

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

JOEANN HERCULES, LADORN BROWNE and  
ELIZABETH COLON, individually and on behalf  
of all others similarly situated,

Plaintiffs,

vs.

ROBERT DOAR, in his official capacity as  
Commissioner of the New York City Human  
Resources Administration; and ELIZABETH  
BERLIN, in her official capacity as Executive  
Deputy Commissioner, New York State Office of  
Temporary and Disability Assistance,

Defendants.

**10 Civ. 6350 (RJS)**

**AMENDED COMPLAINT**

**PRELIMINARY STATEMENT**

1. Plaintiffs bring this action pursuant to 42 U.S.C. § 1983 and New York State law, on behalf of themselves and a class of all persons residing in New York City who have received or will receive public assistance through the Safety Net Assistance program, who live or lived in households with at least one minor child, and who have been or will be sanctioned for allegedly failing to comply with public assistance employment requirements pursuant to incorrect, affirmatively misleading, and defective notices that impose sanctions with longer minimum durations than are permissible by law.

2. Plaintiffs challenge Defendants' systemic policies and practices of reducing or discontinuing their Safety Net public assistance benefits, pursuant to incorrect, affirmatively misleading, and defective notices that impose sanctions for minimum periods in excess of those provided for by law, in violation of the Due Process clauses of the United States and New York

State Constitutions, as well as New York State laws and regulations.

3. For at least the past six years, the New York City Human Resources Administration (“HRA” or “City Defendant”) and the New York State Office of Temporary and Disability Assistance (“OTDA” or “State Defendant”) have wrongfully engaged in policies and practices that systemically deprive thousands of low income New York City residents living with minor children of public assistance benefits to which they are entitled.

4. Most able-bodied recipients of public assistance must seek and maintain employment and/or participate in approved employment, training or education programs (“employment requirements”) in order to maintain their eligibility to receive benefits. Individuals who fail to comply with these employment requirements may be “sanctioned,” or subjected to periods of time during which their benefits are reduced or discontinued, and they may be removed from associated employment and training programs.

5. Under New York State law, sanctioned individuals who live in households without minor children are subject to significantly longer minimum sanctions than individuals who live in households with minor children.

6. Although Defendants are or were aware that Named Plaintiffs and members of the plaintiff class are or were living in households that contain minor children, plaintiffs have been or will be subjected to the harsher penalties legally applicable only to individuals living in households without minor children. As a direct result of Defendants’ systemic practices, these individuals and their families have been or will be wrongfully subjected to reduced or discontinued subsistence benefits, depriving them each of hundreds of dollars they cannot afford to lose.

7. After these issues were brought to Defendants’ attention by Plaintiffs’ counsel,

Defendants admitted that they have, since 2004, systemically issued incorrect notices to recipients of Safety Net Assistance living in households with minor children, which resulted in the unlawful imposition of excessive sanctions on thousands of public assistance recipients.

8. In July 2010, Defendants agreed to (a) change their policies and practices to ensure that members of the plaintiff class are not subjected to unlawful sanctions in the future; (b) identify all members of the plaintiff class who were currently under unlawful sanctions imposed pursuant to Defendants' incorrect, affirmatively misleading, and defective notices at that time; (c) lift all sanctions in effect at that time pursuant to these notices and resume payment of full benefits going forwards; (d) delete these lifted sanctions from plaintiffs' public assistance records; and (e) revise their notices in the future to state the correct minimum sanction durations and include more information about the bases for the sanction durations.

9. To date, Defendants have identified some but not all members of the plaintiff class who were under unlawful sanctions in July 2010 pursuant to Defendants' incorrect, affirmatively misleading, and defective notices. However, Defendants have not yet lifted or deleted all the corresponding unlawful sanctions. Furthermore, Defendants have refused to restore lost benefits to these currently-sanctioned households.

10. Defendants have also refused to restore lost benefits to the many thousands of members of the plaintiff class who were wrongfully deprived of public assistance benefits over the past six years due to Defendants' systemic policies and practices of unlawfully subjecting them to excessive sanctions pursuant to these notices, and who are not under a current sanction.

11. Plaintiffs seek, *inter alia*, a class-wide permanent injunction ordering City and State Defendants to refrain from their unlawful conduct as alleged herein; to lift all sanctions currently in effect pursuant to Defendants' incorrect, affirmatively misleading, and defective

notices; to delete all sanctions imposed upon members of the plaintiff class since August 2004 pursuant to Defendants' incorrect, affirmatively misleading, and defective notices; and to restore lost benefits to all members of the plaintiff class who were unlawfully sanctioned pursuant to these notices.

### **JURISDICTION AND VENUE**

12. This Court has federal question jurisdiction pursuant to 28 U.S.C. §§ 1331 and 1343(a)(3) and (4) over claims arising under 42 U.S.C. § 1983.

13. This Court has supplemental jurisdiction under 28 U.S.C. § 1367 over plaintiffs' claims against Defendants under the New York State Constitution and the New York State laws and regulations implementing New York State's public assistance policies.

14. Venue properly lies with this district pursuant to 28 U.S.C. § 1391(b).

### **PARTIES**

#### **Plaintiffs**

15. Plaintiff JOEANN HERCULES lives in Bronx, New York, and at all times relevant to this action was entitled to receive Safety Net public assistance benefits, including in January 2010, when Defendants issued a notice reducing her household's public assistance benefits for a minimum period of 90 days. A copy of this notice is attached as Exhibit A.

16. Plaintiff LADORN BROWNE lives in New York, New York, and at all times relevant to this action was entitled to receive Safety Net public assistance benefits, including in May 2010, when Defendants issued a notice reducing her household's public assistance benefits for a minimum period of 150 days. A copy of this notice is attached as Exhibit B.

17. Plaintiff ELIZABETH COLON lives in Brooklyn, New York, and at all times relevant to this action was entitled to receive Safety Net public assistance benefits, including in September 2009 and October 2009, when Defendants issued a notice reducing her household's

public assistance benefits for minimum periods of 90 days, and in June 2010, when Defendants issued a notice reducing her household's public assistance benefits for a minimum period of 150 days. Copies of these notices are attached as Exhibits C, D, and E.

**Defendants**

18. Defendant ROBERT DOAR ("DOAR") is the Commissioner of the New York City Human Resources Administration ("HRA"), the executive agency of the City of New York responsible for (a) the operation and administration of public benefits programs for New York City residents, including public assistance and food stamps, and (b) complying with federal and state law and regulations relating to those public benefits programs. Commissioner DOAR is sued in his official capacity.

19. Defendant ELIZABETH BERLIN ("BERLIN") is the Executive Deputy Commissioner of the New York State Office of Temporary and Disability Assistance ("OTDA"), the executive agency of the State of New York responsible for (a) supervising the operation and administration of all public benefits programs in New York State, including those operated or administered locally in New York City by HRA; (b) complying with federal and state law and regulations with respect to public benefits programs; (c) promulgating regulations to ensure that the applicable state and city agencies, including HRA, comply with federal and state law and regulations; and (d) enforcing those laws and regulations. Executive Deputy Commissioner BERLIN is sued in her official capacity.

