NY 10003, or 227 Schermerhorn Street, Brooklyn, NY 11201, if they need a CBIC card because they are eligible for Expedited SNAP or an Immediate Needs grant. The above CBIC over-the-counter locations will be consolidated into one location, located at 227 Schermerhorn Street, Brooklyn, NY 11201, as of April 10, 2020.

CA Six-Month Mailers

No negative action will be taken on participants that fail to submit the six-month mailer.

Engagement/Employment Appointments

All engagement appointments will be scheduled out for dates beginning on or after June 1, 2020. Applicants/Participants will be called back into the Job Center for an assessment at that time.

Job Center staff must contact individuals with scheduled appointments by telephone to instruct them not to come to the engagement/employment appointment scheduled before June 1, 2020, and that they will receive a new appointment in the mail. For those individuals that appear, the appointment will be cancelled and rescheduled for June 1, 2020 and beyond. Carfare will be issued to the individuals that appear in the Job Center, if needed. Good cause will be granted to individuals that do not appear for their appointment, and a new appointment will be rescheduled for June 1, 2020 and beyond. The ISAR worklist will be suspended for the duration of this process.

Refer to [PB #19-45-EMP](#)

The Employability Assessment (EA)/Employment Plan (EP) can be conducted via the telephone as part of the interview process. The EP will be mailed to the applicant/participant.

Child care appointments will be given as per normal procedure for employed applicants/participants only.

Refer to [PD #19-08-ELI](#)

Domestic Violence (DV) screening must be conducted as part of the eligibility interview over the telephone. Any resulting referrals will be made as per normal procedure. Domestic Violence Liaisons (DVL) will be doing assessments via telephone.

Refer to [PD #12-14-EMP](#)

Substance Abuse screening must be conducted as part of the eligibility interview over the telephone. Any resulting referrals will be made as per

normal procedure. No negative actions will be taken if an applicant/participant fails to comply with the further assessment.

Refer to [PD #15-10-ELI](#)

Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) referrals will be made as per normal procedure. WeCARE will continue to see individuals already assigned or part of the Wellness track, but no negative actions will be taken for any instances of non-compliance.

The Office of Child Support Services (OCSS) appointment will be given for June 1, 2020 and beyond.

Refer to [PB #19-56-OPE](#)

For applicants with a Front End Detection System (FEDS) indicator, staff must refer the case to the Bureau of Eligibility Verification (BEV) as per current procedure. The Family Independence Administration (FIA) will post a referral code to BEV to initiate a paper review, but the applicant/participant will not be referred in-person to BEV. BEV will only be conducting paper reviews and contacting applicants when necessary via telephone. Information Technology and Systems (ITS) will suppress the BEV referral notice to the applicant/participant. Staff must not mail the BEV appointment notice that generates from POS, if one is generated, to the applicant.

Carfare for Applicants

Applicants who report to the Center that elect to interview by telephone outside of the Center will be given two single ride Metro Cards to get home and to CBIC over-the-counter site (if necessary). Staff will reconcile in AMIS after the case is registered.

CA Special Grant Requests

Refer to [PB #19-61-SYS](#)
and [PB #19-44-SYS](#)

Due to the current crisis, evictions and utility shut-offs are suspended (although utility providers may still send turn-off notices). CA Special Grant Requests will be done via the current process, with an effort to encourage applicants/participants towards using ACCESS HRA to submit a special grant request, especially from outside the Center.

- It must be noted that currently, there is no routing solution from Front Door Reception (FDR) or self-service kiosks to route applicants/participants directly to the PC Bank for submission of their CA Special Grant Requests. FDR and self-service kiosk staff must ask the applicant/participant if they have an active case and if they are making a special grant request. If so, the applicant/participant will be routed to the PC Banks.

