

LIST OF ATTACHMENTS

Attachment II	Filing References
Attachment III	Increase in Grant Notice (42% Earned Income Disregard)
Attachment IV	Instructions for completing penalty forms for IPVs.
Attachment V	Notice of Consequences of Consenting to a Disqualification Consent Agreement
Attachment VI	Disqualification Consent Agreement
Attachment VII	Intentional Program Violation Disqualification Notice for Public Assistance and Food Stamp Programs
Attachment VIII	Notice to Advise Individuals on a Court Record of Disqualification Provisions
Attachment IX	Report of Aliens Unlawfully in the United States
Attachment X	Report of Sponsored Aliens' Receipt of PA Benefits
Attachment XI	Notification of Drug/Alcohol Requirements
Attachment XII	Alcohol/Substance Abuse Screening Instrument

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
97 ADM-8	97 ADM-22	311.1	Welfare	PASB:	97 LCM-21
97 ADM-5	97 ADM-12	349.3	Reform Act	V-F-all	97 LCM-10
97 ADM-4	96 ADM-13	350.1	of 1997	XVI-F-all	96 LCM-83
96 ADM-83		351.2(i)	SSL 117	XXI-A-all	
96 ADM-5		351.2(k)	SSL 131	XXII-B	<u>GIS</u>
93 ADM-13		352.18		XXII-G-all	97 TA/DC021
92 ADM-37		352.19		XXIII-A-C	97 TA/DC020
92 ADM-20		352.20		XXIII-E-F	97 TA/DC015
92 ADM-6		352.21			96 TA/DC039
92 ADM-2		352.29			96 TA/DC031
91 ADM-44		352.30(d)			
90 ADM-3		352.30(g)			
97 INF-4		357.3			
96 INF-2		Part 359			
88 INF-77		Part 369			
		Part 370			
		Part 372			
		Part 381			

Notice of Intent to Increase
Your Public Assistance and
Decrease Your Food Stamps (ROS)

Case Number:
Loc. Off./Unit/Worker: / /

General Telephone No. for
Questions or Help:

PUBLIC ASSISTANCE: This Notice is to tell you that this agency intends to increase your benefits effective November 1, 1997.

This is because our records show that someone in your household has earned income which is counted against your public assistance needs. As a result of a change in State law (SSL 131-a(8)(a)(iii)), you can now keep more of the earned income you have. Under the new law, we cannot count the first \$90 in earned income you have and 42% of the remainder. For example, if you have \$400 in earned income we could not count \$220.20 (the first \$90 plus \$130.20 which is 42% of the remainder).

Recoupment - If you have been notified previously that a recoupment is being taken against your grant, the recoupment will continue at the same percentage rate.

The law which allows us to do this is SSL 131-a(8)(a)(iii).

FOOD STAMPS: We count your public assistance grant against your food stamps. Your food stamp benefits may decrease because your public assistance grant is increasing. For every \$3 your PA grant increases, your Food Stamps will decrease by about \$1. For example, if your public assistance goes up \$30, your food stamps will go down about \$10.

The Regulation which allows us to do this is 18 NYCRR 387.12.

MEDICAL ASSISTANCE: Your Medical Assistance benefits will continue unchanged.

The Regulation which allows us to do this is 18 NYCRR 360-3.3.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION. READ BELOW ON HOW TO APPEAL THIS DECISION.

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the top of this notice or by sending a written request to us at the address listed at the top of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action(s) are wrong, you may request a State fair hearing by:

1. Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

OR

2. Writing: By sending a copy 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 for yourself.

Notice of Intent to Increase
Your Public Assistance and
Decrease Your Food Stamps (ROS)

I want a fair hearing. The agency's action is wrong because:

Name of client (PRINT) _____

Signature of Client _____

Date _____

Client Address _____

Client Phone Number _____

County _____

Case Number _____

For Public Assistance, you have 60 days from the date your November 1997 Public Assistance benefits become available to request a fair hearing. For Food Stamps, you have 90 days from the date your November 1997 Food Stamp benefits became available to request a fair hearing.

