



**FAIR HEARING INFORMATION SYSTEM**  
**PUBLIC ASSISTANCE CODES**

	<b><u>NEEDS</u></b>	<b><u>CORRESPONDING</u></b> <b><u>CODES</u></b>						
<b>001</b>	<b>FAILURE TO INCLUDE NEEDS OF PERSONS IN THE HOUSEHOLD</b> Other than sanction of a household member Example: Part-time presence in household (child weekends), essential person	<b>200, 404</b>						
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<b>004</b>	<b>SHELTER ALLOWANCE</b> Including change in/or adequacy of shelter costs.							
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<b>006</b>	<b>RECURRING FUEL OR UTILITY ALLOWANCE</b>							
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<b>007</b>	<b>NEEDS OF PERSON NOT LIVING IN OWN HOME</b> Example: room and board, persons in facilities such as rehab Failure to receive personal needs allowance in facility							
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<b>009</b>	<b>COOPERATIVE BUDGETING/PRO-RATING</b> Example: multiple cases/one household							
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<b>013</b>	<b>REPAYMENT OF INTERIM ASSISTANCE PENDING SSI</b>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">CRITERIA</th> <th style="width: 33%;">SUB - CATEGORY</th> <th style="width: 33%;">AGENCY</th> </tr> </thead> <tbody> <tr> <td>- CATEGORY: SNA - ACTION: INAD</td> <td style="text-align: center;">NONE</td> <td>NYC: NEVR/NIAR UPSTATE: LDSS</td> </tr> </tbody> </table>	CRITERIA	SUB - CATEGORY	AGENCY	- CATEGORY: SNA - ACTION: INAD	NONE	NYC: NEVR/NIAR UPSTATE: LDSS	
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<b>014</b>	<b>HOUSEHOLD MEMBER LEFT HOME</b> Including temporary absence from household; household member in hospital; child in foster care	<b>200, 404</b>						
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<b>015</b>	<b>FAILURE TO REMOVE HOUSEHOLD MEMBER FROM PA BUDGET</b>	<b>200, 404</b>						
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<b><u>INCOME</u></b>		<b><u>CORRESPONDING CODES</u></b>
<b>020</b>	<b>CHILD CARE ALLOWANCE</b> Employed PA Recipients Only Also, see 314-Transitional Child Care and 726 - Work Program/Training	
<b>021</b>	<b>EARNED INCOME</b>	<b>207, 405</b>
<b>022</b>	<b>DEDUCTIONS OF WORK EXPENSES</b> Example: \$90.00 deduction	
<b>023</b>	<b>UNEARNED INCOME</b> UIB, SSA, SSI, Child Support, etc.	<b>207, 405</b>
<b>024</b>	<b>EARNED INCOME DISREGARD</b> 50%, effective 6/1/08	
<b>025</b>	<b>FILING UNIT - INCLUDING THREE GENERATIONAL HOUSEHOLDS</b> Blood relative in household must apply	<b>200, 404</b>
<b>026</b>	<b>BUDGETING OF COLLEGE GRANTS AND LOANS</b>	
<b>027</b>	<b>BUDGETING CONTRIBUTIONS FROM OTHERS</b>	<b>207, 415</b>
<b>031</b>	<b>185% GROSS INCOME LIMIT</b>	<b>201, 405</b>
<b>032</b>	<b>100% OF POVERTY LEVEL</b>	
<b>034</b>	<b>DEEMING OF SPONSOR'S INCOME AND RESOURCES TO AN ALIEN</b>	<b>207, 453</b>
<b>035</b>	<b>PROSPECTIVE BUDGETING OF LUMP-SUM PAYMENT</b> Example: lottery winnings, lawsuit settlement	<b>206, 412</b>