- For locations with PC Banks, the participant is routed there to submit a special grant request via ACCESS HRA. However, the participant still has the option to submit the special grant request via the **W-137A** at Customer Service Information Center (CSIC).
- For locations without PC Banks, the participant will be informed of submitting a special grant request via ACCESS HRA. The participant still has the option to submit the special grant request via the **W-137A** at CSIC.
- For rent arrears requests requested either in-person or online, Homelessness Diversion Unit (HDU) staff will contact the applicant/participant. Any documents brought into the Center will be collected for HDU, who will use them when contacting the individual.

Note: The Home Energy Assistance Program (HEAP) season has been extended to April 20, 2020.

Supplemental Nutrition Assistance Program (SNAP)

Individuals may apply for CA at a stand-alone SNAP Center using the PC Banks to access the AHRA website or may fill out a paper application (**LDSS-2921**). The completed **LDSS-2921** application will be emailed to the appropriate Job Center according to zip code, by the designated individual.

Refer to [PB #17-13-OPE](#), [PB #17-76-SYS](#), [CD #18-02](#), and [PB #18-23-ELI](#)

All processes will remain the same, with applicants/participants being directed to SNAP on-demand.

SNAP case changes will be handled as per current procedure.

No negative actions will be taken for failure to submit SNAP periodic reports.

All Able-Bodied Adult Without Dependents (ABAWD) rules are currently suspended.

Effective March 18, 2020

Related Items:

- [CD #18-02](#)
- [PB #15-95-SYS](#)
- [PB #17-13-OPE](#)
- [PB #17-76-SYS](#)
- [PB #18-20-OPE](#)
- [PB #18-23-ELI](#)
- [PB #18-37-OPE](#)
- [PB #18-78-OPE](#)
- [PB #19-08-ELI](#)
- [PB #19-42-SYS](#)
- [PB #19-44-SYS](#)
- [PB #19-45-EMP](#)
- [PB #19-61-SYS](#)
- [PB #19-56-OPE](#)
- [PD #12-14-EMP](#)
- [PD #15-10-ELI](#)
- [PD #17-01-ELI](#)
- [PD #18-10-OPE](#)
- [PD #20-03-SYS](#)

Attachments:

- W-111F** Participant Request Control Card (Rev. 9/2/11)
- W-111H** Applicant Cases Assignment Log (Rev. 3/19/20)
- W-113K** Documentation Requirements and/or Assessment Follow-Up (Rev. 8/21/12)
- W-113K (S)** Documentation Requirements and/or Assessment Follow-Up (Spanish) (Rev. 8/21/12)
- W-137A (E)** Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Rev. 3/16/20)
- W-137A (S)** Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only) (Spanish) (Rev. 3/16/20)

Participant Request Control Card

Job Center No. _____ Group _____

Month _____ Year _____

Page _____ of _____

Request Date	No. of Ext. Days	Participant's Name	Case Number	Case-Load	Participant Request						Action Taken		Sign Off Date	Req. Iss. Date	Act. Iss. Date
					H/H Add.	Other Add. Allow (Specify)	Emergencies			Approved	Denied				
							Shelter	Utility	Other (spec)						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1															
2															
3															
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14															
15															

SAMPLE

Group Total _____ Job Center Total _____



Applicant Cases Assignment Log

Date: _____

Case Management Unit

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name	Applicant's Name
Phone Number	Phone Number	Phone Number	Phone Number	Phone Number	Phone Number
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SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____
SNAP Filing Date: _____
Subject: _____

Documentation Requirements and/or Assessment Follow-Up

NOTE: As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In order to determine your current or continued eligibility for Cash Assistance (CA), Supplemental Nutrition Assistance Program (SNAP), Medical Assistance (MA), or to process your request for an allowance or special status you must provide the documents indicated below, together with this form, by the due date. If you cannot get the required documents/information by the due date, contact your Worker and ask for an extension. If you cannot get the required documents/information at all, contact your Worker immediately, as he/she may assist you in obtaining the required documents/information. The **W-119D**, which lists the common documents that may be used to verify any eligibility factors listed on **page 2**, is attached.

