

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPROVAL OF YOUR APPLICATION FOR 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.
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Your application dated _____ for child care benefits has been approved.
 Your child care benefits are effective* _____ to* _____ while you are _____.

Comments:

BENEFITS. Payment will be provided on behalf of the following:

Child(ren):	For this provider:	For the amount of:**	Full Time or Part Time:

**Note: "effective" means the action or benefit begins on that day, "to" means the action or benefit is in effect on that date.*

***Payment may vary based on fluctuations in your approved activity and/or absences.*

Benefits will be paid: Directly to you. Directly to your provider.

Your provider must submit a monthly bill and attendance sheet.

FAMILY SHARE. You are responsible for paying the following fees:

- Effective _____, a **Weekly Family Share** must be paid to _____ in the amount of \$ _____ per week.
- Effective _____, an **Additional Family Share** must be paid to _____ in the amount of \$ _____ per week.
- Effective _____, a **Court Ordered Family Share** must be paid to _____ in the amount of \$ _____ per week, for the child(ren) _____.

The following information is an explanation of how your weekly family share was determined.

Family's annual gross income \$ _____

Minus 100% annual state income standard for a family size of _____ \$ _____

Remaining income \$ _____

Remaining income \$ _____ X family share % _____ % = \$ _____

\$ _____ / 52 weeks = \$ _____ weekly family share

All family share amounts are rounded to the nearest \$0.50. There is a minimum fee of \$1 per week for all families not receiving TA.

In order to continue to receive benefits these are your responsibilities:

- Notify your caseworker immediately of any change in family income, who lives in your house, employment, child care arrangements or other changes which may affect your continued eligibility or the amount of your benefit.
- Promptly pay any family share required.

**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 REJECT SERVICES: Approval of your application does not obligate you to accept the services. You may choose to decline the services.

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. 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.

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.)

Name: _____

District: _____

Address: _____

Case Number: _____

Telephone: _____