

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**NOTICE OF INTENT TO CHANGE CHILD CARE BENEFITS AND FAMILY SHARE PAYMENTS**

NOTICE DATE: / /		EFFECTIVE BENEFIT CHANGE DATE: / /		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:	
CASE NUMBER:		CIN NUMBER:		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP: <b>OR</b> Agency Conference: _____ Fair Hearing Information and Assistance: <b>1-800-342-3334</b> Record Access: _____ Legal Assistance Information: _____	
CASE NAME (And C/O Name if Present) AND ADDRESS:					
OFFICE NO.:	UNIT NO.:	WORKER'S NO.:	UNIT OR WORKER'S NAME:		
This agency intends to change your child care benefit. Your current benefit will end, and a new benefit will begin. Your current benefit will include services provided through (date) / / .					
The new benefit will begin with child care services provided on (date) / / through (date) / / . The changes are:					
Comments:					
<b>YOU HAVE THE RIGHT TO A CONFERENCE AND/OR A HEARING TO APPEAL THIS DECISION. READ THE BACK OF THIS NOTICE ON HOW TO REQUEST A CONFERENCE AND/OR HEARING TO APPEAL THIS DECISION.</b>					
<b>BENEFITS:</b>					
<b>Child(ren):</b>	<b>For this provider:</b>		<b>For the amount of: *</b>	<b>Full Time or Part Time:</b>	
<i>*Actual payments may vary as permitted by regulation.</i>					
<b>FAMILY PAYMENTS. You are responsible for paying the following fees:</b>					
<input type="checkbox"/> Effective / / , a <b>Weekly Family Share</b> must be paid to _____ in the amount of \$ _____ per week.					
<input type="checkbox"/> Effective / / , an <b>Additional Payment</b> must be paid to _____ in the amount of \$ _____ per week, to recoup an overpayment.					
<input type="checkbox"/> Effective / / , a <b>Court-Ordered Payment</b> must be paid to _____ in the amount of \$ _____ per week for the child(ren) _____.					
<b>The following information is an explanation of how your weekly family share was determined.</b>					
Family's annual gross income \$ _____					
Minus 100% annual state income standard for a family size of _____ \$ _____					
Remaining income \$ _____					
Remaining income \$ _____ X family share 1% = \$ _____					
\$ _____ / 52 weeks = \$ _____ weekly family share					
All family share amounts are rounded to the nearest \$0.50. There is a minimum family share requirement of \$1 per week. This fee is waived for those receiving Temporary Assistance, experiencing homelessness, or when such assistance is provided to a child where the child care services unit is comprised of the eligible child(ren) only. This fee is also waived for those receiving child care as a protective service, a preventive service, or for a foster child.					
The reason for this action is: _____					
The LAW(S) AND/OR REGULATION(S) that allows us to do this is/are: _____					

**If you disagree with your local department of social services' decision, you may request a conference and/or a fair hearing.**

- 1. **CONFERENCE:** You have a right to a conference with your local department of social services to review the determination. If you want a conference, you should request one AS SOON AS POSSIBLE, because the outcome of the conference may impact your decision to request a fair hearing. If you want a fair hearing and your child care benefit to remain unchanged (aid continuing) until the fair hearing decision is issued, you must request a fair hearing before the EFFECTIVE BENEFIT CHANGE DATE on the front page of this notice. A request for a conference alone will not result in your benefits being continued. At the conference, you may present information to demonstrate why you believe the agency action is not correct.

**You may request a conference by:**

(1) **Calling:** (     )     -     (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

(2) **Writing:** Check the box below and mail to \_\_\_\_\_

Please keep a copy for yourself.

I want a conference. I do not agree with the agency's action. You may explain on a separate paper why you disagree, but you do not have to include a written explanation.

- 2. **FAIR HEARING:** You have a right to a fair hearing to appeal the determination of the local department of social services. If you want a fair hearing, you have 60 DAYS from the NOTICE DATE, located on the front page, to make the request. If you do not want your child care benefit to change until the fair hearing decision is issued, you must request a fair hearing before the EFFECTIVE BENEFIT CHANGE DATE listed on the front page of this notice. You do not have to request a conference before requesting a fair hearing.

You may request to keep your child care benefit unchanged until a fair hearing decision has been issued. If you request your benefit not to be changed until a fair hearing decision has been issued, and you lose the fair hearing, you will have been overpaid. The local department of social services will seek to recover the overpayment from you by reducing future child care benefits, by collecting a lump sum payment or installment payments, or through legal action.

**You may request a fair hearing by:**

(1) **Calling:** 1-800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

(2) **Online:** To send your fair hearing request online, go to <https://otda.ny.gov/hearings/>, click on the links to request a fair hearing using the online form, and follow the instructions to complete and submit the form online.

(3) **Writing:** Check the box and complete the information below. 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.

(4) **Faxing:** Check the box and complete the information below. Fax both sides of this form to (518) 473-6735.

I want a fair hearing. I do not agree with the agency's action. You may explain on a separate paper why you disagree, but you do not have to include a written explanation.

**Select one.**

**Do NOT change** my child care benefit until a fair hearing decision has been issued.

**Change** my child care benefit on the effective date listed on this notice, pending the fair hearing decision.

Name: \_\_\_\_\_ District: \_\_\_\_\_  
 Address: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Phone Number: (     )     -     \_\_\_\_\_

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, paystubs, 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 searching online, using key words such as your county of residence and "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 one of this notice or write to us at the address printed at the top of page one 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 conference or 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 one of this notice.

