



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #03-04-ELI

### CHANGE OF RESIDENCE WITHIN NEW YORK STATE

Date: January 31, 2003	Subtopic(s): Housing Issues
<b>AUDIENCE</b>	The instructions in this policy directive are for FIA Workers in Job Centers, and are informational for all other staff.
<b>POLICY</b>	<p>When a New York City Public Assistance (PA) participant moves from New York City to another social service district within New York State, and is otherwise eligible, the Family Independence Administration (FIA) is responsible for providing PA and FS benefits through end of the month following the month in which the move occurs.</p> <p>An allowance to meet moving expenses can be granted <b>only</b> if the participant meets the following criteria:</p> <p>What are the criteria used when determining if a participant is entitled to moving expenses?</p> <ul style="list-style-type: none"><li>▪ The move is to a less expensive rental property and the amount paid for a security deposit and moving expenses is less than the amount of two (2) years' difference in rentals; or</li><li>▪ The move is necessitated by one of the following criteria:<ul style="list-style-type: none"><li>• A disaster/catastrophe and/or a vacate order placed against the premises by a health agency or code enforcement agency;</li><li>• Serious medical or physical handicap. Such need must be verified by specific medical diagnosis;</li><li>• Individual or family is rendered homeless as a result of having been put out by another occupant with whom they were sharing accommodations;</li><li>• The move is from temporary to permanent housing;</li><li>• The move is from permanent housing to temporary housing due to unavailability of permanent housing;</li></ul></li></ul>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
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Distribution: X

- The move is from one temporary accommodation to another temporary accommodation due to the unavailability of permanent housing;
- The move is either from an approved relocation site or to an approved cooperative apartment;
- There is a living situation that adversely affects the mental or physical health of the individual or family, and the need for alternative housing is urgent.

## REQUIRED ACTION

When the participant informs FIA of his/her intention to move, the JOS Worker must discuss the move with the participant and his/her plans for financial maintenance at the new location. If the participant is otherwise eligible and indicates a need for continued assistance in the new district, the JOS Worker must request the Service Section to contact the new Social Service District to:

- verify the maximum rent allowance in the new district;
- obtain a building clearance report;
- notify the new district to assume responsibility for assistance payments as soon as FIA is no longer responsible.

The JOS Worker must also advise the participant that s/he should apply for assistance in the new district as soon as possible as FIA will only continue payments through the end of the month following the month of the move.

When all the preliminary steps have been taken and the necessary verification/documentation from the new district has been received, the JOS Worker should proceed to:

- calculate a budget to reflect the rent amount approved in the new district. If the approved rent exceeds FIA's shelter allowance, calculate a bottom-line budget with the new rent amount; and
- prepare a Turn Around Document (**TAD**) to change the address to the address in the new district.

## Authorizing Moving Expenses

Allowances to meet moving expenses must be approved by the Rental Assistance Unit (**RAU**). Participants who request moving expenses and otherwise meet the established criteria, must obtain three (3) estimates from licensed movers who agree to be paid upon completion of the move.

In this instance, the JOS Worker must:

- have the participant complete the “Request for Additional Allowance or Change in Grant” form (**W-137A**);
- sign and date the **W-137A**, give a copy to the participant, and file a copy in the case record;
- record the request on the Participant Request Control Card (**W-111F**);
- complete and give the participant the “Documentation Request Form” (**W-113A**) which is used to obtain the three (3) moving estimates and a date by which s/he should return to the Center.

When the participant returns with three (3) estimates, the JOS Worker will:

- complete the “Request for Approval of Special Grant Code 22-Moving Expenses” form (**W-147BB**);
- attach the **W-113A** to the **W-147BB**;
- forward all materials (minus the **W-111F**) to: Director, RAU, 180 Water Street, 21<sup>st</sup> Floor, New York, NY 10038. No request should be forwarded unless all three estimates have distinct D.O.T. license numbers.

What role does the Director of RAU play in the process?

