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In the Matter of the Appeal of  
[REDACTED]  
from a determination by the New York City  
Department of Social Services

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**DECISION  
AFTER  
FAIR  
HEARING**

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**JURISDICTION**

Pursuant to Section 22 of the New York State Social Services Law (hereinafter Social Services Law) and Part 358 of Title 18 NYCRR, (hereinafter Regulations), a fair hearing was held on March 13, 2008, in [REDACTED], before Irving J. Weitzman, Administrative Law Judge. The following persons appeared at the hearing:

For the Appellant

[REDACTED], Appellant

For the Social Services Agency

A. Florido, Fair Hearing Representative

**ISSUES**

Was the Agency's February 8, 2008 determination to discontinue the Appellant's Public Assistance benefits because he had allegedly failed to take part in or complete a screening/assessment for alcohol and/or substance abuse correct?

**FACT FINDING**

An opportunity to be heard having been afforded to all interested parties and evidence having been taken and due deliberation having been had, it is hereby found that:

1. The Appellant has been in receipt of Public Assistance benefits.
2. By notice dated February 8, 2008, the Agency informed the Appellant of its determination to discontinue his Public Assistance benefits because he allegedly had failed to take part in or complete a screening/assessment for alcohol and/or substance abuse.

3. The Appellant requested this hearing to review the Agency's determination.

### **APPLICABLE LAW**

A recipient of Public Assistance, Medical Assistance or Services has a right to an adequate notice when the Agency proposes to discontinue, suspend, reduce or change the manner of payment of such benefits. 18 NYCRR 358-3.3(a).

An adequate notice is a notice of action, an adverse action notice or an action taken notice which sets forth the action that the Agency proposes to take or is taking, and if a single notice is used for all affected assistance, benefits or services, the effect of such action, if any, on a recipient's other assistance, benefits or services. The notice must contain the specific reasons for the action. 18 NYCRR 358-2.2.

### **DISCUSSION**

The evidence presented at the hearing establishes that the Agency sent the Appellant a February 8, 2008 notice informing him that it had determined to discontinue his Public Assistance benefits because he had allegedly failed to take part in or complete a screening/assessment for alcohol and/or substance abuse. The Appellant requested this hearing to appeal that determination.

When a social services agency proposes to discontinue assistance benefits, it is required to provide a recipient with timely and adequate notice. See 18 NYCRR 358-3.3(a)(i). Adequate notice must contain the specific reasons for the Agency's action. 18 NYCRR 358-2.2(a)(3). This requirement serves the purpose of informing the recipient of the charges against him/her so that (s)he can prepare his/her defense(s).

In this case, the Agency's February 8, 2008 notice states that the Appellant had failed to take part in or complete a screening/assessment for alcohol and/or substance abuse. However, it fails to state any time period in which said failure allegedly occurred. Such a notice violates a fundamental rule of due process that requires that a person be informed of when and what he or she is being accused of doing; the recipient is not expected to guess what the Agency's claim is about. Accordingly, inasmuch as such a defect voids the notice, the Agency's February 8, 2008 determination to discontinue the Appellant's Public Assistance benefits cannot be sustained.

### **DECISION AND ORDER**

The Agency's February 8, 2008 determination to discontinue the Appellant's Public Assistance benefits was not correct and cannot be sustained.

1. The Agency is directed to continue the Appellant's Public Assistance benefits and to restore any assistance and benefits withheld as a result of the Agency action retroactive to any date of discontinuance.

FH# 4968669J

2. The Agency is directed to inform the Appellant in writing of its actions/determinations, specifically identifying the semi-monthly and/or monthly amounts of the benefits provided in accordance with this hearing decision and the corresponding periods of time for which said benefits are provided.

Should the Agency in the future determine to implement its previous action, it is directed to issue a proper and adequate notice to the Appellant.

The Appellant is advised of the right to request a new Fair Hearing to appeal any new determination and/or explanation made pursuant to the directives of this hearing decision (or of course, any other matter concerning which he may wish to appeal).

As required by 18 NYCRR 358-6.4, the Agency must comply immediately with the directives set forth above.

DATED: Albany, New York  
03/28/2008

NEW YORK STATE OFFICE OF  
TEMPORARY AND DISABILITY ASSISTANCE

By

A handwritten signature in black ink that reads "Michael Zefkowitz". The signature is written in a cursive, flowing style.

