

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NOTICE OF INTENT TO DISCONTINUE CHILD CARE BENEFITS**

NOTICE DATE:	EFFECTIVE DATE	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
		OR    Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	WORKER TELEPHONE NO.
This notice is to inform you that your case will be closed on _____. You will no longer be receiving child care benefits beginning on _____.				
Comments:				
<b>The reason for this action is:</b>				
<input type="checkbox"/> Your monthly gross income of \$ _____ for a family size of _____ exceeds 200% of the State Income Standard \$ _____, which is the maximum monthly gross income allowed by New York State regulation to be eligible for child care subsidy. <i>(Please see the attached addendum for additional information)</i>				
<input type="checkbox"/> Due to insufficient funding, the district is closing cases at or above _____ % of the State Income Standard. Your family's monthly gross income of \$ _____ exceeds the maximum monthly gross income of \$ _____ for your family size. Also, your family does not meet the eligibility criteria for a child care guarantee designation. <i>(Please see the attached addendum for additional information)</i>				
<input type="checkbox"/> You are not programmatically eligible for child care services because: _____ _____ _____				
<input type="checkbox"/> You did not provide the following documentation or the following documentation was not adequate: _____ _____ _____				
<input type="checkbox"/> Other _____ _____ _____				
The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____ _____ _____				

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

- (1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334. OR**
- (2) **Writing:** Complete the information below, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930. **Please keep a copy for yourself. OR**
- (3) **FAX:** Complete the information, sign and fax both sides of this form for your fair hearing request to (518) 473-6735. **OR**
- (4) **Online:** To send your fair hearing request online, go to <http://www.otda.ny.gov/oah>, click on the links to request a fair hearing using the online form, and follow the instructions to complete and submit the form online.

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay-stubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

**Check One:**

**KEEP MY CHILD CARE BENEFITS THE SAME.** If you request a fair hearing before your benefits end, your child care benefits will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care benefits that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care benefits you receive that you were not entitled to, which may be collected by reduction of future child care allotments, lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care benefits.

**I do not want my child care benefits continued until the hearing decision is issued.**

**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 your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice

**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 file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access 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. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. 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 us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page 1 of this notice.

**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.)

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

District: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**ADDENDUM TO NOTICE OF INTENT  
TO DISCONTINUE CHILD CARE BENEFITS-FINANCIAL ELIGIBILITY CALCULATION**

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

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

We have determined that you are no longer eligible for child care benefits. Your family's monthly gross income is \$ \_\_\_\_\_.

This exceeds the maximum monthly gross income standard of \$ \_\_\_\_\_ for a family size of \_\_\_\_\_.

**Please check the information below. If there is a mistake contact your caseworker listed on page one of this notice. If there is a mistake, it could mean that the decision made about your benefits is not correct.**

There is a child with special needs residing in your household.  Yes  No **If you have a child with special needs, that needs child care, you may have received this notice in error. Contact your caseworker listed on page one of this notice to determine if your case was closed in error.**

Your family's <b>monthly gross income</b> was determined from the following sources:		
<input type="checkbox"/>	Wages or salary (18 NYCRR § 404.5(b)(5)(i)) before taxes in the amount of:	\$ _____ per month.
<input type="checkbox"/>	Social Security (18 NYCRR §404.5(b)(5)(iv)) in the amount of:	\$ _____ per month.
<input type="checkbox"/>	Child Support (18 NYCRR §404.5(b)(5)(xi)) in the amount of:	\$ _____ per month.
<input type="checkbox"/>	*Other income not listed above as defined in New York State regulation 18 NYCRR §404.5(b)(5) in the amount of:	\$ _____ per month.
	Your family's <b>total monthly gross income</b> :	\$ _____ per month.

The following information is an explanation of how your eligibility for child care benefits was determined. To determine eligibility for child care benefits, your family's monthly gross income for your family size was compared to the Social Service District's (SSD) priority level for the monthly income standard. For a family to be eligible for child care benefits, a family must make less than the Monthly Income Standard amount listed below for their family size. Below are the Monthly Income Standards used by the district to determine your eligibility for child care benefits.

Family Size	SSD's Priority level = ____% Monthly Income Standard
1	
2	
3	
4	
5	
6	
7	
8	

For families with more than 8 persons, add \$330 for each additional person.

Your family's monthly gross income is \$ \_\_\_\_\_ for a family size of \_\_\_\_\_.

This exceeds the maximum income of \$ \_\_\_\_\_.

\*Other income not listed above and defined in New York State regulation 18NYCRR 404.5(b)(5) are defined as but not limited to the following: net income for non-farm self-employment, i.e. gross receipts minus expenses from one's own business, professional enterprise or partnership; or net income from farm self-employment, i.e. gross receipts minus operation expenses from the operation of a firm by a person on his own account, as owner, renter or sharecropper; or dividends, interest (on savings or bonds) income from estates or trusts, net rental income or royalties, public assistance (PA) or welfare payments include PA payments such as PA, SSI and home relief; or pensions and annuities include pensions or retirement benefits paid to a retired person or his survivors; or unemployment compensation, workers' compensation; or alimony; or veterans' pensions.

In addition to the citations listed on the attached notice refer to the district's Child and Family Services Plan, at <http://ocfs.ny.gov/main/childcare/plans/plans.asp> for additional information on how the district closes cases in the event that there are insufficient funds to provide child care benefits to all eligible families and the order in which they will open new cases should funding become available.