**SPECIAL NEEDS**

**CORRESPONDING  
CODES**

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- 040 RESTAURANT ALLOWANCE**
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- 041 ALLOWANCE FOR REPAIR/REPLACEMENT OF REAL PROPERTY/EQUIPMENT**  
 Example: new roof, furnace, refrigerator, etc.  
 Also see 668
- 
- 042 MOVING EXPENSES**  
 Also see 671
- 
- 043 SECURITY ARRANGEMENT / DEPOSIT / BROKERS FEES**  
 Payments made under security agreement  
 Also see 670
- 
- 044 STORAGE OF POSSESSIONS**  
 Also see 672
- 
- 045 FURNITURE / PERSONAL POSSESSIONS**  
 Example: purchase or replace furnishings, equipment supplies, clothing  
 Also see 669
- 
- 049 SHELTER ALLOWANCE PRIOR TO CASE OPENING**  
 Also see 122
- 
- 050 SHELTER ADVANCE TO PREVENT EVICTION / FORECLOSURE**  
 Also see 653
- 
- 051 NON-WORK RELATED SPECIAL PAYMENT NOT IDENTIFIED BY OTHER CODE**  
 Example: food voucher, travel reimbursement, travel/child care reimbursement to attend FH
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- 053 PREGNANCY ALLOWANCE**
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- 054 ADVANCE TO PREVENT SHUTOFF / RESTORE UTILITIES**  
 Also see 673
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- 055 BURIAL CLAIMS**

CRITERIA	SUB – CATEGORY	AGENCY
- CATEGORY: SNA - ACTION: INAD - <i>NOTE DECEASED PERSONS                      NAME IN MESSAGE FIELD                      AND COMMENTS</i>	NONE	NYC: N100 UPSTATE: LDSS

	<u>CATEGORICAL FACTORS</u>	<u>CORRESPONDING CODES</u>
062	CHANGE FROM CASH ASSISTANCE TO NON CASH ASSISTANCE-NOT 2 YEAR LIMIT	
063	APPROPRIATE CATEGORY OF ASSISTANCE	
064	5 YEAR LIMIT - FAMILY ASSISTANCE	
065	CASH SNA TO NON CASH SNA – 2 YEAR LIMIT	

### RESOURCES

071	AVAILABILITY OF PARENTAL HOME AS A RESOURCE FOR CHILD UNDER 21	223, 404
073	EXCESS RESOURCES Example: tax refunds, realty, bank accounts, personal property, life insurance, automobile, etc.	206, 412
074	POTENTIAL RESOURCE Example: applying for SSI, tax refund	216, 422
075	FAILURE TO EXECUTE BOND AND MORTGAGE ON REAL PROPERTY (Lien)	216, 422

	<u>MANNER OF PAYMENT</u>	<u>CORRESPONDING CODES</u>
090	RESTRICTED SHELTER GRANT Action is reduction if just started, otherwise inadequacy Example: voucher, two- party rent check	
092	WHO SHOULD BE PAYEE OF THE GRANT	200, 404
093	DISC/DENIAL OR REDUCTION W/O NOTICE OR REASON	254, 425
095	RESTRICTED FUEL/UTILITY GRANT Action is reduction if just started, otherwise inadequacy	

**RECOUPMENTS**  
 (Add RTI# if known for NYC Clients)

**CORRESPONDING**  
**CODES**

<b>101</b>	<b>RECOVERY OF RENT ADVANCE, SECURITY DEPOSIT/ARRANGEMENT</b>
<b>102</b>	<b>RECOVERY OF OVERPAYMENT-CONCEALMENT/FRAUD</b>
<b>103</b>	<b>RECOVERY OF OVERPAYMENT - NON FRAUD/AGENCY ERROR</b>
<b>104</b>	<b>RATE OF RECOUPMENT</b> (including undue hardship) ACTION: INAD/REDU
<b>105</b>	<b>RECOVERY OF UTILITY OR FUEL ADVANCE</b>
<b>106</b>	<b>RECOUPMENT OF FAIR HEARING AID-CONTINUING BENEFITS</b> (SEE 146)
<b>107</b>	<b>RECOVERY OF EXCESS FUEL/UTILITY USAGE</b> (fuel reconciliation)
<b>108</b>	<b>OVER RECOUPMENT</b> ACTION: INAD