Commissioner's Designee

170

UNION SQUARE JOB CENTER 039  
109 EAST 16TH STREET 11TH FLOOR  
NEW YORK, NY 10003

**NOTICE OF DECISION ON YOUR  
PUBLIC ASSISTANCE, FOOD STAMPS AND  
MEDICAL ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PORFAVOR EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = 039

NOTICE NUMBER: [REDACTED]		DATE: February 8, 2008		CASE NUMBER: [REDACTED]	
OFFICE 039	UNIT	WORKER 00071	UNIT OR WORKER NAME	TELEPHONE NO. 212-835-8391	
<b>AGENCY TELEPHONE NUMBERS</b>			<b>CASE NAME / AND ADDRESS</b>		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			[REDACTED]		
OR Agency Conference					
Fair Hearing information and assistance					
Record Access					
Child/Teen Health Plan					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

**PUBLIC ASSISTANCE**

This is to tell you that your public assistance will be **DISCONTINUED**. You will no longer get public assistance beginning February 19, 2008.

This is because adults who apply for public assistance must agree to be screened for an alcohol or substance abuse problem. They must also agree to be assessed for an alcohol or substance abuse problem, which may include drug testing, by a counselor certified by the Office of Alcoholism and Substance Abuse Services. This assessment would be required if it is indicated through the screening process or if the adult exhibits signs of an alcohol/substance abuse problem, or he/she is already participating in an alcohol or substance abuse treatment program. In addition, an adult who is required to be in treatment for an alcohol or substance abuse problem must sign, and not revoke, a consent to disclose treatment information to the local social services district.

You did not take part in or complete the alcohol/substance abuse assessment requirement.

You cannot receive public assistance until you agree to do so.

This decision is based on Regulation 18 NYCRR 351.2(i).

**YOUR TIME LIMIT COUNT**

This count is for your information only. At the time this notice is sent, you receive assistance through the Cash Safety Net Assistance program (Cash SNA).

**YOUR 24-MONTH TIME LIMIT COUNT IS 31 MONTHS.**

Unless you are exempted from the time limit, you may receive no more than 24 months of cash SNA in your lifetime. If you still need assistance after your

24-Month Time Limit Count reaches 24 months, you must receive that assistance in non-cash form.

If you have an outstanding overpayment recoupment balance, you are required to repay this amount to the Human Resources Administration. We will contact you regarding the repayment of these outstanding debts.

**FOOD STAMPS**

You will continue to get the SAME AMOUNT of food stamps from your current center for one more month. After that, a food stamp case will be automatically opened for you. We will send you a separate notice to give you more information about your food stamp case.

This decision is based on Regulations 18 NYCRR 387.8, 387.14 and 387.15.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges. This decision is based on 31 CFR 285.

If you do not access your Food Stamp Benefits (FSB) within 270 days, they will be expunged (taken back). If you have a FSB overpayment, your expunged benefits will be put towards your overpayment. If you apply for FSB again, and have not repaid the amount you owe, your FSB will be reduced if you begin to get FSB again. You will be notified, at that time, of the amount of reduced benefits you will get.

**MEDICAL ASSISTANCE**

While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged for:

<u>Name</u>	<u>Client I.D. #</u>
[REDACTED]	[REDACTED]

We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance. If you do not respond when we write, your Medical Assistance case may be closed at that time.

This decision is based on Regulation 18 NYCRR 360-2.6.

**SERVICES AND OTHER INFORMATION**

**Your NYS Common Benefit Identification Card:**

You should have a New York State Common Benefit Identification card. Even though you are no longer eligible for benefits, keep your card in a safe place. The same card will be used again if you become eligible for benefits in the future.

Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.

A loss of Public Assistance and Medical Assistance benefits will require a redetermination of your eligibility for social services within 30 days of such a decision. This does not necessarily mean that these services will be terminated. It means that your continuing eligibility for these services will have to be redetermined. For further information, please contact your services worker or call the general telephone number listed on page 1 of this notice.

**CONFERENCE AND FAIR HEARING SECTION**

**DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors, and
2. Ask for a State fair hearing with a State hearing officer.