Due Date: _____ Must see Worker upon return.

Forms Reminder (Please return the following Agency form(s), completed and signed where necessary.)

<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allowment <input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance <input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> W-147CC Certification of Move Statement <input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee) <input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant	<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care Provider <input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance <input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral <input type="checkbox"/> W-582A Family Care Assessment <input type="checkbox"/> W-700E School Attendance Verification Letter
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CA Appointment Reminder

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> BTW (Back to Work) Vendor Appointment	<input type="checkbox"/> CASAC – Credentialed Alcoholism/and Substance Abuse Counselor Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Agency for Children's Services Appointment
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Notes: For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Número del Centro: _____

Fecha de Registro de SNAP: _____

Tema: _____

Requisitos de la Documentación y/o Seguimiento de Evaluación

NOTA: A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Para llegar a una determinación de su actual estado de elegibilidad de Asistencia en efectivo, Programa de Asistencia de Nutrición Suplementaria, Asistencia Médica y/o procesar su pedido para una asignación o condición especial usted debe proporcionar los documentos y/o datos indicados abajo, junto con el presente formulario, a más tardar para la fecha de presentación. Si no puede conseguir los documentos/datos necesarios para dicha fecha, comuníquese con su Trabajador y pida una extensión. Si le es imposible conseguir los documentos/datos necesarios comuníquese con su Trabajador puesto que éste puede ayudarle a obtener los documentos/datos necesarios. El **W-119D (S)**, que lista los documentos comunes que pueden servir para comprobar los factores de elegibilidad indicados en la **página 2**, se encuentra adjunto.

Fecha de Presentación: _____ Tiene que reunirse con el Trabajador al regresar.

Recordatorio de Formularios (Favor de devolver el/los siguiente(s) formulario(s) de la Agencia, llenado(s) y firmado(s) si necesario.)

<input type="checkbox"/> LDSS-2474 (S) SSI Referencia y Certificación de Contacto <input type="checkbox"/> M-15 (S) Investigación Respecto a Beneficios de Veteranos/Asignación <input type="checkbox"/> W-146E (S) Solicitud para Pagar Alquiler Atrasado que Exceda la Asignación Máxima de Asistencia en Efectivo para Refugio <input type="checkbox"/> W-146W (S) Verificación del Alquiler del Inquilino, Sección 8 <input type="checkbox"/> W-147CC (S) Certificación Respecto a Declaración de Mudanza <input type="checkbox"/> W-147M (S) Declaración del Casero (Respecto a Honorarios del Agente) <input type="checkbox"/> W-147Q (S) Declaración del Inquilino Principal con Respecto a la Ocupación del Inquilino Secundario	<input type="checkbox"/> W-274U (S) Atestación de Empleo como Proveedor de Cuidado Infantil Informal <input type="checkbox"/> W-299 (S) Aviso a Solicitantes y Participantes con Respecto a Seguros de Salud de Tercera Persona <input type="checkbox"/> W-451 (S) NYPD – Reporte del Departamento de la Policía de Nueva York/ Referencia <input type="checkbox"/> W-582A (S) Evaluación de Cuidado Familiar <input type="checkbox"/> W-700E (S) Carta de Verificación de Asistencia a la Escuela
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Recordatorio de Cita de Asistencia En Efectivo

<input type="checkbox"/> BEV – (Bureau of Eligibility Verification) Cita en la Oficina de Verificación de Elegibilidad <input type="checkbox"/> OCSE – (Office of Child Support Enforcement Appointment) Cita en la Oficina de Aplicación de Manutención de Niños <input type="checkbox"/> De Regreso al Trabajo (Back to Work) Cita del Contratista	<input type="checkbox"/> CASAC – (Credentialed Alcoholism/and Substance Abuse Counselor Appointment) Cita con el Consejero de Control de Abuso de Alcoholismo/Sustancias <input type="checkbox"/> WeCARE – (Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment) Cita con el Proveedor Médico de Bienestar, Evaluación Total, Rehabilitación y Empleo <input type="checkbox"/> ACS – (Agency for Children's Services Appointment) Cita en la Agencia de Servicios al Niño
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Aviso: Se pueden aceptar fotocopias de documentos para SNAP, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Las fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.



