

DRAFT

Date: _____
Case Number: _____
Case Name: _____
FH&C Telephone Number: _____

Homebound Review Project Notice of Decision

The Human Resources Administration (HRA) reviewed cases in which there was a change in the homebound status after February 19, 2007. This review was to determine if any benefits were lost because of the change in homebound status of one or more members of your household. HRA has also determined whether the adults in your household are homebound. Turn to **page 3** of this form for more information. HRA has reviewed your case and our decision is:

Cash Assistance:

- We are authorizing a **Cash Assistance Benefit** in the amount of:
\$ _____ from: _____ to: _____
- We are authorizing a **Cash Assistance Credit** in the amount of:
\$ _____ from: _____ to: _____

This credit will be available to you if your Cash Assistance case is reopened.

- Our review shows that you lost no **Cash Assistance Benefits** because of the change in your homebound status.

Food Stamps:

- We are authorizing a **Food Stamp Benefit** in the amount of:
\$ _____ from: _____ to: _____
- Our review shows that you lost no **Food Stamp Benefits** because of the change in your homebound status.
- Our review shows that you are **not eligible for back Food Stamp Benefits** because:

These grant(s) will be available to you on _____. If they are not available at that time, please call the Homebound Review Project at: (212) 835-7357.

You will need a CBIC photo ID card to pick-up this benefit. If you do not have a CBIC photo ID card, call the Homebound Review Project at the number indicated above for more information on how to obtain one. To find out if your benefits are available before attempting to redeem them, please call the Electronic Benefit Transfer (EBT) hotline at (888) 328-6399.

Medicaid:

- Our review shows that you lost no **Medicaid Coverage** because of the change in your homebound status.
- Our review shows that your **Medicaid** case was closed for the period _____ through _____.

If you have medical bills for this time period that are unpaid or that you had to pay yourself, you may be eligible to have Medicaid pay these bills. To claim this benefit, you must mail copies of any such bills, along with a copy of this notice to:

Human Resources Administration
Medical Assistance Program – Homebound
P.O. Box 2649
New York, NY 10117-1223

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION REGARDING YOUR BENEFITS.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

FOR MORE IMPORTANT INFORMATION, TURN TO PAGE 3.

**Individual Homebound Status of active Cash Assistance adult household members
(18 years of age or older):**

Name: _____ Homebound Status:
 Homebound Not Homebound

Name: _____ Homebound Status:
 Homebound Not Homebound

Name: _____ Homebound Status:
 Homebound Not Homebound

Name: _____ Homebound Status:
 Homebound Not Homebound

Name: _____ Homebound Status:
 Homebound Not Homebound

If you are homebound, HRA will come to your home for appointments such as recertifications. If you are not homebound, you will be required to go to HRA for appointments.

If you or any members of your household do not wish to be considered homebound, please complete the enclosed Homebound Review Project Return Form and return it in the envelope provided.

TURN TO PAGE 4 IF YOU DISAGREE WITH THE DETERMINATION THAT YOU ARE NOT HOMEBOUND.

You Have The Right To Appeal This Determination On Homebound Status

If you disagree with our determination that you are not homebound and you believe that you should be treated as homebound and have HRA come to your home for appointments, you can file an appeal with HRA. The appeal request must be made within thirty (30) days of the date of this notice. To file an appeal, check the box below and send this page to HRA in the envelope provided. You can also request an appeal by calling HRA at (212) 835-7357.

I want to appeal HRA's finding that I am not homebound. I think that I am homebound and I want HRA to come to my home for appointments.

Name: _____ Case Number: _____

Signature: _____ Date: _____

How to Request a Reasonable Accommodation:

If you have a physical, mental health or learning problem that makes it difficult for you to:

- come in for appointments,
- fill out an application, or
- meet other HRA requirements,

you have a right to ask for help from HRA. This help is called a reasonable accommodation. If you need help, call or write to the Homebound Review Project at Human Resources Administration/FIA, Special Needs Region-HBRP, 180 Water Street, Room 2121, New York, NY 10038-4923.

If you asked for help and you think you did not get the help you needed, you can file a complaint. To file a complaint, you can write to: ADA Compliance Officer, Office of Legal Affairs, 180 Water Street, 16th Floor, New York, NY 10038, or fax your complaint to (212) 331-5023. If it is difficult for you to submit a complaint in writing, you may call (212) 331-4640 for assistance.

Do you have questions about this letter? Do you need help reading it?

Call HRA at (212) 835-7357 for help.

You can also call the Legal Aid Society with questions about this notice at: (212) 577-3699.

Conference and Fair Hearing Information

CONFERENCE

If you think our decision is wrong regarding your back benefit(s) or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the Fair Hearing and Conference (FH&C) Unit telephone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing.

STATE FAIR HEARING

How to ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, by fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd Floor, Manhattan**
- (5) **ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

What to expect at a Fair Hearing: The State will send you a notice that 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. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. 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 that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the 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 the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE 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 that 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 that 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**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, NY 11201**. If you want copies of 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.

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 or write to us at the telephone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for cash assistance, medical assistance or social services issues and ninety (90) days for food stamp issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by telephone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____
_____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____