**CONFERENCE (Informal meeting with us)**

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number 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. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by April 8, 2008. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by May 8, 2008. This is the deadline even if you asked for a meeting (conference) with us.

**Keeping your Benefits the Same**

We will not change your public assistance if you ask for a fair hearing about the action we are taking on your public assistance by February 18, 2008.

If you lose the hearing you will have to pay back any public assistance which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**How to Request a Fair Hearing**

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

**WRITE:** Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

**OR CALL:** (800) 343-3334

When you call, please tell the worker the number of this notice which is [REDACTED]

**OR FAX:** Send a copy of this notice to fax no. (518) 473-8735.

**OR ONLINE:** Complete the online request form at:

(Read the next page for more of your Rights)

**REQUEST FOR A FAIR HEARING**

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.)

Name : [REDACTED]  
Address : [REDACTED]

District/Office No: 66/039  
Notice No. : [REDACTED]  
Case Number: [REDACTED]  
Telephone : [REDACTED]

/s/ I do not want to "keep my benefits the same" until the Fair Hearing decision is issued  
**ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE**



<http://www.otda.state.ny.us/cah/forms.asp>

**OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

**What to Expect at a Fair Hearing**

The State will send you a notice which 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 or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain a lawyer at no cost to you by contacting:

[REDACTED]

For the names of other lawyers, check your Yellow Pages under "LAWYERS".

**ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files 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 (718) 722-5012 or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your 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.

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201



**NOTICE OF POTENTIAL ELIGIBILITY FOR TRANSITIONAL CHILD CARE**

**IF YOU ARE WORKING, YOU MAY BE ABLE TO GET HELP PAYING FOR YOUR CHILD CARE. READ THE REST OF THIS NOTICE TO LEARN HOW TO APPLY.**

**What Is Transitional Child Care?**

The Transitional Child Care (TCC) program provides money to help working parents pay for child care. People who were on public assistance (PA) may be able to receive TCC for up to 12 months after they become ineligible for PA.

You can apply for TCC anytime during those 12 months. If you were eligible for TCC before the date of your application, you may receive payments for any child care during those earlier months.

**Who Can Get TCC?**

If you need child care in order to work and cannot get public assistance any longer because of the amount of money you make, you may be able to get TCC. You must have a child or foster child who is younger than 13 years, or a child up to age 19 who has special needs or is under court supervision.

In order for you to be eligible, your family's income may not exceed certain limits. You also must have been on public assistance in three of the last six months before your PA case closed.

**How much will you have to pay?**

You will pay a portion of the child care costs each month. How much you pay will depend on your income and the size of your family.

**What types of child care can TCC pay for?**

You have the right to choose any child care that is legal. This includes licensed day care centers; registered family day care homes; licensed group family day care homes; registered school-age child care programs; caregivers of legally-exempt group child care such as summer day camps; and friends, neighbors and relatives. Your Begin Site, Job Center, or a child care resource and referral agency (telephone 1-888-469-5999) can help you find child care.

**How Can You Get TCC?**

CALL (212)835-7681 AND ASK FOR TCC - TRANSITIONAL CHILD CARE. You will need to fill out an application and be approved. You can ask that the application be mailed to you. You also have the right to apply by mail if you wish.

You must provide the following information when you apply:

- o your most recent pay stubs or other proof of the amount of your family's income;
- o your work schedule; and
- o information about your child care provider(s).

**What Are Your Responsibilities Under Transitional Child Care?**

In order to continue to receive child care benefits you must:

- o Notify your caseworker immediately of any change in family income, household composition or circumstances (i.e., birth of a child, etc.), child care arrangements or termination of employment.
- o Pay the family fee determined by the Transitional Child Care (TCC) Unit.
- o Cooperate in establishing paternity and enforcement of child support obligations.

**When Will You Stop Receiving TCC?**

Your Transitional Child Care will be stopped:

- o at the end of the twelve month eligibility period;
- o if you quit your job without good cause;
- o if you fail to pay your child care fee;
- o if you stop using a legal child care provider;
- o when child care is no longer needed to allow a family member to accept a job or continue to work;
- o if your income exceeds the maximum allowed for your family size; or
- o if you fail to cooperate with child support enforcement.

**IF YOU HAVE ANY QUESTIONS ABOUT TRANSITIONAL CHILD CARE PLEASE CALL (212) 835-7681.**