**CLASS ACTION ALLEGATIONS**

20. The named plaintiffs bring this action on their own behalf, and pursuant to Rule 23(a) and 23(b)(2) of the Federal Rules of Civil Procedure, on behalf of a class of all persons residing in New York City who have received or will receive public assistance through the Safety Net Assistance program, who live or lived in households with at least one minor child,

and who have been or will be sanctioned for allegedly failing to comply with public assistance employment requirements, pursuant to incorrect, affirmatively misleading, and defective notices that impose sanctions with longer minimum durations than are permissible by law.

21. The class is so numerous that joinder of all members is impracticable.

22. In July 2010, Defendants preliminarily identified over 1,100 individuals who, at that particular moment in time, were currently under an unlawful sanction imposed pursuant to Defendants' incorrect, affirmatively misleading, and defective notices. This represents only a fraction of the proposed class, since many other class members were similarly sanctioned pursuant to these incorrect and defective notices at various points over the past six years, but are not currently under sanction.

23. There are questions of law and fact common to the class, including but not limited to (a) whether Defendants engage in unlawful policies and practices by (i) issuing incorrect, affirmatively misleading, and defective notices to class members; and (ii) wrongly subjecting class members to the harsher penalties for violations of the public assistance employment requirements that are applicable only to those living in households without minor children; and (b) whether such practices violate the rights of class members to due process of law.

24. The Named Plaintiffs' claims are typical of the claims of the class. Each of the Named Plaintiffs was living in a household with at least one minor child when Defendants deprived her of Safety Net public assistance benefits to which she was entitled by unlawfully sanctioning her pursuant to an incorrect, affirmatively misleading, and defective notice which imposed a sanction with the longer minimum duration applicable only to individuals living in households without minor children when she allegedly failed to comply with public assistance employment requirements.

25. The Named Plaintiffs will adequately and fairly protect the interests of all members of the class because they have the requisite personal interest in the outcome of this litigation and they have no interest antagonistic to others in the class.

26. The Named Plaintiffs are adequate representatives of the class. The Named Plaintiffs and proposed class are represented by The Legal Aid Society and the New York Legal Assistance Group, two leading public interest law firms with extensive experience in litigating class action cases, including numerous cases against HRA and OTDA, several of which specifically addressed due process and other violations of federal rights, and Cooley, LLP, a prominent national law firm with extensive litigation and class action experience and a recognized commitment to pro bono representation of low-income families.

27. The Defendants have acted and will act on grounds generally applicable to each member of the plaintiff class, thereby making appropriate final declaratory and injunctive relief with respect to the class as a whole.

**STATE STATUTORY AND REGULATORY SCHEME  
REGARDING SANCTIONS AND NOTICE REQUIREMENTS**

28. New York State has established two public assistance programs to provide for families and individuals who do not have sufficient funds to support themselves. The Family Assistance program, which is funded in part by the federal block grant to states for temporary assistance to needy families (“TANF”), is available to some indigent families with a child under 18 years of age and to pregnant women. The Safety Net Assistance program, which does not receive federal TANF funds, is available to all other eligible needy individuals, including families with minor children who are ineligible for Family Assistance because of statutorily imposed time limits or immigration status. N.Y. Soc. Serv. Law (“SSL”) §§ 158, 349.

29. New York’s maximum public assistance grant levels are generally less than 50%

of the federal poverty guidelines.

30. Recipients of public assistance rely on these subsistence benefits to pay rent, utility bills for gas, electricity, and telephone service, and public transportation expenses, and to buy essential items such as clothing and school supplies.

**Public Assistance Employment Requirements**

31. Adult recipients of public assistance benefits in New York State are subject to mandatory requirements that they seek and maintain employment to continue receiving benefits (18 N.Y.C.C.R. § 385.2(a)), unless they are found exempt due to age, disability, or other reason (SSL § 332; 18 N.Y.C.C.R. § 385.2(b)).

32. Recipients who fail to comply with these mandatory public assistance employment requirements are subject to “sanctions,” or penalties that cause a pro-rata reduction or discontinuance of their benefits for a minimum specified time period based on two schedules set forth in SSL §§ 342(2) and (3), which apply to individuals living in households, respectively, with and without minor children.

33. The minimum durations of sanctions imposed for first and second violations of the public assistance employment requirements are shorter for individuals who live in households with minor children than for individuals living in households which do not contain minor children. Compare SSL § 342(2) to § 342(3).

34. The table below reflects the schedules of sanction durations for violations of the employment requirements based on the two relevant factors incorporated in SSL § 342: (a) whether the sanctioned individual is a member of a household with at least one minor child, and (b) whether she has previously been sanctioned for violations of the public assistance employment requirements, as the penalties increase for second, third and subsequent violations in both schedules. The schedules specified in SSL §§ 342(2) and (3), are also incorporated in

parallel State regulations, 18 N.Y.C.C.R. §§ 385.12(d)(1) and (2).

	Duration of First Sanction	Duration of Second Sanction	Duration of Third and Subsequent Sanctions
Public Assistance – Parent or Caretaker of Dependent Child	Until willing to comply	3 months & until willing to comply	6 months & until willing to comply
Public Assistance – Member of Household Without Dependent Children	90 days & until willing to comply	150 days & until willing to comply	180 days & until willing to comply

35. Sanctions imposed for alleged violations of the employment requirements continue for the minimum periods described above, and until recipients are willing to comply with the employment requirements. Sanctions are not lifted automatically at the end of the minimum sanction period. To resume receiving benefits, a recipient must request that the sanction be lifted. SSL §§ 342(2) and (3); 18 NYCRR §§ 385.12(d)(1) and (2).

**Benefit Reduction Notice Requirements**

36. Pursuant to SSL § 341(1)(a) and (b), and regulations promulgated by OTDA, 18 NYCRR 358-3.3(a)(1), public assistance recipients are entitled to timely and adequate notice whenever a social services agency intends to reduce their public assistance grants.

37. Accordingly, when an agency intends to sanction a public assistance recipient for her alleged refusal or failure to comply without good cause with the public assistance employment requirements, the agency must issue an adequate and timely notice that informs the recipient that the agency has determined that she has refused or failed to comply with the employment requirements. 18 NYCRR § 385.12(a)(2)(ii).

38. This notice must identify the specific instance(s) of alleged noncompliance, and the regulation in which the violated requirement is contained. 18 NYCRR § 385.12(a)(2)(iii)(a).

39. Pursuant to OTDA's regulations, 18 NYCRR § 385.12(a)(2)(iii)(c), this notice must inform the recipient of the correct minimum sanction duration as specified in SSL §§ 342(2)-(3) and 18 NYCRR §§ 385.12(d)(1)-(2) in order to be considered "adequate."

#### **FACTS CONCERNING THE CLASS**

40. The sanction process is the mechanism through which Defendants may reduce or discontinue public assistance benefits to recipients determined to be non-compliant with the public assistance employment requirements.

41. Once HRA makes a determination that it believes that a recipient of benefits has violated an employment requirement – by, for example, missing a required employment interview – Defendants initiate the sanction process by sending a Notice of Decision ("Sanction Notice") to the recipient's household.

42. Each year, Defendants issue more than ten thousand Sanction Notices to public assistance recipients residing in New York City, imposing sanctions upon them for violations of the public assistance employment requirements.

43. The very large majority of these Sanction Notices are generated by OTDA's Client Notice System ("CNS"), using information supplied by two computer systems: HRA's New York City Work, Accountability, and You ("NYCWAY") system, and OTDA's Welfare Management System ("WMS").

