

George E. Pataki

Governor

# NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NEW YORK 12243-0001

Brian J. Wing Commissioner

INFORMATIONAL LETTER

TRANSMITTAL: 00 INF-14

Commissioners of

DIVISION: Temporary

Social Services

Assistance

SUBJECT:

TO:

**DATE:** July 17, 2000

Revised "Request for Voluntary Restricted

Payments" Form (LDSS-4580) (Rev.1/00)

SUGGESTED

DISTRIBUTION:

Temporary Assistance Directors

Staff Development Coordinators

Forms Coordinators

CONTACT PERSON:

Forms Questions:

Bob Gullie

1-800-343-8859, extension 4-6055

Program Questions:

Central Region - (518) 474-9344

ATTACHMENTS:

"Request For Voluntary Restricted Payments"

(Form LDSS-4580) (Rev.1/00) (Not Available On Line)

#### FILING REFERENCES

Previous	Releases	<del>-</del>	Soc. Serv.		Misc. Ref.
ADMS/INFS	; Cancelled :	i !	Legal Ref.	1	!
	i	· }	1	1	1
00 ADM-2	-	:352.5	SSL 131-s	:Energy/HEAP	GIS 95
97 ADM-21	1	352.29	SSL 159	:Manual	ES/DCO38
91 ADM-3	: 	:370.4	;	1	1
86 ADM-13	t I	;381	;	1	199 LCM-20
99 INF-13	;	-	<b>!</b>	1	1
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DSS-329EL (Rev. 9/89)

The purpose of this letter is to inform social services districts (SSDs) that the LDSS-4580: "Request for Voluntary Restricted Payments" form has been revised. This form is used by recipients to request voluntary restricted payments. This revised form will be available for ordering by local districts in July, 2000.

The revisions were necessary to conform with changes in Social Services Law (SSL) resulting from the Welfare Reform Act (WRA) of 1997. The revisions consist of temporary assistance program name changes, a simplification of the language and changes to accommodate non-cash Safety Net Assistance (SNA).

For persons receiving non-cash SNA, payment for utilities (including fuel for heating) cannot exceed certain amounts unless the recipient requests that the SSD pay the entire bill. The "Request For Voluntary Restricted Payments" form has been revised to accommodate this request for payment of the entire utility (including fuel for heating) bill.

Social Services Law establishes a hierarchy for payment of the non-cash SNA grant. The applicable maximum shelter allowance must be restricted from the grant and sent directly to the shelter vendor. An additional amount can be restricted from the grant and sent directly to the shelter vendor at the recipient's request. In addition, if the recipient pays separately for utilities, including fuel for heating, the applicable fuel allowance and/or the average monthly billing amount for domestic utilities must be restricted from the grant. Furthermore, only the fuel for heating allowance can be paid to the utility/fuel company, unless the non-cash SNA recipient requests that an excess amount be paid. Number 3 on the revised form accommodates this request to pay the entire heating fuel bill for recipients of non-cash SNA.

If a case is transferred to non-cash SNA from Family Assistance (FA) or cash SNA and is already vendor restricted for fuel/utilities because of the requirements of SSL 131-s, the recipient's agreement to pay the entire utility bill is not mandatory. Also, if the non-cash SNA recipient is threatened with a shut-off, SSL 131-s mandates apply and recipient permission to pay future entire bills is not mandatory.

Effective immediately, SSDs should ask all new applicants who will receive non-cash SNA and who pay separately for their heating fuel to sign number 3 on the attached form if they want the SSD to pay their entire heating fuel bill. In addition, all recipients receiving non-cash SNA who pay separately for their heating fuel should be asked to sign at next client contact if they want the SSD to pay their entire heating fuel bill. This should be done to ensure compliance with SSL and Office Regulations, as well as to lessen any potential disruption of current SSD procedures regarding the payment of vendored energy accounts.

Aside from the program name changes, there are no other changes to the policies regarding voluntary requests for restriction for FA and non-cash SNA.

Your SSD will not automatically receive copies of the revised form.

Because printed copies of LDSS-4580 will not be available for ordering until July, 2000, SSDs must, as instructed in 00 ADM-2, continue to photocopy and hand out Attachment I, LDSS-4580: "Request for Voluntary Restricted Payments" until that time.

We expect that the HRA Brooklyn and Upstate warehouses will receive supplies of this revised form sometime in July, 2000.

A Spanish version of this form is currently under development. Local districts who need printed Spanish versions may order supplies by using the procedure described below.

Any requests for the LDSS-4580 (Rev. 1/00) and its Spanish version, LDSS-4580-S (Rev. 1/00), should be submitted on Form DSS-876 (Rev. 2/96): "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
Bureau of Forms and Print Management
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to the Bureau of Forms and Print Management by calling 1-800-343-8859, ext. 4-2702.

