

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		
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 1-800-342-3334 Record Access Legal Assistance Information	

OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	WORKER TELEPHONE NO.
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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 _____.

The new benefit will begin with child care services provided on _____ through _____.

The changes are: _____

Comments:

**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**

BENEFITS:

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

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

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 family share requirement of \$1 per week. This fee is waived for those receiving Temporary Assistance, experiencing homelessness, or receiving child care for a foster child.

The reason for this action is: _____

The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____

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 <http://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 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.

ADDENDUM TO NOTICE OF INTENT TO CHANGE CHILD CARE BENEFITS AND FAMILY SHARE PAYMENTS-FINANCIAL ELIGIBILITY CALCULATION

Effective Date: _____
 Case Name: _____
 Case Number: _____

The amount that you pay for your family share has changed from _____ to _____.

Below are the sources of income used to calculate your family's income and the calculation used to determine your family share.

Please check the information below. If there is a mistake contact your caseworker listed on page one of this notice.

Your family's monthly gross income 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.
*Other income not listed above as defined in New York State regulation		
<input type="checkbox"/>	18 NYCRR §404.5(b)(5) in the amount of:	\$ _____ per month.
Your family's total monthly gross income :		\$ _____ per month.

The following information is an explanation of how your weekly family share was determined.		
Family's total monthly gross income	\$ _____	X 12 months = \$ _____ Annual Income
Family's annual gross income	\$ _____	
Minus 100% state income standard for a family size of _____	\$ _____	
Remaining income	\$ _____	
Remaining income	\$ _____	X family share % _____ % = \$ _____
\$ _____	/ 52 weeks =	\$ _____ weekly family share.

Family Size	100% Annual State Income Standard
1	
2	
3	
4	
5	
6	
7	
8	

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

*Other income not listed above and defined in New York State regulation 18 NYCRR 404.5(b)(5) is 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; alimony; or veterans' pensions.