

EXP-84KK LLF
6/24/09

Human Resources Administration/FIA
Special Needs Region-HBRP
180 Water Street, Room 2121
New York, NY 10038-4923



Date: _____

Case Number: _____

Case Name: _____

DRAFT

Homebound Review Project REMOVE HOMEBOUND STATUS REQUEST FORM

Fill this form out ONLY if you do NOT want HRA to come to your home for appointments and you want to go to HRA for appointments.

The Human Resources Administration (HRA) has notified you on **page 3** of the "Homebound Review Project Notice of Decision" form, if you have homebound status. If the form says you and/or another adult member of your household is "homebound," this means HRA will come to your home for appointments.

If you or a household member do not want HRA to come to your home for appointments, complete the form below and return it in the enclosed postage-paid envelope within 30 days of the date of this notice to:

**Human Resources Administration/FIA
Special Needs Region – HBRP
180 Water Street, Room 2121
New York, NY 10038-4923**

If you want your homebound status removed, but did not return this form within 30 days, please contact your local Job Center.

DO NOT WANT HOMEBOUND STATUS. The persons whose names and signatures appear below do not want homebound status. These persons are expected to go to the Job Center for appointments.

| Name | Signature | Date |
|-------|-----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have questions about this form? 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.

Federal, State, and City laws protect individuals who are disabled. To find out more about this, look at the enclosed form.