44. Due to Defendants' incorrect programming of their computer systems, from August 2004 until at least July 2010, all CNS-generated employment-related Sanction Notices sent to recipients of Safety Net Assistance who were living in households with minor children

wrongly imposed the harsher sanctions that were appropriate only for households without minor children.

45. Under New York State law, an adult living in a household with minor children who is being penalized for her first or second violation of the employment requirements is subject to a sanction of shorter minimum duration than she would receive if she lived in a household without minor children. Compare SSL § 342(2) to § 342(3).

46. Since at least August 2004, however, Defendants have issued incorrect, affirmatively misleading, and defective notices to many thousands of individuals living in households with minor children and receiving Safety Net Assistance, informing them that their public assistance benefits will be reduced or discontinued for the longer minimum durations specified in SSL § 342(3), which are legally applicable only to individuals living in households without minor children.

47. The Sanction Notices include a statement indicating whether HRA believes that the individual being sanctioned lives in a household with or without minor children.

48. The Sanction Notices sent to members of the plaintiff class often correctly state that there is a minor child in the recipient's household, even though the duration of the sanction imposed by the notice is legally applicable only to a household without children.

49. The Sanction Notices do not provide any information about how the minimum duration of the imposed sanction was calculated. The notices are silent as to what impact, if any, an individual's household composition has on the sanction length.

50. As a consequence of these incorrect, affirmatively misleading, and defective notices, members of the plaintiff class had no reason to believe or understand that Defendants were unlawfully subjecting them to the harsher penalties applicable only to households without

minor children.

51. Because Defendants' notices state explicitly that plaintiffs' benefits cannot be reinstated until a specific date that is several months later than the date on which plaintiffs should be able to have their sanctions lifted, these incorrect and affirmatively misleading notices induce members of the plaintiff class not to go into their local HRA offices to request that their sanctions be lifted prior to the date stated in the notice.

52. Thousands of recipients sanctioned for first violations therefore lost benefits to which they were entitled for 90 days instead of being able to have their sanctions lifted immediately; individuals who were sanctioned for second violations lost benefits for 150 days instead of 90 days.

53. Defendants admit that they have systemically issued incorrect notices to members of the plaintiff class since August 2004, which resulted in the unlawful imposition of excessive sanctions on members of the plaintiff class.

54. As of approximately July 9, 2010, HRA had identified over 1,100 Safety Net Assistance recipients living in households with minor children, who were at that time under their first or second sanctions pursuant to these incorrect, affirmatively misleading, and defective notices.

55. There may be additional recipients of Safety Net Assistance who meet these criteria, but who have not yet been identified.

56. In July 2010, HRA agreed to lift the sanctions of those individuals who were currently under sanction pursuant to these notices, restart their benefits prospectively, and delete the unlawful sanctions from their public assistance records.

57. However, HRA has not yet done so for all these individuals.

58. HRA has refused to restore the benefits that these households lost due to these sanctions.

59. Since August 2004, Defendants' unlawful policies and practices have also affected thousands of families with minor children whose sanctions are no longer in effect.

60. HRA and OTDA are able, based on information in their computer records, to identify everyone who has been affected by the policies and practices described above.

61. However, Defendants have agreed to identify only those individuals who were currently under sanction as of July 2010.

62. HRA has refused to restore benefits retroactively to the thousands of individuals living with minor children who are not currently under sanction, but who were deprived of benefits to which they were entitled during the past six years because Defendants unlawfully sanctioned them pursuant to incorrect, affirmatively misleading, and defective notices that imposed sanctions with minimum durations in excess of the periods specified in SSL § 342(2).

### **INDIVIDUAL PLAINTIFF FACTS**

#### **Plaintiff JOEANN HERCULES**

63. Plaintiff JOEANN HERCULES lives in Bronx, New York with her daughter who is seventeen.

64. Ms. Hercules' family receives public assistance through the Safety Net Assistance program.

65. Ms. Hercules works part-time as a home health aide.

66. On or about January 22, 2010, Defendants issued a Notice of Decision reducing Ms. Hercules' household's public assistance benefits, based on an allegation that she willfully and without good cause failed or refused to keep an employment or work activity appointment.

Ex. A, pp 1-2.

67. This notice stated that the household's monthly public assistance benefits would be reduced from \$523.00 to \$261.00 on February 2, 2010. Ex. A, p 1.

68. The notice informed Ms. Hercules that regardless of when she demonstrated a willingness to comply with the public assistance employment requirements, she would not be eligible to have her benefits reinstated for 90 days, i.e. before May 3, 2010. Ex. A, p 2.

69. The notice correctly indicated that Ms. Hercules' household included a minor child under age 18. Ex. A, p 2.

70. Ms. Hercules' benefits were reduced pursuant to the notice.

71. The sanction imposed pursuant to this notice was Ms. Hercules' first employment-related sanction.

72. Therefore, pursuant to SSL § 342(2), the sanction should have been non-durational, i.e. she should have been able to have it lifted immediately by indicating that she was willing to comply.

73. At all times since the notice was issued, Ms. Hercules was willing to comply with applicable public assistance employment requirements.

74. Since Ms. Hercules was not informed as to the basis for the 90-day minimum duration of the sanction imposed pursuant to this notice, she was not aware that the minimum duration of this sanction exceeded that which is allowed by law.

75. If Ms. Hercules' notice had correctly stated the earliest date on which her sanction could have been lifted, she would have gone in promptly to request the lifting of her sanction.

76. Ms. Hercules' benefits were reinstated prospectively on or about May 4, 2010, but none of the benefits withheld pursuant to the improper notice were paid.

**Plaintiff LADORN BROWNE**

77. Plaintiff LADORN BROWNE lives in New York, New York with her husband

Albert Browne and their two young children, ages 1 and 2.

78. The Brownes receive public assistance through the Safety Net Assistance program.

79. On or about April 29, 2010, Defendants issued a Notice of Decision reducing the Brownes' public assistance benefits based on an allegation that Ladorn Browne willfully and without good cause failed or refused to keep reporting to an employment or work activity assignment. Ex. B, pp 1- 2.

80. This notice stated that the Brownes' monthly public assistance benefits would be reduced from \$1013.00 to \$647.00 on May 10, 2010. Ex. B, p 1.

81. The Notice of Decision indicated that, regardless of when Ms. Browne demonstrated a willingness to comply with work requirements, she would not be eligible to have her benefits reinstated for 150 days, i.e. before October 7, 2010. Ex. B, p 2.

82. The notice correctly indicated that the Browne household included a child under age 18. Ex. B, p 2.

83. Ms. Browne's benefits were reduced pursuant to the notice.

84. The sanction imposed pursuant to this notice was Ms. Browne's second employment-related sanction.

85. Therefore, pursuant to SSL § 342(2), the sanction should have imposed for a minimum of only 90 days, i.e. she should have been able to have it lifted on August 11, 2010 by indicating that she was willing to comply.

86. Since the Brownes were not informed as to the basis for the 150-day minimum duration of the sanction imposed pursuant to this notice, they were not aware that the minimum duration of this sanction exceeded that which is allowed by law.

87. At all times since the notice was issued, Ms. Browne was willing to comply with applicable public assistance employment requirements.

88. On August 19, 2010, an HRA worker told Ms. Browne that she would not resume receiving full benefits until September 2, 2010.

89. Ms. Browne's benefits were reinstated prospectively on or about September 2, 2010, but none of the benefits withheld pursuant to the improper notice were paid.