Date: _____

Case Name: _____

Case Number: _____

Caseload: _____

Center: _____

Worker Telephone No.: _____

FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

Remember:

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

(Turn page)

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- Back rent
- Repair of essential household items
- Back mortgage and/or taxes
- Pregnancy allowance
- Restaurant allowance because I cannot prepare meals where I am living
- Burial allowance – you or your duly authorized representative must apply for this allowance at the:
Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, NY 11101
Telephone: 718-473-8310
- Additional allowance for fuel
- Property repairs
- Replacement of clothing lost as a result of a disaster such as homelessness or fire
- Other:

- Expenses related to moving:**
 - Moving expenses
 - Security deposit/agreement
 - Broker's/finder's fee/voucher
 - Furniture and other household items
 - Storage of furniture and personal belongings

New Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

When did you move? _____ New rent: \$ _____

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apartment number)

City _____ State _____ Zip Code _____

(Turn page)

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing
- Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items
- Child care allowance within approved limits, if needed
- Necessary public transportation
- Other work activity-related supportive services:

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- New Baby**
- Child entered home**
- Child under 18 years of age** (whose immigrant status has changed since my last application/recertification)
- Spouse/Adult living with me** who has not previously applied (this person must complete an application to receive assistance)
- Spouse** who previously applied and was denied because of immigration status and his/her status has changed now
- Myself/Adult payee to the case**
- Other** _____
- Other** _____

Name: _____

Date moved in/returned: _____

Date of Birth: _____

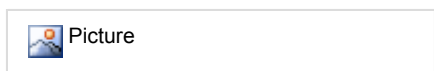
Social Security Number (if known): _____

Name: _____

Date moved in/returned: _____

Date of Birth: _____

Social Security Number (if known): _____



Participant's Signature

Date of Request

Time of Request

AM PM

Worker's Name

Date



Fecha: _____
 Nombre del caso: _____
 Número de caso: _____
 Unidad de casos: _____
 Centro: _____
 Teléfono del Trabajador(a): _____
 Teléfono de FH&C .: _____

Petición para la Asistencia de Emergencia, asignaciones adicionales, o para añadir una persona al caso de Asistencia en Efectivo (solo para participantes)

Favor de rellenar este formulario si necesita asistencia de emergencia, asignaciones adicionales o para añadir una persona al caso.

Recuerde:

- (1) Se le podría pedir prueba de los datos que usted proporcione. Si tiene problemas para obtener las pruebas, su trabajador debe ayudarle con eso.
- (2) Podría tener que reunirse con su trabajador de casos. En tal caso, se le programará una cita.

SAMPLE

SECCIÓN I: ASISTENCIA DE EMERGENCIA

Solicito el siguiente tipo de asistencia de emergencia:

La razón por la que necesito la asistencia de emergencia es:

(Gire la hoja)

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECCIÓN II: ASIGNACIONES ADICIONALES

Solicito la(s) siguiente(s) asignación(es) por necesidad especial:

- | | |
|---|--|
| <input type="checkbox"/> Alquiler atrasado | <input type="checkbox"/> Asignación adicional para combustible |
| <input type="checkbox"/> Reparación de artículos del hogar de primera necesidad | <input type="checkbox"/> Reparaciones a la propiedad |
| <input type="checkbox"/> Hipoteca y/o impuestos atrasados | <input type="checkbox"/> Reemplazo de ropa perdida debido a desastres, tal como falta de albergue o incendio |
| <input type="checkbox"/> Asignación para embarazo | <input type="checkbox"/> Otras asignaciones: |
| <input type="checkbox"/> Asignación para restaurante porque no puedo preparar comidas donde vivo | |
| <input type="checkbox"/> Asignación para entierros – usted o su representante debidamente autorizado debe solicitar esta asignación en esta dirección:
Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, NY 11101
Teléfonos: 718-473-8310 | |