The date your November 1997 benefits become available is:

- o The date you can access your public assistance and food stamp benefits with your plastic CBIC card.

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

If you request a hearing, a hearing will be scheduled: however, if at the hearing the hearing officer determines that you are not complaining about an incorrect computation of your public assistance grant, the hearing officer may determine that you did not have a right to a hearing on your public assistance grant.

CONTINUING YOUR BENEFITS: If you request a fair hearing within 10 days after your November 1997 food stamp benefits become available, your food stamps will be reinstated to the amount you received before the change until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any food stamps that you should not have received. We are required by Federal Law to recover any food stamp overpayments. We must make a claim against you for any food stamps you receive that you were not entitled to, which may be collected by reduction of future food stamp allotments, lump sum installment payments or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your food stamps. If you check the box below, your benefit will not be reinstated to the amount it was before the November 1997 food stamp issuance while you are waiting for your fair hearing.

If at the hearing, the hearing officer determines that you are not complaining about an incorrect computation of your benefits or that there has been a misapplication or misinterpretation of Federal Law or regulations, the hearing officer may determine that you were not entitled to have your food stamp benefits continue unchanged until the fair hearing decision is issued, and order that the reduction take effect immediately.

I do not want my benefits reinstated and continued unchanged until the hearing decision is issued.

Legal Assistance: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

Access to Records/Information: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will send you free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which 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 telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within three working days of when you ask for them, your case file documents may be given to you at your hearing.

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 telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

I N S T R U C T I O N S

for completing penalty forms for
Intentional Program Violations

Look to see what the last public assistance program violation (IPV) is or will be.

If the last IPV is a Public Assistance-IPV, mark the "Public Assistance" box and mark the appropriate penalty box for 6 months, twelve months, 18 months or 5 years.

Food Stamp Intentional Program Violation (FS-IPV) penalties are calculated separately from and without reference to Public Assistance IPV penalties. Mark "The Food Stamp (FS) Program" box and any FS-IPV penalty box ONLY if there is or will be a specific determination that an FS-IPV has been committed.

[Letterhead of Social Services District]

Date:

TO:

N O T I C E OF CONSEQUENCES OF CONSENTING
TO A DISQUALIFICATION CONSENT AGREEMENT

Pursuant to 18 NYCRR 359.4(b)

PLEASE TAKE NOTICE that:

- * You or a member of your family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for public assistance and/or the Food Stamps (FS) assistance program.
- * When a social services official believes that there are facts that warrant civil or criminal prosecution for such an IPV, the official must refer a case involving an IPV to the appropriate District Attorney (DA) or other prosecutor.
- * A DA or other prosecutor who accepts a case referred by a social services official may choose to settle a referred case by permitting the accused individual, a caretaker relative or a head of household to sign a Disqualification Consent Agreement (DCA) instead of seeking a criminal conviction of the accused individual.
- * Pursuant to an agreement with the DA or other appropriate prosecutor(s), you must be given notification of the consequences of signing a DCA before you can be given an opportunity to enter into such an agreement. If the DA or other prosecutor has requested social services officials to assist in obtaining a DCA from you, you must be provided with this notification at least ten (10) days before signing a DCA and you must be provided with an opportunity to consult with and be represented by a lawyer or other representative.

- * A copy of the DCA you may or may not choose to sign must accompany this notification and this copy of the DCA must set forth the specific penalties and consequences that will occur if you sign this agreement. If you choose to sign this agreement, you will be disqualified from and unable to be eligible for participation in public assistance as follows:

Public Assistance

- for 6 months because this was the first time you committed a public assistance-IPV and you wrongfully received an amount less than \$1,000.
- for 12 months because this was the second time that you committed a public assistance-IPV, or you wrongfully received between \$1,000 and \$3,900.
- for 18 months because this was the third time you committed a public assistance-IPV, or you wrongfully received over \$3,900.
- for 5 years because you have committed three or more previous public assistance-IPV's.