**Plaintiff ELIZABETH COLON**

90. Plaintiff ELIZABETH COLON lives in Brooklyn, New York with her son and her brother, both of whom are minors, and her mother.

91. Ms. Colon and her family receive public assistance through the Safety Net Assistance program.

92. On or about September 16, 2009, Defendants issued a Notice of Decision ("September 2009 Notice") reducing Ms. Colon's household's public assistance benefits based on an allegation that Elizabeth Colon willfully and without good cause failed or refused to keep an employment or work activity appointment. Ex. C, pp 1-2.

93. The September 2009 Notice stated that the household's monthly public assistance benefits would be reduced from \$696.00 to \$522.00 on September 27, 2009. Ex. C., p 1.

94. The Notice of Decision indicated that, regardless of when Ms. Colon demonstrated a willingness to comply with work requirements, she would not be eligible to have her benefits reinstated for 90 days, i.e. before December 26, 2009. Ex. C, p 2.

95. The September 2009 Notice correctly indicated that Ms. Colon's household included a child under age 18. Ex. C, p 2.

96. At the time of the September 2009 Notice, Ms. Colon had not previously been

sanctioned for a violation of the public assistance employment requirements.

97. Therefore, pursuant to SSL § 342(2), the sanction should have been non-durational, i.e. she should have been able to have it lifted immediately by indicating that she was willing to comply.

98. Because Ms. Colon requested a fair hearing to contest the merits of this sanction within 10 days of receiving the September 2009 Notice, the associated sanction was never put into place.

99. On or about October 28, 2009, Defendants again issued a Notice of Decision (“October 2009 Notice”) reducing Ms. Colon’s household’s public assistance benefits, based on an allegation that Elizabeth Colon willfully and without good cause failed or refused to keep an employment or work activity appointment. Ex. D, pp 1-2.

100. The October 2009 Notice stated that the household’s monthly public assistance benefits would be reduced from \$696.00 to \$522.00 on November 8, 2009. Ex. D, p 1.

101. The October 2009 Notice indicated that, regardless of when Ms. Colon demonstrated a willingness to comply with work requirements, she would not be eligible to have her benefits reinstated for 90 days, i.e. before February 6, 2010. Ex. D, p 2.

102. The October 2009 Notice correctly indicated that Ms. Colon’s household included a minor child. Ex. D, p 2.

103. Ms. Colon’s benefits were reduced pursuant to the October 2009 Notice.

104. At the time of the October 2009 Notice, Ms. Colon had not previously been sanctioned for a violation of the public assistance employment requirements, because no sanction had been imposed based upon the September 2009 Notice.

105. Therefore, pursuant to SSL § 342(2), the sanction should have been non-

durational, i.e. she should have been able to have it lifted immediately by indicating that she was willing to comply.

106. At all times since the October 2009 Notice was issued, Ms. Colon was willing to comply with applicable public assistance employment requirements.

107. Since Ms. Colon was not informed as to the basis for the 90-day minimum duration of the sanction imposed pursuant to the October 2009 Notice, she was not aware that the minimum duration of this sanction exceeded that which is allowed by law.

108. If the October 2009 Notice had correctly stated the earliest date on which Ms. Colon's sanction could have been lifted, she would have gone in promptly to request the lifting of her sanction.

109. The cash portion of Ms. Colon's family's benefits was increased in January 2010, but none of the benefits withheld pursuant to the improper notice were paid.

110. On or about June 9, 2010, Defendants again issued a Notice of Decision ("June 2010 Notice") reducing Ms. Colon's household's public assistance benefits, based on an allegation that Elizabeth Colon willfully and without good cause failed or refused to keep an employment or work activity appointment. Ex. E, pp 1-2.

111. The June 2010 Notice stated that the household's monthly public assistance benefits would be reduced from \$696.00 to \$553.00 on June 20, 2010. Ex. E, p 1.

112. The June 2010 Notice indicated that, regardless of when Ms. Colon demonstrated a willingness to comply with work requirements, she would not be eligible to have her benefits reinstated for 150 days, i.e. before November 17, 2010. Ex. E, p 2.

113. The June 2010 Notice correctly indicated that Ms. Colon's household included a minor child. Ex. E, p 2.

114. Ms. Colon's benefits were reduced pursuant to the June 2010 Notice.

115. At the time of the June 2010 Notice, Ms. Colon had only one previous employment-related sanction.

116. Therefore, pursuant to SSL § 342(2), the sanction should have been imposed for a minimum of only 90 days, i.e. she should be able to have it lifted on September 18, 2010 by indicating that she is willing to comply.

117. Since Ms. Colon was not informed as to the basis for the 150-day minimum duration of the sanction imposed pursuant to this notice, she was not aware that the minimum duration of this sanction exceeded that which is allowed by law.

118. At all times since the June 2010 Notice was issued, Ms. Colon was willing to comply with applicable public assistance employment requirements.

119. Ms. Colon's benefits were reinstated prospectively in or about September, 2010, but none of the benefits withheld pursuant to the improper notices were paid.

**FIRST CAUSE OF ACTION**  
**VIOLATION OF THE FOURTEENTH AMENDMENT**  
**OF THE UNITED STATES CONSTITUTION**

120. Defendants DOAR and BERLIN, acting under color of law, had a policy and practice of issuing incorrect, affirmatively misleading notices that erroneously stated the length of employment sanctions imposed on members of the plaintiff class.

121. These notices wrongly induced class members to delay requesting the lifting of their sanctions until at least 90 days (in the case of a first sanction) or 60 days (in the case of a second sanction) after the minimum sanction period should have expired.

122. Because of these false and affirmatively misleading notices, plaintiffs lost public assistance benefits to which they were legally entitled under State law.

123. Defendants DOAR and BERLIN, acting under color of law and through their

policy and practice of sanctioning plaintiffs pursuant to incorrect, affirmatively misleading, and defective Notices of Decision that imposed sanctions with minimum durations longer than those under SSL § 342, have deprived plaintiffs of a protected property interest in the receipt of their public assistance benefits in violation of the plaintiffs' rights under the Due Process Clause of the Fourteenth Amendment of the United States Constitution.

124. Insofar as any sanctions imposed pursuant to these erroneous Notices of Decision are still in effect, plaintiffs continue to lose benefits to which they are legally entitled under State law.

**SECOND CAUSE OF ACTION**  
**VIOLATION OF THE NEW YORK STATE CONSTITUTION, ARTICLE I, §6**

125. Defendant DOAR, acting under color of law, had a policy and practice of issuing incorrect, affirmatively misleading notices that erroneously stated the length of employment sanctions imposed on members of the plaintiff class.

126. These notices wrongly induced class members to delay requesting the lifting of their sanctions until at least 90 days (in the case of a first sanction) or 60 days (in the case of a second sanction) after the minimum sanction period should have expired.

127. Because of these false and affirmatively misleading notices, plaintiffs lost public assistance benefits to which they were legally entitled under State law.

128. Defendant DOAR, acting under color of law and through his policy and practice of sanctioning plaintiffs pursuant to incorrect, affirmatively misleading, and defective Notices of Decision that imposed sanctions with minimum durations longer than those under SSL § 342, has deprived plaintiffs of a protected property interest in the receipt of their public assistance benefits in violation of the plaintiffs' rights under the Due Process Clause of the New York State Constitution, Article 1, § 6.

