

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
OFFICE OF ADMINISTRATIVE HEARINGS**

TO: All Administrative Law Judges
and Professional Staff

DATE: December 22, 2006

FROM: Dan Bloodstein

SUBJECT: Medical Exemption from Work
Requirements When Recipient is
Required to Apply for SSI Benefits;
Revised New York City XMT Checklist
(Rev. 4 12/22/06)

By memorandum dated May 16, 2006, you were provided with a copy of Administrative Directive 06 ADM-06, entitled "Coordination of Temporary Assistance Employment and Eligibility Requirements for Individuals Who Are Required to Apply for SSI." That ADM set forth a summary of OTDA regulations and policies concerning individuals who are required to apply for SSI benefits in order to establish and maintain eligibility for Public Assistance and Food Stamp benefits.

Among the requirements set forth in that ADM is the rule that individuals who are required by the district to pursue SSI benefits as a condition of eligibility are exempt from participation in work requirements and cannot be assigned to work activities while such eligibility is being determined.

We have recently seen several fair hearing decisions in which an Appellant's legal representative has challenged an issued fair hearing decision that affirmed the denial of an employment exemption on the basis that such decision failed to consider the Appellant's contention that he or she had been required to apply for SSI as a condition of eligibility.

Please keep the above rule in mind when dealing with the issue of employment exemptions and ensure that inquiry is made into whether the Agency is requiring the Appellant to apply for SSI benefits as a condition of eligibility for assistance. Note that the view/save form WORK-5R (Medical Exemption) has been updated to include a citation to 06 ADM-06 and a suggested directive for situations where the Agency is being reversed on this basis.

NEW YORK CITY ONLY: The XMT checklist ("Denial of Medical Exemption from Work Requirements") has been amended to include a choice for a reversal where the Appellant was required to apply for SSI and such application (or appeal of a denial) is still pending. This version is labeled "XMT Rev. 4 12/22/06." This checklist can be accessed at:

<Outlook://Public Folders/All Public Folders/dfa.state.ny.us/OTDA/Hearings/NYC Checklist Decision Forms>

Attachments:

Memo May 16, 2006
Administrative Directive 06 ADM-06
XMT Checklist Ver. 4 12/22/06

cc: Checklist Typists

SIGN-IN INSTRUCTIONS FOR PROJECT FAIR

Before you leave the table each day, please make sure that sign-in information is completed fully and accurately for people you see at the table. This information is crucial for improving services at the table, as well as for our funding purposes. The following information must be completed as fully as possible (and is confidential within Project FAIR's participating orgs):

Date

Volunteers who are present that day

First Name of the applicant/recipient ("A/R") at the table

M/F

Zip Code: What zip code does the A/R affiliate with (residence or mailing address)

Center: Which Job Center or Non-Public Assistance Center does the A/R currently attend, if any?

FH Status: Mark "FH" if the A/R has already requested a Fair Hearing or is attending a Hearing that day. Mark "?FH" if the A/R is at Boerum Place to request a Hearing that day. If the A/R has already had a Hearing on the issue presented, mark "Post FH or PFH."

Issue: Identify briefly each issue the A/R presents at the table and how their benefits have been affected as a result. The more specifically you can identify the problem, the better. Examples of issues:

- "Sanction re: missed WEP appointment"
- "Denial of FS application"
- "Lost FH on employability"
- "Denied emergency shelter"
- "Underbudgeted for PA and FS"

Please also check off whether the A/R identifies as having a mental or physical disability, or if you suspect that they might. Please do not ask the A/R about their domestic violence status (we are not in a private location), but if the A/R identifies as such or as homeless, check the appropriate box.

Service Provided: This section is the most important. Please check off all that apply. Options include:

- **Verbal Info**
- **Written Materials**
- **Helped complete *pro se* evidence request**: Mark this if the client is submitting on her own.
- **Gave intake appointment at ___**: Indicate where you made an appointment for an intake or case consultation.
- **Referral to walk-in hours/clinic at ___**: Mark if you gave the A/R details about walk-in hours at clinics such as the Urban Justice Center's HOPP or Mental Health Clinics.
- **Phone #s for legal services**: Indicate which offices you gave telephone number for if possible.
- **Phone #s for social services**: Indicate what type of services you referred them to and where when possible. Examples: rental assistance, counseling, case management.
- **Took case for ___**: Identify if you are bringing a case back to your office for either **representation**, **informal advocacy/brief services**, submitting an **evidence request**, or filing of an **informal relief complaint** (complaint to class counsel for an issue covered by existing litigation).
- **Referred to Project FAIR**: Mark if you filled out a Project FAIR referral form or otherwise provided case information to Jen or Steffie to seek representation through a Project FAIR volunteer.
- **Other**: Indicate other types of services provided where appropriate.

Volunteer Feedback/Comments: Please indicate any problems, missing/suggested materials, unusual cases/stories, and any other important miscellaneous information