- The Food Stamp (FS) Program**
- for 1 year because this was the first time you committed a FS-IPV, and it was not a drug or firearms or explosives-related offense.
- for 2 years because this was the second time you committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was your first FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons.
- permanently because this was the third time that you committed a FS-IPV that was not drug or firearms or explosives-related offense; or because this was your second FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons; or because this was your first FS-IPV and it is based on a Court finding of trading in firearms, ammunition, or explosives for coupons.
- Other (Enter) :

- * Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services assistance or services, may be affected if you must be eligible for public assistance in order to receive the particular assistance or services.
- * If you are not getting public assistance now, your disqualification penalty will be effective when you are eligible and apply for assistance again. For Food Stamps, your disqualification penalty will begin on the date it is imposed.
- * If you sign the DCA, you also will be held responsible for repaying the stated amounts of any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless you already make the identified repayment.
- * If you choose not to sign this DCA, the DA or other prosecutor may choose to continue the criminal prosecution of your case or the case may be returned to social services officials for consideration of administrative prosecution by means of an administrative disqualification hearing as described in social services regulations in 18 NYCRR 359.7.

- * If you choose to sign this DCA or would like to discuss the consequences of signing this Agreement, on or before the below stated time, you must contact:

Name: _____

Place: _____

Telephone: _____

Date/Time: _____

- * If you do not contact or appear before the named person or do not contact a social services official in charge of this matter, it will be assumed that you have chosen not to sign a DCA and any pending investigations or prosecutions will be resumed.
- * A DCA related to the public assistance programs must be confirmed by a court before the DCA will be effective.
- * We encourage you to consult with a lawyer before signing the agreement. The Local Legal Services Office in your area is:

Call: _____

The Local Public Defender is:

Call: _____

DISQUALIFICATION CONSENT AGREEMENT

The undersigned individual(s) understand and agree that:

- 1. He/she or a member of his/her family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning his/her eligibility for Public Assistance, the Medical Assistance program and/or the Food Stamps (FS) assistance program.
- 2. He/she has received notification of the consequences of consenting to this Disqualification Consent Agreement (DCA) and certifies that he/she understands the consequences of consenting to this DCA.
- 3. He/she is suspected and accused of committing one or more IPVs as follows:

<input type="checkbox"/> Public Assistance resulting in an overpayment in the amount of \$ _____
<input type="checkbox"/> The Food Stamp (FS) Program resulting in an overissuance amount valued at \$ _____
<input type="checkbox"/> The Medical Assistance (MA) Program resulting in an overpayment in the amount of \$ _____

- 4. He/she agrees to repay to social services officials the amounts received as overpayments or the value of amounts received as overissuances of food stamps as follows:

5. If he/she chooses to sign this agreement, he/she will be disqualified from and unable to be eligible for participation in public assistance as follows:

Public Assistance

- for 6 months because this was the first time that he/she committed a public assistance-IPV and you wrongfully received an amount less than \$1,000.
- for 12 months because this was the second time that he/she committed a public assistance-IPV, or you wrongfully received between \$1,000 and \$3,900.
- for 18 months because this was the third time that he/she committed a public assistance-IPV, or you wrongfully received received an amount over \$3,900.
- for 5 years because you have committed three or more previous public assistance-IPV's.