Patricia A. Stevens Deputy Commissioner

Division of Temporary Assistance

## REQUEST FOR VOLUNTARY RESTRICTED PAYMENTS

	cc	OUNTY DEPARTMENT OF SO	CIAL SERVICES			
CA	CASE NAME:					
ΑC	ADDRESS:					
CA	CATEGORY/CASE TYPE:	CASE NUMBER:				
	SEE BACK OF PAGE FOR AN EX	PLANATION OF YOUR OPTIC	<u>ons</u>			
1.	1. SHELTER					
	REQUEST THAT THE DEPARTMENT OF SOCIAL TEMPORARY ASSISTANCE GRANT AND SEND IT	SERVICES RESTRICT \$ F DIRECTLY TO MY LANDLORD.	OF MY			
2.	2. DOMESTIC ENERGY/HEAT					
	DOMESTIC ENERGY ONLY					
	REQUEST THAT THE DEPARTMENT OF SOCIAL THE AVERAGE MONTHLY-AMOUNT OF THE DON ASSISTANCE GRANT TO PAY MY DOMESTIC EN	MESTIC ENERGY COST FROM MY	NOT TO EXCEED TEMPORARY			
	HEATING ONLY					
	I REQUEST THAT THE DEPARTMENT OF SOCIAL THE HEATING ALLOWANCE FROM MY TEMPOR.	L SERVICES RESTRICT AN AMOUN ARY ASSISTANCE GRANT TO PAY	IT NOT TO EXCEED MY HEATING BILL.			
	COMBINED DOMESTIC ENERGY/HEATING					
	I REQUEST THAT THE DEPARTMENT OF SOCIAL EXCEED THE AVERAGE MONTHLY AMOUNT OF ALLOWANCE FROM MY TEMPORARY ASSISTAN BILL.	THE DOMESTIC ENERGY COST A	ND HEATING			
3.	NON-CASH SAFETY NET ASSISTANCE ONLY (CASE TYPES 12 AND 17)					
	☐ I REQUEST THAT THE DEPARTMENT OF SOCIAL	L SERVICES PAY MY ENTIRE HEAT	TING BILL.			
SIG	SIGNATURE OF RECIPIENT	DATE				
<u>S16</u>	SIGNATURE OF WORKER OR WITNESS	DATE				

#### **OPTIONS**

### FAMILY ASSISTANCE AND CASH SAFETY NET ASSISTANCE:

YOU HAVE THE RIGHT TO REQUEST TO HAVE ALL OR PART OF YOUR GRANT RESTRICTED TO PAY BILLS SUCH AS SHELTER, HEAT AND/OR DOMESTIC ENERGY. IF YOU REQUEST TO HAVE YOUR GRANT RESTRICTED TO PAY FOR YOUR HEAT AND/OR DOMESTIC ENERGY BILL (S), YOUR CASH TEMPORARY ASSISTANCE GRANT WILL BE REDUCED BY YOUR HEATING ALLOWANCE AND/OR THE BUDGET BILLING AMOUNT FOR YOUR DOMESTIC ENERGY. YOU CAN TERMINATE THE VOLUNTARY RESTRICTION BY SUBMITTING A WRITTEN REQUEST. THE RESTRICTION WILL BE TERMINATED WITHIN THIRTY (30) DAYS UPON RECEIPT OF THE WRITTEN REQUEST.

THE DEPARTMENT OF SOCIAL SERVICES CAN PLACE A CASH SAFETY NET ASSISTANCE RECIPIENT ON VENDOR RESTRICTION IF IT IS A LESS EXPENSIVE OR MORE EASILY CONTROLLED METHOD OF PAYMENT. IF THE DEPARTMENT OF SOCIAL SERVICES DETERMINES THAT THIS METHOD OF PAYMENT IS THE LEAST EXPENSIVE OR IS A MORE EASILY CONTROLLED METHOD OF PAYMENT, IT MAY CONTINUE THE RESTRICTION DESPITE YOUR REQUEST TO HAVE IT DISCONTINUED.

#### **NON-CASH SAFETY NET ASSISTANCE:**

STATE LAW MANDATES THAT THE MAXIMUM SHELTER STANDARD FOR YOUR FAMILY SIZE, AS BASED UPON YOUR CASE CIRCUMSTANCES, MUST BE RESTRICTED FROM YOUR TEMPORARY ASSISTANCE GRANT AND SENT DIRECTLY TO YOUR LANDLORD. YOU MAY REQUEST THAT THE DEPARTMENT OF SOCIAL SERVICES RESTRICT AN AMOUNT IN ADDITION TO THE MAXIMUM SHELTER STANDARD AND PAY THIS DIRECTLY TO YOUR LANDLORD. HOWEVER, THE DEPARTMENT OF SOCIAL SERVICES IS NOT REQUIRED TO RESTRICT, OR PAY YOUR LANDLORD, AN AMOUNT IN EXCESS OF THE MAXIMUM SHELTER STANDARD.

STATE LAW ALSO MANDATES THAT, IF YOU PAY SEPARATELY FOR YOUR HEAT AND/OR DOMESTIC ENERGY COSTS, YOUR HEATING ALLOWANCE AND/OR THE BUDGET BILLING AMOUNT FOR YOUR DOMESTIC ENERGY, AS BASED UPON YOUR CASE CIRCUMSTANCES, MUST BE RESTRICTED FROM YOUR TEMPORARY ASSISTANCE GRANT AND SENT DIRECTLY TO YOUR FUEL VENDOR/UTILITY COMPANY.

IF YOU WANT THE DEPARTMENT OF SOCIAL SERVICES TO PAY YOUR ENTIRE HEATING BILL, YOU MUST CHECK NUMBER 3 ON THE FRONT OF THIS PAPER AND SIGN YOUR NAME.

IF YOU DO NOT DO THIS, THE DEPARTMENT OF SOCIAL SERVICES CAN ONLY SEND YOUR HEATING ALLOWANCE, AS BASED UPON YOUR CASE CIRCUMSTANCES, TO YOUR FUEL VENDOR/UTILITY COMPANY. THIS COULD MEAN THAT YOUR HEATING BILL WILL NOT BE PAID IN FULL.