Upon receipt of the documentation, the Director of RAU will:

- Enter a disposition (approved or disapproved) on the **W-147BB**;
- Issue a control number for approved or disapproved dispositions;
- Send back the **W-147BB**, along with the disposition and RAU approved expense form, to the JOB Center within 48 hours. (If, for any reason, RAU disapproves the request for assistance to move, a detailed notice will also be sent to the JOS Center.)

When the JOS Worker receives the **W-147BB** approving the move, s/he must:

- provide a copy to the participant and place the original in the participant’s case record; and
- annotate the disposition in the “approved” column on the **W-111F**.
- prepare the “Notice of Acceptance/Denial of Request for Additional Allowance to meet Special Need” form ( **W-137B** ) , send a copy to the participant, and place a copy in the case record;

 See CD# 96-91

When the move has been completed, the JOS Worker will:

- have both the participant and the mover sign a Certification of Move Statement (**W-147CC**), listing the number and type of items moved. Be sure to include the control number from the **W-147BB** on the **W-147CC**;
- prepare the Single Issuance Form (**DSS-3575**) for Direct Vendor payment and submit along with the **W-147BB** and the **W-147CC**, to the AJOS I for approval and signoff.

Upon approval, the AJOS I will submit the case to the Deputy Center Director for payment approval and authorization. Once all required signatures have been obtained, the payment authorization and related documents will be forwarded to control for processing.

#### Closing the case

When all the required actions have been processed in WMS, prepare the **TAD** to close the case using CNS closing code **G62**. Prior to case closing, the JOS Worker must ensure that all benefits have been issued, including rent up to the maximum allowable in the new district. The case closing must be processed immediately after issuance of the “B” cycle of the month following the month the move occurred.

#### Example —————▶

If the participant moves in February, benefits should be issued for the remainder of February and all of March and cease effective the “A” cycle of April (4A03).

#### EBT allows the participant to receive benefits

The current statewide Electronic Benefit Transfer (**EBT**) system allows the participant to receive his/her benefits from any county within New York State.

In situations where the “move-to” county discloses that New York City’s responsibility to the participant has not yet ended and the case has already been closed, you should reopen the case on a single-issue basis, provide the benefits, and close the case after the benefits have been issued.

## PROGRAM IMPLICATIONS

### Paperless Office System (POS) Implications

POS Workers should:

- Print out and use the POS **W-137A**, **W-137B**, **W-147BB**, and **W-147CC**. Workers should scan the completed forms into the electronic case record after it comes back from RAU;
- Make the following entries in the 'Special Grants' window on the 'Response to Question' screen for the Housing Related Benefits question:
  - click "Yes" under "Moving Allowance" and complete the drill down window that appears.
  - click "Yes" under "RACCU Ref." and when the **W-147BB** is returned from RAU, click the appropriate radio button under RACCU Ref Result, and if the request is approved, enter the amount approved in the amount box .
- Make the appropriate entries in the 'Grants Data-entry' window and go to the Print Forms window and print the **DSS-3575**.  
Make required changes to close the case in the POS **TAD**.

### Food Stamp Implications

If the participant is in receipt of Food Stamps, s/he will continue to receive those benefits until the last day of the month following the month of the move. At this point, the participant will need to reapply for benefits in his/her new district.

### Medicaid Implications

The "move from" district is responsible for continuing Medicaid coverage until the last day of the month following the move.

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## Fair Hearing Implications

### Avoidance/ Resolution

To avoid both delay in benefit issuance and incorrect denial of moving expenses, ensure that all case actions are taken as outlined in this policy directive.

If the participant contacts you regarding disapproval or notification of a decision made by RAU, review the **W-147BB**, which was annotated by RAU. The information on the **W-147BB** may provide an opportunity to resolve the issue.

If the participant comes to the Job Center to request a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) Unit that the participant needs to be seen by the AJOS I/Sup I. If the participant calls the JOS Worker directly, the JOS must tell the participant to call the FH&C Unit.

#### Conferences

The AJOS I/Sup I will listen to, and evaluate, the participant's complaint and contact the "move from" district for instructions. After reviewing the case record and discussing the issue with the Worker and Group Supervisor, the AJOS I/Sup I will determine if the participant's complaint can be resolved. The AJOS I/Sup I is responsible for ensuring that further appeal by the participant through a Fair Hearing request is properly controlled, and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

#### Evidence Packets

All evidence packets must contain all relevant documentation submitted to and issued by RAU, the participant's case record and any other relevant documentation.