The Food Stamp (FS) Program

- for 1 year because this was the first time you committed a FS-IPV, and it was not a drug or firearms or explosives-related offense.
- for 2 years because this was the second time you committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was your first FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons.
- permanently because this was the third time that you committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was your second FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons; or because this was your first FS-IPV and it is based on a Court finding of trading in firearms, ammunition, or explosives for coupons.
- Other (Enter) :

6. If he/she is not eligible for public assistance from which he/she is disqualified at the time the disqualification period is to begin, the period will be postponed until the individual(s) become(s) eligible for such benefits. For FS, the disqualification period will begin on the date that the penalty is imposed.
7. The remaining members of the assistance unit of the individual(s) must agree to and will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless the individual(s) already made the identified repayment.
8. Further prosecution by social services officials of the individual regarding the IPVs described in this DCA will be deferred pending the performance of the terms of this Agreement and the charges will be withdrawn and/or dismissed upon complete performance of the terms of this Agreement.
9. If this DCA includes a public assistance-IPV, it shall be executory and not be effective or complete until it has been confirmed by a court.
10. The individual(s) signing this Agreement shall be disqualified from the above indicated assistance programs commencing within forty-five (45) days of the date on which this DCA is executed and effective, which shall not be until after it is confirmed by a court if the DCA includes a public assistance-IPV.

For Individual(s) to be disqualified:

Date _____	Signature _____
Date _____	Signature _____

For a public assistance-IPV if the individual(s) (is) (are) not the caretaker relative:

Date _____	Signature _____	Caretaker Relative
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For a FS-IPV if the individual(s) (is) (are) not the head of household:

Date _____	Signature _____	Head of Household
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Intentional Program Violation
Disqualification Notice For Public Assistance and Food Stamp Programs

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%; display: flex; align-items: center; justify-content: center;"> [</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.	

This is to inform you and members of your family, household or other assistance unit that you, _____, are disqualified from receiving the benefits for the time stated in section II.

I. Reason For Disqualification

The reason for the disqualification is that you:

were determined to have committed an intentional program violation. This was determined by an administrative disqualification hearing held on _____, which resulted in a decision dated _____.

waived rights to an administrative disqualification hearing by signing a Waiver on _____.

were found guilty of a crime or offense by a court of law on _____ for committing an intentional program violation.

signed a disqualification consent agreement on _____ and this agreement:

did not need to be confirmed by a court.

was confirmed by a court on _____.

The regulation which allows us to disqualify you is 18 NYCRR 359.9.

II. Disqualification Period(s)

You, the recipient named in this notice, are disqualified from receiving the following benefits for the period(s) checked:

Public Assistance

- for 6 months because this is the first time that you committed a public assistance-IPV and you wrongfully received an amount less than \$1,000.
- for 12 months because this is the second time that you committed a public assistance-IPV, or you wrongfully received between \$1,000 and \$3,900.
- for 18 month because this is the third time that you committed a public assistance-IPV, or you wrongfully received over \$3,900.
- for 5 years because you have committed three or more previous public assistance-IPV's.
- For ____ months because this is the penalty ordered by the court. This is the ____ time that you committed a public assistance-IPV.

- The Food Stamp (FS) Program
 - for 1 year, because this is the first time you committed a FS-IPV, and it is not a drug or firearms or explosives-related offense.
 - for 2 years, because this is the second time you committed a FS-IPV that is not a drug or firearms or explosives-related offense, or because this is your first FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons.
 - permanently, because this is the third time you committed a FS-IPV that is not a drug or firearms or explosives-related offense; or because this is your second FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons; or because this is your first FS-IPV and it is based on a Court finding of trading in firearms, ammunition, or explosives for coupons.
 - Other (Enter):
 - for ___ months because this is the penalty ordered by the court. This is the ___ time that you committed a FS-IPV.
 - This is your ___ violation of the food stamp rules. Normally this means you cannot get food stamps for ___ months, but because we did not notify you in time [] you will not be disqualified, [] you will be disqualified for ___ months beginning _____.

NOTE: Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other social services assistance or services, may be affected if you must be eligible for Public Assistance in order to receive the particular assistance or services.

When does the disqualification begin and end?

- You are currently receiving assistance and/or benefits under
 - Public Assistance [] FS (check programs which apply). Your disqualification will begin _____ for Public Assistance and _____ for FS, and will end _____ for Public Assistance and _____ for FS.