Gastos relacionados con la mudanza:

- | | |
|---|---|
| <input type="checkbox"/> Gastos de mudanza | <input type="checkbox"/> Muebles y otros artículos del hogar |
| <input type="checkbox"/> Depósito/acuerdo de garantía | <input type="checkbox"/> Almacenamiento de muebles y artículos personales |
| <input type="checkbox"/> Comisión del agente inmobiliario/vale de pago (<i>voucher</i>) | |

Nueva dirección: _____
(incluya número de apartamento)

Ciudad Estado Código Postal

¿Cuándo se mudó? _____ Nuevo alquiler: \$ _____

Nombre del arrendador: _____

Nombre del inquilino principal: _____

Dirección: _____
(incluya número de apartamento)

Ciudad Estado Código Postal

(Gire la hoja)

SECCIÓN III: SERVICIOS DE APOYO RELACIONADOS CON ACTIVIDADES DE TRABAJO

Solicito los siguientes servicios de apoyo para:

- | | |
|---|--|
| <input type="checkbox"/> Vestimenta para los participantes que realicen actividades relacionadas con la búsqueda de trabajo, que se encuentren en circunstancias excepcionales , tales como la falta de vivienda o incendio reciente y falta de vestimenta adecuada. | <input type="checkbox"/> Asignación para cuidado infantil dentro de los límites aprobados, de ser necesario. |
| <input type="checkbox"/> Actividad/participación relacionada con obtener alguna licencia, uniformes o alguna tarifa de bienes duraderos, dentro de los límites aprobados, a la hora de presentar documentación que compruebe la necesidad de dichos artículos. | <input type="checkbox"/> Transporte público necesario |
| | <input type="checkbox"/> Otros servicios de apoyo relacionados con actividades de trabajo: |
| | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

Se proporcionarán los servicios necesarios cuando usted inicie alguna actividad de trabajo. Si se produce algún cambio en sus necesidades o si no está recibiendo algún servicio necesario, debería solicitar una asignación adicional.

SECCIÓN IV: AÑADIR UNA PERSONA AL CASO

Usted puede presentar este formulario a su trabajador de casos aunque no tenga toda la información necesaria.

Deseo añadir la(s) siguiente(s) persona(s) a mi caso de Asistencia en Efectivo:

- | | |
|--|---|
| <input type="checkbox"/> un recién nacido | <input type="checkbox"/> un cónyuge quien anteriormente haya presentado solicitud y haya sido rechazado por su estado migratorio, pero dicho estado ya ha cambiado. |
| <input type="checkbox"/> un menor que se ha integrado al hogar | <input type="checkbox"/> a mí mismo/adulto beneficiario del caso |
| <input type="checkbox"/> un menor de 18 años de edad (cuyo estado migratorio ha cambiado desde mi última solicitud/recertificación) | <input type="checkbox"/> Otra persona _____ |
| <input type="checkbox"/> un cónyuge/adulto que vive conmigo quien no haya presentado solicitud anteriormente (para poder recibir asistencia dicha persona debe rellenar una solicitud) | <input type="checkbox"/> Otra persona _____ |

Nombre: _____

Nombre: _____

Fecha de mudanza/regreso: _____

Fecha de mudanza/regreso: _____

Fecha de nacimiento: _____

Fecha de nacimiento: _____

Número de Seguridad Social (de saberlo): _____

Número de Seguridad Social (de saberlo): _____



Participant's Signature

Date of Request

Time of Request

AM PM

Worker's Name

Date