<b>CODE</b>	<b>CRITERIA</b>	<b>SUB - CATEGORY</b>	<b>AGENCY</b>
101, 102, 103, 105, 106, 107	<ul style="list-style-type: none"> <li>• <b>NYC FORMER RECIPIENTS ONLY</b></li> <li>• Notice of repayment from Office of Investigations and/or Division of Accounts Receivable, 180 Water Street, NY NY</li> <li>• Comments should include: "Underlying issue for review is overpayment to former recipient"</li> </ul>	NONE	NBFI/Ctr #

**MISCELLANEOUS ISSUES**

**CORRESPONDING  
CODES**

<b>115</b>	<b>DOMESTIC VIOLENCE WAIVER</b> Agency: ISC#/NODV	
<b>116</b>	<b>FLEEING FELON/IN VIOLATION OF PROBATION OR PAROLE</b> NYC Requests – Agency: NBFI or NCMU/ISC#	<b>426</b>
<b>117</b>	<b>MINOR PARENT LIVING ARRANGEMENT</b>	
<b>118</b>	<b>TEEN PARENT EDUCATION PARTICIPATION</b> Requires minor parents to go to school to maintain eligibility	
<b>119</b>	<b>PARENTAL FAILURE TO NOTIFY DSS OF MINORS ABSENCE</b>	
<b>121</b>	<b>IV-D VIOLATIONS</b> Establishment of paternity, child support	<b>216, 422</b>
<b>122</b>	<b>EFFECTIVE DATES OF COVERAGE/CHANGES IN ENTITLEMENT</b> Period prior to case opening, see 049 for shelter	<b>240, 415</b>
<b>124</b>	<b>74-H HEARING</b>	

<b>CODE</b>	<b>CRITERIA</b>	<b>SUB - CATEGORY</b>	<b>AGENCY</b>
124	- <b>CORRESPONDENCE USE ONLY</b> - <b>ULSTER</b> COUNTY ONLY REFER TO INTRANET UNDER RESOURCES AND PROCEDURES FOR SPECIFIC CODING AND OTHER ADDRESS	74 – H	Ulster

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**125 DISTRICT OF RESPONSIBILITY** **271, 418**  
(Including Inter-Jurisdictional disputes - IDD)

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*NYC—FOR CONCURRENT BENEFITS ADD NBF I AS 1st AGENCY*

CODE	CRITERIA	SUB - CATEGORY	AGENCY
125	JURISDICTIONAL DISPUTES INVOLVING NYC AND AN UPSTATE DISTRICT; REQUESTED BY CLIENT/ REP	NONE	MULTIPLE SCENARIOS CHECK WITH SUPERVISOR
125	<ul style="list-style-type: none"> <li>- <b>CORRESPONDENCE USE ONLY</b></li> <li>- IF A LDSS/NYCHRA IS REQUESTING FH VS. ANOTHER LDSS/NYCHRA, AGENCY FIELD IS LDSS WHICH REQUEST IS AGAINST, HEARING LOCATION IS LDSS THAT MAKES REQUEST</li> <li>- ADDRESS USED FOR APPELLANT IS THE REQUESTING LDSS'S ADDRESS</li> <li>- CATEGORY: FA OR SNA</li> <li>- ACTION: INAD</li> </ul>	IDD	<b>UPSTATE: LDSS</b>  <b>NYC: Ctr #</b>

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**126 FAILURE TO COMPLY WITH ELIGIBILITY REQUIREMENTS** **216, 422**  
Not including recertification

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**127 ANY LIVING ARRANGEMENT WHERE THE PERSON IS NOT ELIGIBLE FOR PA** **219, 428**  
Example: jail

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**128 GENERAL INADEQUACY OF GRANT** **415**  
Including amount provided for basic needs, retroactive benefits and budget review  
See 159 for former recipients