- You are not receiving benefits under Public Assistance. You will be subject to the above disqualification penalties if you apply for and are found eligible for assistance or benefits for these programs in the future.
- You are not receiving FS benefits. You will be subject to the above disqualification penalties beginning _____. This was the date the disqualification was imposed.

To prevent a delay in getting assistance and/or benefits again, you must contact your social services district no later than 30 days before the disqualification period ends if you want to reapply for Public Assistance or Food Stamps. Your case will not automatically be reopened when the disqualification period ends.

III. Revised Benefit Levels And Recoupment/Repayment Information

Public Assistance

How much public assistance will the remaining members of your public assistance unit get?

- Your public assistance will be discontinued as noted in Section II.
- Your public assistance will remain unchanged, because you are disqualified only from the Food Stamp Program.
- Your household's public assistance will be reduced from \$ _____ to \$ _____. The reduction will begin as noted in Section II.
(We do not count the disqualified person in the public assistance household, but we must count that person's income. This amount includes a recoupment).

Public Assistance Repayment Agreement

The amount of the public assistance overpayment made to your household is \$ _____.

- The amount of the public assistance owed by your household is \$ _____. (This is different from \$ _____ because you have already repaid \$ _____).
- A recoupment at the rate of _____ percent (%) is being taken against the grant of the remaining household members. If you believe that this reduction will cause your family an undue hardship, you may contact your worker to explain your reasons. An undue hardship occurs when a person does not have enough income to eat, to pay for shelter or utilities, to clothe and purchase general incidentals, or to pay for extraordinary medical needs that are not covered by medical assistance. Your worker will let you know what kind of evidence you will need to support your hardship claim. If it is determined that the recoupment will cause an undue hardship, the recoupment may be changed to a reduction of between 5 and 10 percent (%) in cases where the grant is provided in the Family Assistance (FA) category. The recoupment may be changed to a reduction between 5 and 15 percent (%) in cases where the grant is provided in the Safety Net Assistance (SNA) category. The regulation which allows us to do this is 18 NYCRR 352.31(d).

- You are not currently receiving assistance, but you will be responsible to repay the overpayment.

Food Stamps

How much Food Stamps will the remaining members of your Food Stamp household get?

- Your food stamps will be discontinued as noted in Section II.
 Your food stamps will remain unchanged because you are disqualified only from public assistance.
 Your household's monthly amount of food stamps will be reduced from \$ _____ to \$ _____. This reduction will begin as noted in section II. In figuring the amount of food stamps your household will get, we do not count the disqualified person in the household, but we must count the disqualified person's income. Also your household got more in food stamps than it should have during the months of _____ to _____.

You got \$ _____ more in food stamps than you should have because you intentionally violated food stamp rules.

The amount of food stamps owed by your household is:

- \$ _____.
 \$ _____. This amount is different from \$ _____ because you have already repaid \$ _____.
 \$ _____. This amount is different from \$ _____ because we have subtracted \$ _____ in food stamps that we owed you, or your household, for the month(s) of _____.
 The amount of food stamps you owe is more since we previously notified you of the overissuance because we found that _____ **intentionally** violated food stamp rules. Because the violation was intentional, the food stamp repayment rules are stricter, and allow us to go back up to six years to figure the amount of food stamps you owe. We also figured earned income differently, if your household failed to report the income. We told you this would happen if we investigated and found that there was an intentional violation of food stamp rules.

Food Stamp Repayment Agreement

- You have already signed a "Disqualification Consent Repayment Agreement", "Food Stamp Repayment Agreement" or have been given a court order on repayment. You must make repayment as follows:

- You must repay the amount you owe. If your food stamp case is open, we will automatically reduce your household's food stamps unless you contact us about repayment by cash or food stamps.

Normally, if we discover that by mistake you were underpaid food stamps, we give you food stamps to make up for the underpayment. However, if this occurs and you have not repaid us, we will first subtract what you owe us and give you the difference, if any.

The regulations which allow us to do this are 18 NYCRR 387.19 and 359.9(f).