129. Insofar as any sanctions imposed pursuant to these erroneous Notices of Decision are still in effect, plaintiffs continue to lose benefits to which they are legally entitled under State law.

**THIRD CAUSE OF ACTION**  
**VIOLATION OF NEW YORK SOCIAL SERVICES LAW § 342**

130. Defendant DOAR, acting under color of law and through his policy and practice of sanctioning plaintiffs for the longer minimum durations legally applicable only to individuals living in households without minor children for alleged violations of the public assistance employment requirements, pursuant to incorrect, affirmatively misleading, and defective Notices of Decision, has violated plaintiffs' rights under SSL § 342.

131. Insofar as any sanctions imposed pursuant to these erroneous Notices of Decision are still in effect, Defendant DOAR continues to violate plaintiffs' rights under SSL § 342.

**FOURTH CAUSE OF ACTION**  
**VIOLATION OF THE FOURTEENTH AMENDMENT**  
**TO THE UNITED STATES CONSTITUTION**

132. Defendants DOAR and BERLIN, acting under color of law and through their policy and practice of imposing employment-related sanctions upon plaintiffs pursuant to Notices of Decision that do not inform the recipient of the notice that (a) the duration of the sanction is based on both whether there are minor children in the recipient's household and whether the sanction is the recipient's first, second, or subsequent sanction; and (b) the recipient may challenge not only the validity of the current sanction, but also the duration of the sanction and any of the bases on which the duration is based, deprive the plaintiffs of their protected property interests in the receipt of their public assistance benefits without Due Process of Law in violation of plaintiffs' rights protected under the Fourteenth Amendment of the United States Constitution.

**FIFTH CAUSE OF ACTION**  
**VIOLATION OF THE NEW YORK STATE CONSTITUTION, ARTICLE I, §6**

133. Defendant DOAR, acting under color of law and through his policy and practice of imposing employment-related sanctions upon plaintiffs pursuant to Notices of Decision that do not inform the recipient of the notice that (a) the minimum duration of the sanction is based on both whether there are minor children in the recipient's household and whether the sanction is the recipient's first, second, or subsequent sanction; and (b) the recipient may challenge not only the validity of the current sanction, but also the duration of the sanction and any of the bases on which the duration is based, deprives the plaintiffs of their protected property interests in the receipt of their public assistance benefits without Due Process of Law in violation of plaintiffs' rights under the Due Process Clause of the New York State Constitution, Article 1, § 6.

**SIXTH CAUSE OF ACTION**  
**VIOLATIONS OF NEW YORK SOCIAL SERVICES LAWS AND REGULATIONS**

134. Pursuant to SSL §§ 341(1)(a) and (b), HRA is required to provide a recipient of Safety Net Assistance with written notice of the agency's decision to reduce the recipient's public assistance benefits when the agency has determined that her non-compliance with employment requirements was willful and without good cause. Such notices must include, inter alia, instructions on what the recipient can do to avoid the imposition of a pro rata reduction in benefits.

135. Pursuant to State regulations, 18 NYCRR §§ 358-3.3(a)(1) and 385.12(a)(2)(ii), the notices issued by HRA pursuant to SSL §§ 341(a) and (b) informing recipients that their benefits are being reduced for failure to comply with employment requirements must be timely and adequate. Pursuant to 18 NYCRR § 385.12(a)(2)(iii)(c), such notices must inform the recipient of the duration for which she will be ineligible for public assistance or eligible for only a reduced amount of public assistance.

136. Defendant DOAR has violated plaintiffs' rights under SSL §§ 341(1)(a) and (b), and 18 NYCRR §§ 358-3.3(a)(1), and 385.12(a)(2)(ii) and (iii), through his policy and practice of (a) issuing incorrect, affirmatively misleading notices that, among other things, erroneously stated the length of employment sanctions imposed on members of the plaintiff class, and (b) imposing employment-related sanctions pursuant to notices that did not inform the recipient of the notice (i) of the correct minimum duration of the sanction; (ii) that the minimum duration of the sanction is based on both whether there are minor children in the recipient's household and whether the sanction is the recipient's first, second, or subsequent sanction; and (iii) that the recipient may challenge not only the validity of the current sanction, but also the duration of the sanction and any of the bases on which the duration is based.

137. Insofar as any employment-related sanctions imposed pursuant to these incorrect Notices of Decision are still in effect, Defendant DOAR continues to violate plaintiffs' rights under SSL §§ 341(a) and (b), and 18 NYCRR §§ 358-3.3(a)(1), and 385.12(a)(2)(ii) and (iii).

138. Insofar as Defendant DOAR continues to issue Notices of Decision that do not inform the recipient of the notice that (a) the minimum duration of the sanction is based on both whether there are minor children in the recipient's household and whether the sanction is the recipient's first, second, or subsequent sanction; and (b) the recipient may challenge not only the validity of the current sanction, but also the duration of the sanction and any of the bases on which the duration is based, Defendant DOAR continues to violate plaintiffs' rights under SSL §§ 341(a) and (b), and 18 NYCRR §§ 358-3.3(a)(1), and 385.12(a)(2)(ii) and (iii).

**REQUESTS FOR RELIEF**

WHEREFORE, Plaintiffs request that this Court enter a judgment:

- (1) Certifying this action as a class action, with a class defined as set forth above in paragraph 19, pursuant to Fed. R. Civ. P. 23(a) and (b)(2);
- (2) Declaring that:
  - (A) Defendants' policy and practice of sanctioning plaintiffs pursuant to incorrect, affirmatively misleading, and defective Notices of Decision that imposed sanctions with minimum durations longer than those under SSL § 342, have deprived plaintiffs of a protected property interest in the receipt of their public assistance benefits in violation of their rights under the Due Process Clause of the Fourteenth Amendment of the United States Constitution, and, as to Defendant DOAR, of the New York State Constitution, Article 1, § 6, and declaring that all notices issued pursuant to such practice are null and void;
  - (B) Defendants' policy and practice of imposing employment-related sanctions upon plaintiffs pursuant to Notices of Decision that do not inform the recipient of the notice that (a) the minimum duration of the sanction is based on both whether there are minor children in the recipient's household and whether the sanction is the recipient's first, second, or subsequent sanction; and (b) the recipient may challenge not only the validity of the current sanction, but also the duration of the sanction and any of the bases on which the duration is based, deprives the plaintiffs of their protected property interests in the receipt of their public assistance benefits without Due Process of Law in violation of their rights under the Fourteenth Amendment of the United States Constitution, and, as

to Defendant DOAR, the New York State Constitution, Article 1, § 6, and declaring that all notices issued pursuant to such practice are null and void;

(C) Defendant DOAR's policy and practice of sanctioning plaintiffs for the longer minimum durations legally applicable only to individuals in households without minor children for alleged violations of the public assistance employment requirements, pursuant to incorrect, affirmatively misleading, and defective Notices of Decision, has violated plaintiffs' rights under SSL § 342, and declaring that all notices issued pursuant to such practice are null and void; and

(D) Defendant DOAR's policy and practice of (a) issuing incorrect, affirmatively misleading notices that, among other things, erroneously stated the length of employment sanctions imposed on members of the plaintiff class, and (b) imposing employment-related sanctions pursuant to notices that did not inform the recipient of the notice (i) of the correct minimum duration of the sanction; (ii) that the minimum duration of the sanction is based on both whether there are minor children in the recipient's household and whether the sanction is the recipient's first, second, or subsequent sanction; and (iii) that the recipient may challenge not only the validity of the current sanction, but also the duration of the sanction and any of the bases on which the duration is based, has violated plaintiffs' rights under SSL §§ 341(1)(a) and (b), and 18 NYCRR §§ 358-3.3(a)(1), and 385.12(a)(2)(ii) and (iii).

