

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

NOTICE DATE: / /		EFFECTIVE CLOSING DATE / /		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER		CIN NUMBER		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP OR 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 NO.		
This notice is to inform you that your child care benefit case will be closed on (date) ___/___/___. You are not eligible for child care benefits for services provided after _____.					
Comments:					
<b>YOU HAVE THE RIGHT TO A CONFERENCE AND/OR A HEARING TO APPEAL THIS DECISION.</b> <b>READ THE BACK OF THIS NOTICE ON HOW TO REQUEST A CONFERENCE AND/OR HEARING TO APPEAL THIS DECISION.</b>					
<b>The reason for this action is:</b>					
<input type="checkbox"/> Your family's gross income exceeds 200% of the state income standard, which is the maximum income allowed by New York State regulation to be eligible for child care subsidy at initial application and at every 12-month eligibility redetermination. Your family's monthly gross income of \$ _____ exceeds the maximum monthly income of \$ _____ for a family size of _____. <i>*(Please see the attached addendum for additional information.)</i>					
<input type="checkbox"/> Your family's gross income exceeds 85% of the state median income, which is the maximum income allowed by New York State regulation to be eligible for child care subsidy during the 12-month eligibility period. Your family's monthly gross income of \$ _____ exceeds the maximum monthly income of \$ _____ for a family size of _____. <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 us with the information we requested to determine your continued eligibility for child care assistance. Without this information we were unable to determine your eligibility for such assistance. _____					
<input type="checkbox"/> Other _____					
The LAW(S) AND/OR REGULATION(S) that allows us to do this is/are: _____					

CLIENT/FAIR HEARINGS COPY





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

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

In addition to the citations listed on this notice, refer to the district's Child and Family Services Plan, at <https://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.

SAMPLE ONLY