IV. Fair Hearings

You or any members of your family or household may request a fair hearing ONLY to review (1) the amount of an overpayment or over-issuance, but only if the amount was not determined when your disqualification was determined, (2) the amount of the public assistance or food stamp allotment to be provided to the remaining members of your family or household during the disqualification period and (3) the failure to restore you to the household or assistance unit at the end of the disqualification period after you request such restoration.

You or members of your family or household do not have a right to a fair hearing to review the fact that you have been disqualified. You may contest this action in an appropriate court of law pursuant to Article 78 of the New York Civil Practice Law and Rules (CPLR).

PLEASE READ THE NEXT PAGE FOR MORE ABOUT YOUR RIGHTS

_____ County

Intentional Program Violation: Disqualification Notice for Public Assistance and Food Stamp Programs

RIGHT TO A CONFERENCE: You may have a conference to review the amount of the overpayment of public assistance or overissuance of food stamps if the amount was not determined when your disqualification was determined; or to review the amount of the public assistance or food stamp benefits to be provided to the remaining members of your household or assistance unit during the disqualification period, or the district's failure to restore the disqualified individual upon request to the assistance unit's public assistance budget or the household's food stamp budget after the end of the disqualification period. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference you are still entitled to a fair hearing. Even if you ask for a conference, you still have only 60 days from the date of this notice to request a fair hearing about your public assistance and 90 days to ask for a fair hearing about your food stamp benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: You may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 488-6550

If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:** (716) 852-4868

If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County:** (716) 266-4868

If you live in: **Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County:** (315) 422-4868

If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington or Westchester County:** (518) 474-8781

OR

(2) **Writing:** By sending a copy of this notice completed, to the Office of Administrative Hearings, New York State Department of Social services, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

[] I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address _____

Case # _____ Telephone Number _____

YOU HAVE **60** DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING ABOUT YOUR PUBLIC ASSISTANCE

YOU HAVE **90** DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING ABOUT YOUR FOOD STAMPS

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor., You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO RECORDS/INFORMATION: You have the right to review your case record. Upon your request, you have the right to free copies of documents which we will present into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record which you need for your fair hearing. To request such documents or to find out how you may review your case record, call the number indicated on the first page of this notice, or send a written request to us at the address listed at the top of the first page of this notice.

If you want additional information about your case, how to request a fair hearing, how to gain access to your case file and/or additional copies of documents, you may call the number indicated on the first page of this notice or write us at the address listed at the top of the first page of this notice.

STATE OF NEW YORK
COURT COUNTY OF

People of the State of New York

v.

STATEMENT
for the
RECORD

S T A T E M E N T

To Advise Individuals on the Record
of Disqualification Provisions Contained in
Social Services Law Section 145-c and
Regulations at 18 NYCRR 359.9

If you or a member of your family or household enter a plea of guilty or are convicted of making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for Public Assistance and/or the Food Stamps assistance program, you may be determined to have committed an intentional program violation which may result in your being disqualified from participating in those assistance programs.

If you are determined to have committed a Public Assistance intentional program violation and it is for an amount less than \$1,000, you will be unable to receive Public Assistance for six months. If you are found to have committed a second intentional program violation or if you wrongly receive between \$1,000 and \$3,900, you will not be able to receive Public Assistance for twelve months. If you are determined to have committed a third intentional program violation or if you wrongly receive over \$3,900, you will not be able to receive public assistance for eighteen months. Any subsequent public assistance intentional program violation will result in you being disqualified from receiving public assistance for five years.

If you are determined to have committed an intentional program violation in the Food Stamps assistance program, you will be unable to receive Food Stamps assistance for one year for the first time, two years for the second time and permanently for the third time. However, any member of your household who is found guilty in a court of law of buying or selling firearms, ammunition or explosives in exchange for food stamps will never be able to get food stamps again. Any member of your household, who is found guilty in a court of law of buying or selling controlled substances (illegal drugs or prescription drugs) in exchange for food stamps, will not be able to get food stamps for two years for the first offense and permanently for the second offense.