(3) Enjoining Defendants to:

(A) Rescind all incorrect, affirmatively misleading, and defective Notices of Decision which imposed sanctions with minimum durations longer than those allowed under SSL § 342 for alleged violations of the public assistance employment requirements;

(B) Lift, vacate, and delete all sanctions imposed on members of the plaintiff class pursuant to the rescinded notices;

(C) Resume payment of full benefits prospectively to those members of the plaintiff class currently under sanction pursuant to the rescinded notices; and

(D) Provide to all members of the class the benefits which were denied to them due to sanctions imposed pursuant to such notices;

(4) Permanently enjoining Defendants Doar and Berlin from issuing Notices of Decision to impose sanctions for alleged violations of the public assistance employment requirements on recipients of Safety Net Assistance benefits unless such notices include accurate information about the minimum duration of the sanction, the bases for that duration, and the recipient's right to challenge each of those bases;

(5) Awarding to the Named Plaintiffs, as against Defendant DOAR, compensatory damages for injuries suffered as a result of the preceding violations;

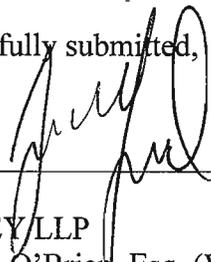
(6) Awarding plaintiffs reasonable attorneys' fees, as provided by 42 U.S.C. § 1988;

(7) Awarding plaintiffs costs and disbursements; and

(8) Granting such other and further relief as the Court may deem just and proper.

Dated: September 14, 2010  
New York, New York

Respectfully submitted,

By:  \_\_\_\_\_

COOLEY LLP  
William O'Brien, Esq. (WHO-5271)  
Jason Koral, Esq. (JK-1044)  
1114 Avenue of the Americas  
New York, NY 10036  
Tel (212) 479-6000  
Fax (212) 479-6275

THE LEGAL AID SOCIETY  
Steven Banks, Attorney-in-Chief (SB-0987)  
Scott Rosenberg, Attorney-in-Charge, Law  
Reform, Civil Practice (SAR-5579)  
Kenneth Stephens, of Counsel (KS-7914)  
Susan R. Sternberg, of Counsel (SS-8898)  
199 Water Street  
New York, NY 10038  
Tel (212) 577-3300  
Fax (212) 509-8761

Susan C. Bahn, of Counsel (SB-6200)  
Lester Helfman, of Counsel (LH-2025)  
111 Livingston Street, 7th Floor  
Brooklyn, NY 11201  
Tel (718) 722-3100  
Fax (718) 722-3094

YISROEL SCHULMAN, ESQ.  
NEW YORK LEGAL ASSISTANCE GROUP  
Jane Greengold Stevens, of Counsel (JS-4790)  
Julia Russell, of Counsel (JR-7378)  
430 West 33rd Street, 11th Floor  
New York, NY 10001  
Tel (212) 613-5000  
Fax (212) 750-0820

*Attorneys for Plaintiffs*

# EXHIBIT A

REDACTED

XL0218 (09/07)

NOTICE NUMBER : N032H61923

Page: 1

\*\*\*\*\*

REFUGEE & IMMIGRANT CTR:47  
2 WASHINGTON STREET, 8TH FLOOR  
NEW YORK, NY 10004

NOTICE OF DECISION ON YOUR  
PUBLIC ASSISTANCE AND  
MEDICAL ASSISTANCE.

SI USTED DESSEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = .047

NOTICE NUMBER: N032H61923		DATE: January 22, 2010		CASE NUMBER:										
OFFICE 047	UNIT	WORKER 00202	UNIT OR WORKER NAME		TELEPHONE NO.									
<b>AGENCY TELEPHONE NUMBERS</b> GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP: <u>212-495-7053</u> OR Agency Conference: <u>212-495-7057</u> Fair Hearing information and assistance: <u>212-495-7057</u> Record Access: <u>212-495-7050</u> Child/Teen Health Plan: <u>888-692-8662</u>			<b>CASE NAME /AND ADDRESS</b>  HERCULES JOEANN 2511 WESTCHESTER AVE, 310 BRONX, NY 10456											
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.														
<b>PUBLIC ASSISTANCE</b>  Beginning February 2, 2010, your public assistance benefits will be CHANGED. Your old benefit amount was \$523.00, your new benefit amount is \$261.00. If the benefit amount is the same, you should compare the New Amount and Old Amount columns to see the change(s).  Your monthly public assistance benefit of \$261.00 will be distributed as follows: <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>New Amount</u></th> <th style="text-align: right;"><u>Old Amount</u></th> </tr> </thead> <tbody> <tr> <td>o Monthly cash grant: .....</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$240.00</td> </tr> <tr> <td>o Restricted shelter payment: .....</td> <td style="text-align: right;">\$261.00</td> <td style="text-align: right;">\$283.00</td> </tr> </tbody> </table> If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.  Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.  This decision is based on Regulation 18 NYCRR 352.29.  Your public assistance will be CHANGED because: <ul style="list-style-type: none"> <li>o Your household has had a change in the number of people. This decision is based on Regulation 18 NYCRR 352.1.</li> <li>o Your household has had a change in number of members who are temporarily absent,</li> </ul>							<u>New Amount</u>	<u>Old Amount</u>	o Monthly cash grant: .....	\$0.00	\$240.00	o Restricted shelter payment: .....	\$261.00	\$283.00
	<u>New Amount</u>	<u>Old Amount</u>												
o Monthly cash grant: .....	\$0.00	\$240.00												
o Restricted shelter payment: .....	\$261.00	\$283.00												

XL218C (08/97)

NOTICE NUMBER : N032H61923

Page: 2

This decision is based on Regulation 18 NYCRR 352.30.

- o There has been a change in how your public assistance benefits are distributed.

This decision is based on Regulation 18 NYCRR 381.3.

- o There is/are now 1 person(s) sanctioned for not complying with a public assistance rule.

The household's public assistance benefit must be reduced prorata when a household member will not cooperate with public assistance program rules. This means that the person's share of the benefit will not be provided.

This decision is based on Regulation 18 NYCRR 352.30(d).

JOEANN HERCULES's share of your household's public assistance benefit cannot be included.

This is because we have determined that JOEANN HERCULES willfully did not complete the following employment requirement(s):

JOEANN HERCULES did not keep an employment or work activity appointment at 2 Washington St. 8th Flr. on January 4, 2010. We told JOEANN HERCULES about this appointment ahead of time.

We have decided that JOEANN HERCULES willfully and without a good reason failed or refused to comply with the requirement to keep an employment or work activity appointment.

JOEANN HERCULES did not respond within 7 days to the conciliation letter that was sent or given.

JOEANN HERCULES's public assistance sanction will continue for 90 days. It will also continue until JOEANN HERCULES demonstrates that he/she is willing to comply with employment or training rules. JOEANN HERCULES may demonstrate a willingness to comply at any time but the sanction will not end before May 3, 2010.