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**129 FAILURE TO KEEP APPOINTMENT WITH SPECIAL INVESTIGATION UNIT** **216, 422**  
Including FEDS or EVR/BEV

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**130 MOVE FROM DISTRICT OR NO CLOSING LETTER ISSUED FOR NEW DISTRICT** **271, 418**

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**131 FAILURE OF AGENCY TO ACT ON APPLICATION IN A TIMELY MANNER** **221, 400**  
SNA: 45 DAYS; FA: 30 DAYS

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**132 DENIAL OF PREDETERMINATION GRANT OR PREINVESTIGATION GRANT**  
(Immediate needs)

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133	<b>FAILURE TO RECERTIFY</b>	225, 402
134	<b>WHEREABOUTS UNKNOWN</b> (Including Unable to Locate/Loss of Contact)	216, 422
139	<b>DISCONTINUANCE FOR FAILURE TO REPORT TO MANDATORY DISPUTE RESOLUTION</b> (FOR ALJ USE ONLY) Currently inactive due to <u>Khana</u> litigation	
140	<b><u>DOE V DOAR</u> LITIGATION RELATED ISSUES</b>	
141	<b>WRITTEN REQUESTS – REASON FOR ACTION UNCLEAR</b> Specifically for fax, correspondence and electronic requests	288,427
142	<b>YOU REQUESTED YOUR CASE CLOSED OR YOU WITHDREW YOUR APPLICATION</b>	219,437
145	<b>ANY MISCELLANEOUS PA ISSUE NOT IDENTIFIED BY OTHER CODE</b>	219,437
146	<b>AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL, OR DEFAULT</b>	278, 438
149	<b>FAILURE TO COOPERATE WITH DRUG/ALCOHOL SCREENING/ASSESSMENT</b>	422
150	<b>FAILURE TO PARTICIPATE IN DRUG/ALCOHOL REHABILITATION</b>	
152	<b>DENIAL/DISCONTINUANCE DUE TO INELIGIBLE ALIEN STATUS</b>	282, 453
153	<b>TRANSFER OF PROPERTY</b>	213, 412
154	<b>FAILURE TO ALLOW APPLICANT TO APPLY PRIOR TO SANCTION END</b>	400
157	<b>FAILURE TO REPLACE MISSING BENEFITS</b> (check, cash or electronic)	456
159	<b>UNDERPAYMENTS TO FORMER RECIPIENTS</b> Example: while on PA, utilities not paid or case under-budgeted	
161	<b>LIMITATION OF GRANT FOR PERSONS MOVING INTO NYS</b>	
162	<b>FINGER IMAGING/AUTOMATED FINGER IMAGING SYSTEM (AFIS)</b>	263, 462
163	<b>ANY ISSUE RELATED TO BENEFIT/EBT CARD</b>	295, 429
164	<b>FAILURE TO AGREE TO REPAY OVERPAYMENT OF ASSISTANCE AND/OR ASSIGN FUTURE WAGES (SNA ONLY)</b> Action: Deny	

**ADMINISTRATIVE DISQUALIFICATION HEARINGS (PADH)**  
**(Codes 179-185 FOR ADH STAFF USE ONLY)**

179	REOPEN FOR GOOD CAUSE/NO NOTICE HEARING-ADH
180	INTENTIONAL PROGRAM VIOLATION DISQUAL. – DUPLICATE ASSISTANCE
181	INTENTIONAL PROGRAM VIOLATION DISQUAL. –UNDECLARED INCOME
182	INTENTIONAL PROGRAM VIOLATION DISQUAL. –UNDECLARED RESOURCES
183	INTENTIONAL PROGRAM VIOLATION DISQUAL.-FALSE APPLICATION INFO.
184	INTENTIONAL PROGRAM VIOLATION DISQUAL.-UNREPORTED HH COMP CHANGES
185	INTENTIONAL PROGRAM VIOLATION DISQUAL.-GENERAL