If you are determined to have committed a Public Assistance intentional program violation, your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services assistance or services, may be affected if you must be eligible for Public Assistance in order to receive the particular assistance or services.

If you are not getting benefits now, your disqualification penalty will be effective when you are eligible and apply for assistance again. For Food Stamps, the disqualification penalty will begin on the date it is imposed, whether or not you are receiving Food stamps at that time. If you are determined to have committed an intentional program violation, you also will be held responsible for repaying any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance unless you already make the identified repayment.

This statement is offered on the record to satisfy the requirements of subdivision 4 of Section 145-c of the Social Services Law and paragraph (5) of subdivision (d) of section 359.9 of title 18 of the State of New York Codes, Rules and Regulations.

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
REPORT OF ALIENS UNLAWFULLY IN THE UNITED STATES**

Name	Address	Other Information

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
 REPORT OF SPONSORED ALIENS' RECEIPT OF PUBLIC ASSISTANCE BENEFITS

Information Needed:	Alien:	Sponsor:
Name: Address: Other Information:		
Name: Address: Other Information:		
Name: Address: Other Information:		
Name: Address: Other Information:		
Name: Address: Other Information:		

Notification to Applicants/Recipients of Alcoholism and Substance Abuse Requirements For Public Assistance

All adult and head of household applicants and recipients must complete the Alcoholism and Substance Abuse Screening Questionnaire. After completing the Questionnaire, you may be required to go to a certified substance abuse counselor for a formal assessment whether or not you have an alcohol or substance abuse problem. After completing the assessment, the counselor will decide what treatment you may require. If it is determined that a treatment program is required, you must sign a consent form for disclosure of treatment information and provide periodic proof of your treatment progress to your local department of social services.

If you fail to participate in the screening or assessment process, or fail to sign the consent form to release information from the treatment program, you will be ineligible for public assistance. The Safety Net Non-Cash Assistance program will provide benefits to all otherwise eligible household members.

If you fail to participate or complete the required treatment or fail to document treatment compliance, or fail to attend the treatment program the the social services district determines appropriate for you, you may be sanctioned from receiving public assistance. Additionally, if you leave a residential treatment program prior to completion, you may not get any accumulated personal needs allowance (PNA).

DSS-4571 (9/97)

CASE NAME	CASE NUMBER	CLIENT NAME
OFFICE/UNIT NUMBER	WORKER NAME/NUMBER	CIN NUMBER
CLIENT REFERRED FOR ALCOHOL/SUBSTANCE ABUSE ASSESSMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ALCOHOL/SUBSTANCE ABUSE
SCREENING INSTRUMENT

1. In the last 12 months, have you ever felt you ought to cut down on your drinking or drug use? Yes No
2. In the last 12 months, have people annoyed you by criticizing your drinking or drug use? Yes No
3. In the last 12 months, have you ever felt bad or guilty about your drinking or drug use? Yes No
4. In the last 12 months, have you ever felt the need for an "eye opener", or awakened wanting a drink or another drug? Yes No
5. In the last 12 months, have you ever been hospitalized because of alcohol or drug use?
[Examples: 1. Having been in an accident while drunk or high; 2. Having a severe psychiatric problem like a suicide attempt after or during alcohol or drug use; 3. Having an alcohol or drug overdose.] Yes No
6. In the last 12 months, have you ever lost a job or failed to complete school or a training program due to alcohol or drug use? Yes No
7. In the last 12 months, have you lost housing (been evicted or became homeless) due to alcohol or drug use? Yes No
8. In the last 12 months, have you ever tried unsuccessfully to stop or greatly reduce your amount of drinking or drug use? Yes No
9. In the last 12 months, have you ever been in alcohol/substance abuse treatment? Yes No

CLIENT SIGNATURE: _____

DATE: _____