This decision is based on Regulation(s) 18 NYCRR 385.12(d).

#### How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There is 1 person in your Public Assistance case.
- o There is 1 person in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o \$261.75 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$283.00 for housing.
- o According to our records, your type of housing is known as Subsidized Housing.
- o We allow \$283.00 for housing.
- o Your heat is included in your rent.
- o No one in your suffix is at least four months pregnant.

#### FOOD STAMPS:

You have not been getting food stamps in this case. If you want to see if you can get food stamps, you can apply at any time.

CONTINUED ON THE NEXT PAGE...

XL118C (08/07)

NOTICE NUMBER : N032H61923

Page: 3

MEDICAL ASSISTANCE

We will continue Medical Assistance coverage unchanged for:

Name

Client I.D. #

JOEANN HERCULES

C. K. I.

These persons will continue to be entitled to full services under the Medical Assistance Program.

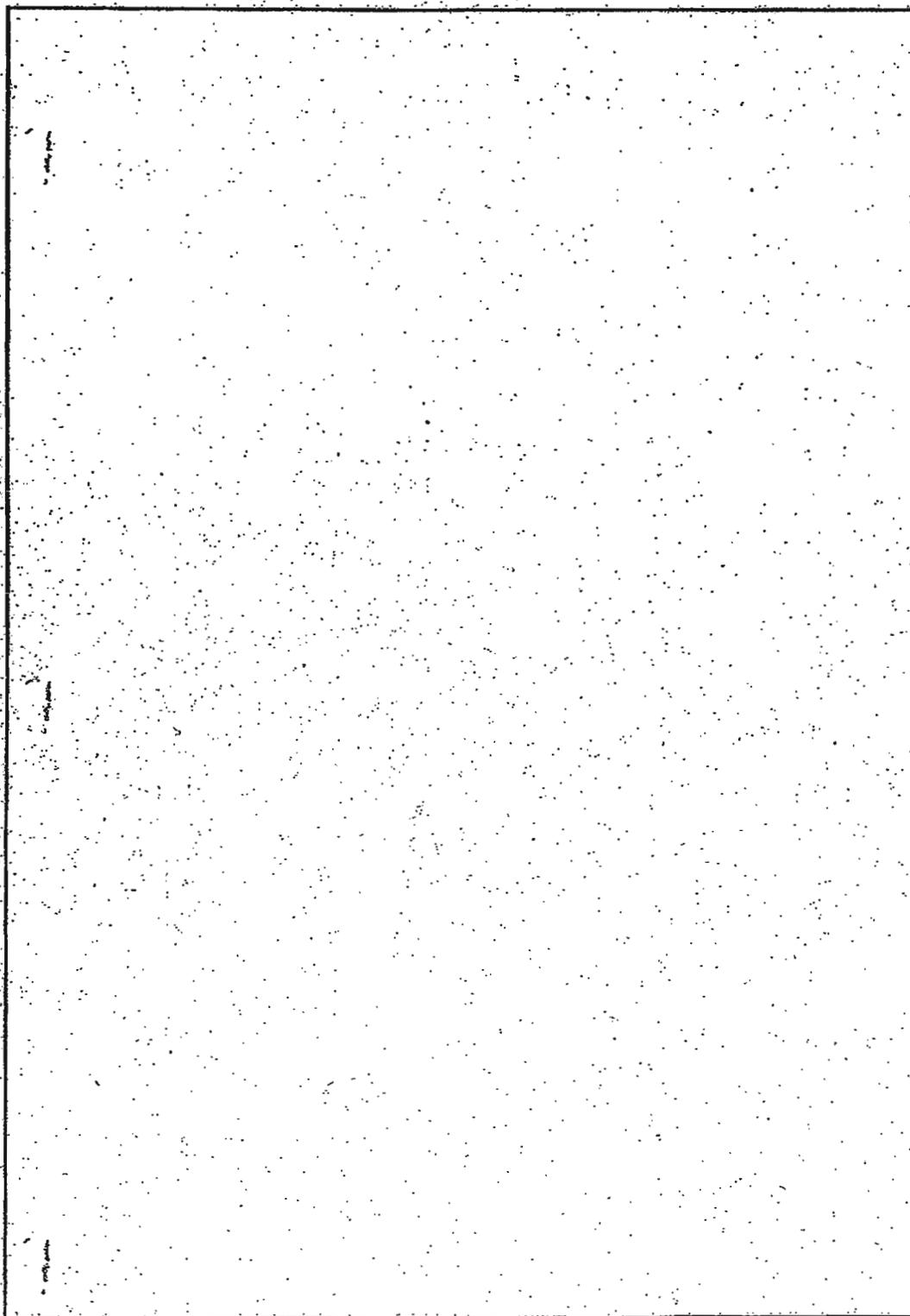
This decision is based on Regulation 18 NYCRR 360-2.6.

CONTINUED ON THE NEXT PAGE ...

XL218C (08/97)

NOTICE NUMBER : N032H61923

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CONTINUED ON THE NEXT PAGE ...

KL218C (09/07)

NOTICE NUMBER : N032H61923

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**CONFERENCE AND FAIR HEARING SECTION**

**DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

**CONFERENCE (Informal meeting with us)**

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference 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. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by March 23, 2010. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by March 23, 2010. This is the deadline even if you asked for a meeting (conference) with us.

**Keeping your Benefits the Same**

We will not change your public assistance if you ask for a fair hearing about the action we are taking on your public assistance by February 7, 2010.

If you lose the hearing you will have to pay back any public assistance which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**How to Request a Fair Hearing**

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

**WRITE:** Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

**OR CALL:** (800) 342-3334  
When you call, please tell the worker the number of this notice which is N032H61923.

**OR FAX:** Send a copy of this notice to fax no. (518) 473-6735.

**OR ONLINE:** Complete the online request form at:

(Read the next page for more of your Rights)

**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 : HERCULES JOEANN  
Address : 2511 WESTCHESTER AVE, 310  
BRONX, NY 10456

District/Office No: 66/047  
Notice No. : N032H61923  
Case Number:  
Telephone :

I do not want to "keep my benefits the same" until the Fair Hearing decision is issued.  
ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.

CONTINUED ON THE NEXT PAGE ...



XL2198 09/197

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<http://www.otda.state.ny.us/oah/forms.asp>

**OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

**What to Expect at a Fair Hearing**

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE**

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

THE LEGAL AID SOCIETY, 953 SOUTHERN BOULEVARD, BRONX, NY 10459

Telephone: (718) 991-4800

LSNY-BRONX LEGAL SERVICES FOR NEW YORK CITY, 579 COURTLANDT AVENUE, BRONX, NY 10451

Telephone: (718) 928-3700

For the names of other lawyers check your Yellow Pages under "LAWYERS".

**ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your 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.

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201



# EXHIBIT B

REDACTED

X10219 (09/15/7)

NOTICE NUMBER : N012LS3526

Page: 1

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UNION SQUARE JOB CENTER 039  
109 EAST 16TH STREET 11TH FLOOR  
NEW YORK, NY 10003

NOTICE OF DECISION ON YOUR  
PUBLIC ASSISTANCE, FOOD STAMPS AND  
MEDICAL ASSISTANCE.