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#### RELATED ITEMS

Policy Directive #99-4  
Policy Directive #01-31

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#### REFERENCES

CNS Undercare Manual pp. 142  
PA Source Book pp. XV-F-1  
18 NYCRR 352.6(a)(1)

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#### ATTACHMENTS

**W-147BB** Request for Approval of Special Grant Code 22 –  
Moving Expenses  
**W-147CC** Certification of Move Statement



### Request for Approval of Special Grant Code 22-Moving Expenses

To: Director, Rental Assistance Unit  
180 Water Street, 21st Floor  
New York, NY 10038  
Tel. Number: (212) 331-5533  
Fax Number: (212) 331-6284

Date: \_\_\_\_\_

From: Center Number: \_\_\_\_\_ Case Number: \_\_\_\_\_ Caseload: \_\_\_\_\_

Case Name: \_\_\_\_\_ Household Size: \_\_\_\_\_

Participant's **FORMER** Address: \_\_\_\_\_

Participant's **NEW** Address: \_\_\_\_\_

Reason for Move: \_\_\_\_\_

**Three** estimates are attached. Items to be moved are listed on the reverse.

Mover's Name and Address	Mover's Telephone Number	D.O.T. License Number	Estimate Amount
<b>1</b>			\$
<b>2</b>			\$
<b>3</b>			\$

Worker Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Referring Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Do not write below this line. For RAU use only:**

☐ Move Approved (specify reason): \_\_\_\_\_

Indicate which mover was approved:

☐ 1 ☐ 2 ☐ 3

Control Number: \_\_\_\_\_

**Payment may not be authorized until receipt of certification from the mover, stating the number of items moved as well as the participant's signature certifying the move is completed and satisfactory.**

☐ Move Disapproved (specify reason): \_\_\_\_\_

If dollar amount exceeds maximum for household size, please specify AMOUNT \$ \_\_\_\_\_

RAU Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number of rooms in apartment: \_\_\_\_\_

Please detail below furniture and possessions to be moved:

Kitchen/Dining Room	Indicate Number and Description
Tables	
Chairs	
Boxes (dishes, pots, etc.)	
Other (specify)	
Bedrooms	
Beds	
Dressers	
Boxes (clothing, linens, etc.)	
Other (specify)	
Living Room	
Sofas	
Chairs	
Bookcases	
Tables	
Boxes	
Other items (specify)	
Total Number of Items	





Center: \_\_\_\_\_

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Caseload: \_\_\_\_\_

Participant's Telephone Number: \_\_\_\_\_

### Certification of Move Statement

(Prepare in triplicate: 1 copy to participant, 1 copy to RAU, file 1 copy in case record)

This document must be signed by the mover and the participant after the participant's furniture and possessions have been moved to the new premises. Failure to provide true and accurate statements are punishable as a Class A Misdemeanor, pursuant to Penal Law 175.30 (offering a false instrument for filing to a public office or a public servant).

**Applicant's/Participant's Statement:** The moving company \_\_\_\_\_  
(name)

located at \_\_\_\_\_  
(address)

moved my furniture and possessions, consisting of the following items (indicate quantity):

\_\_\_\_ Boxes, \_\_\_\_ Beds, \_\_\_\_ Chairs, \_\_\_\_ Tables, \_\_\_\_ Dressers, \_\_\_\_ Sofas,  
(number) (number) (number) (number) (number) (number)

\_\_\_\_ Other items (specify): \_\_\_\_\_  
(number)

on \_\_\_\_\_ to my new address \_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date

**Mover's Statement:** I (we) certify that the applicant's/participant's furniture and possessions consisting of \_\_\_\_\_ items have been moved to the above-described premises. We are requesting payment of \_\_\_\_\_ moving fees.  
(number)

\_\_\_\_\_  
Signature of Mover

\_\_\_\_\_  
Title of Moving Company Employee

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Worker's Title

\_\_\_\_\_  
Date