**BUDGETING AFTER DISQUALIFICATION (BAD) AS A RESULT OF AN INTENTIONAL PROGRAM VIOLATION (IPV)**

186	ADEQUACY OF BUDGET TO REMAINING HOUSEHOLD MEMBERS
187	AMOUNT OF CLAIM
188	ANY OTHER ISSUE RELATED TO BUDGETING AFTER DISQUALIFICATION NOT COVERED BY OTHER CODE
189	FAILURE TO REINSTATE BENEFITS UPON IPV DISQUALIFICATION ENDING

CODE	CRITERIA	SUB - CATEGORY	AGENCY
186, 187 188, 189	-BUDGETING AFTER DISQUALIFICATION  -STATEWIDE PUBLIC ASSISTANCE FRAUD DISQUALIFICATION	<b>BAD</b>  <i>NOTE:</i> SUB-CAT FOR UPSTATE REQUEST ONLY	NYC: NBAD  UPSTATE: LDSS

**CHILD SUPPORT UNIT HEARINGS**

NYC: NCSU  
SUB-CAT: NONE

UPSTATE: LDSS  
CSU

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<b>190</b>	<b>CSU - INCORRECT PERSON</b>
<b>191</b>	<b>CSU - INCORRECT AMOUNT</b>
<b>192</b>	<b>CSU - FINANCIALLY EXEMPT</b>
<b>193</b>	<b>CSU - NO UNDERLYING COURT ORDER</b>
<b>194</b>	<b>CSU - OTHER</b>

## Eliminated/Combined Codes (PA)

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<b>002</b>	<b>ELIMINATE &amp; COMBINE W/ 128</b> Formerly: Amount provided for basic needs
<b>008</b>	<b>ELIMINATE - USE 145</b> Formerly: Any issue involving needs not identified by other code
<b>030</b>	<b>ELIMINATE – USE 145</b> Formerly: Any other issue relating to income not identified by other code
<b>038</b>	<b>ELIMINATE - OBSOLETE</b> Formerly: Income issue related to quarterly report
<b>060</b>	<b>ELIMINATE – USE 063</b> Formerly: Eligibility of child for Family Assistance
<b>061</b>	<b>ELIMINATE – USE 063</b> Formerly: Allegation of placement in wrong category of assistance
<b>066</b>	<b>ELIMINATE – USE 064</b> Formerly: Change in budget or manner of payment – 60 month time limit
<b>070</b>	<b>ELIMINATE – COMBINE W/ 073</b> Formerly: Availability of an automobile as a resource
<b>094</b>	<b>ELIMINATE – USE 163</b> Formerly: Any other manner of payment issue not identified by other code
<b>100</b>	<b>ELIMINATE – USE 102 OR 103</b> Formerly: Recovery for duplicated check
<b>120</b>	<b>ELIMINATE – USE 126</b> Formerly: Failure to verify household composition
<b>123</b>	<b>ELIMINATE – COMBINE W/ 122</b> Formerly: Effective dates of changes in entitlement
<b>135</b>	<b>ELIMINATE – COMBINE W/ 157</b> Formerly: Replacement of lost or stolen check or cash
<b>138</b>	<b>ELIMINATE – OBSOLETE</b> Formerly: Failure to return or complete periodic report
<b>148</b>	<b>ELIMINATE – COMBINED W/ 051</b> Formerly: Failure to provide travel/child care reimbursement to attend FH
<b>156</b>	<b>ELIMINATE – USE 154</b> Formerly: Failure to allow FA appl. to apply 30 days prior to sanction end
<b>160</b>	<b>ELIMINATE – COMBINED W/ 093</b> Formerly: Denial of PA – no notice or reason
<b>165</b>	<b>ELIMINATE - OBSOLETE</b> Formerly: Learnfare
<b>166</b>	<b>ELIMINATE – COMBINED W/ 163</b> Formerly: Any other reason related to EBT

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