SI USTED DESHA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = 039

NOTICE NUMBER: N012LS3526		DATE: April 29, 2010		CASE NUMBER:													
OFFICE 039	UNIT	WORKER 00664	UNIT OR WORKER NAME		TELEPHONE NO.												
<b>AGENCY TELEPHONE NUMBERS</b> GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP: 212-835-8300 OR Agency Conference: 212-835-7073 Fair Hearing, Information and assistance: 212-835-7073 Record Access: 212-835-7361 Child/Teen Health Plan: 888-692-8662			<b>CASE NAME / AND ADDRESS</b>  BROWNE ALBERT 204 W 149TH ST, 1B NEW YORK, NY 10039														
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.																	
<b>PUBLIC ASSISTANCE</b>  Beginning May 10, 2010, your public assistance benefits will be CHANGED. Your old benefit amount was \$1,013.00; your new benefit amount is \$647.00. If the benefit amount is the same, you should compare the New Amount and Old Amount columns to see the change(s).  Your monthly public assistance benefit of \$647.00 will be distributed as follows: <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>New Amount</u></th> <th style="text-align: right;"><u>Old Amount</u></th> </tr> </thead> <tbody> <tr> <td>o Monthly cash grant: .....</td> <td style="text-align: right;">\$110.70</td> <td style="text-align: right;">\$326.70</td> </tr> <tr> <td>o Restricted shelter payment: .....</td> <td style="text-align: right;">\$450.00</td> <td style="text-align: right;">\$600.00</td> </tr> <tr> <td>o Recoupment of overpayment: .....</td> <td style="text-align: right;">\$86.30</td> <td style="text-align: right;">\$86.30</td> </tr> </tbody> </table> If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount. Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount. This decision is based on Regulation 18 NYCRR 352.29.  Your public assistance will be CHANGED because: <ul style="list-style-type: none"> <li>o Your household has had a change in the number of people. This decision is based on Regulation 18 NYCRR 352.1.</li> <li>o There has been a change in how your public assistance benefits are</li> </ul>							<u>New Amount</u>	<u>Old Amount</u>	o Monthly cash grant: .....	\$110.70	\$326.70	o Restricted shelter payment: .....	\$450.00	\$600.00	o Recoupment of overpayment: .....	\$86.30	\$86.30
	<u>New Amount</u>	<u>Old Amount</u>															
o Monthly cash grant: .....	\$110.70	\$326.70															
o Restricted shelter payment: .....	\$450.00	\$600.00															
o Recoupment of overpayment: .....	\$86.30	\$86.30															

XL218C (08/07)

NOTICE NUMBER : N012LS3526

Page: 2

distributed.

This decision is based on Regulation 18 NYCRR 381.3.

- o There is/are now 1 person(s) sanctioned for not complying with a public assistance rule.

The household's public assistance benefit must be reduced prorata when a household member will not cooperate with public assistance program rules. This means that the person's share of the benefit will not be provided.

This decision is based on Regulation 18 NYCRR 352.30(d).

- o This sanction will end your rent supplement. You must comply with program rules to continue receiving a rent supplement."

This decision is based on Regulation 18 NYCRR 352.3(a)(3).

LADORN BROWNE's share of your household's public assistance benefit cannot be included.

This is because we have determined that LADORN BROWNE willfully did not complete the following employment requirement(s):

LADORN BROWNE did not keep going to the employment or work activity assignment at POISED FOR SUCCESS/PHASE I/CITY COLLEGE-NAC BLDG. LADORN BROWNE's attendance at this assignment for the period April 5, 2010 to April 9, 2010 was unsatisfactory.

We have decided that LADORN BROWNE willfully and without a good reason failed or refused to comply with the requirement to keep participating in the assignment.

LADORN BROWNE did not respond within 7 days to the conciliation letter that was sent or given.

LADORN BROWNE's public assistance sanction will continue for 150 days. It will also continue until LADORN BROWNE demonstrates that he/she is willing to comply with employment or training rules. LADORN BROWNE may demonstrate a willingness to comply at any time but the sanction will not end before October 7, 2010.

This decision is based on Regulation(s) 18 NYCRR 385.12(d).

How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There are 3 people in your Public Assistance case.
- o There are 3 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o \$215.92 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$450.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o We allow \$450.00 for housing.
- o Your heat is included in your rent.
- o No one in your suffix is at least four months pregnant.

CONTINUED ON THE NEXT PAGE ...

XL218c 09/07

NOTICE NUMBER : N012LS3526

Page: 3

FOOD STAMPS

Beginning May 10, 2010, your food stamp benefits will be CHANGED from \$592.00 to \$526.00. This is because:

- o Your household has had a change in the number of people.
- o This decision is based on Regulations 18 NYCRR 387.1, 387.10(a) and 387.15.

LADORN BROWNE cannot get food stamps for two months.

This is because LADORN BROWNE did not complete the following employment requirements:

LADORN BROWNE did not keep going to the employment or work activity assignment at POISED FOR SUCCESS/PHASE I/CITY CLGE-NAC BLDG. LADORN BROWNE's attendance at this assignment for the period April 5, 2010 to April 9, 2010 was unsatisfactory.

We have decided that LADORN BROWNE willfully and without a good reason failed or refused to comply with the requirement to keep participating in the assignment.

LADORN BROWNE may get food stamps again if he/she applies and if:

AND

- o the two months are over. Note: In order to prevent a delay in getting food stamps again, LADORN BROWNE should reapply no earlier than June 1, 2010.

LADORN BROWNE may also get food stamps again if he/she applies, is otherwise eligible, AND is no longer required to work or participate in employment activities.

This decision is based on Regulation 18 NYCRR 385.12(e).

How we figured your Food Stamp Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$526.00 for the month of May, 2010.
- o There are 3 people in your Food Stamp household.
- o You pay \$600.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or we anticipate that you will receive a HEAP payment during this heating season for your current living situation. (You may need to apply for HEAP separately.) We allow the standard of \$781.00.
- o There is no one 60 or older or disabled in your Food Stamp household.
- o You have no allowable medical expenses.
- o You have no individuals in your household that are enrolled in a Medicare approved Prescription Drug Discount Card program.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o We count the following monthly income:

CONTINUED ON THE NEXT PAGE ...

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<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
	Public Assistance	\$647.00
	Total Income:	<u>\$0.00</u>
	Countable Income:	<u>\$39.30</u>
<b><u>MEDICAL ASSISTANCE</u></b>		
We will continue Medical Assistance coverage unchanged for:		
<u>Name</u>	<u>Client I.D. #</u>	
LADORN BROWNE		
ALBERT BROWNE		
HP L. B.		
HP A. F.		
These persons will continue to be entitled to full services under the Medical Assistance Program.		
This decision is based on Regulation 18 NYCRR 360-2.6.		

CONTINUED ON THE NEXT PAGE ...

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CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference 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. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by June 28, 2010. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by June 28, 2010. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by July 28, 2010. This is the deadline even if you asked for a meeting (conference) with us.

Keeping your Benefits the Same

We will not change your public assistance if you ask for a fair hearing about the action we are taking on your public assistance by May 9, 2010.

If you lose the hearing you will have to pay back any public assistance which you got, but should not have gotten, while you were waiting for the decision.

We will not change your food stamps if you ask for a fair hearing about the action we are taking on your food stamps by May 9, 2010.

If you lose the hearing you will have to pay back any food stamps which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

**WRITE:** Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

(Read the next page for more of your Rights)

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.)

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Name : BROWNE ALBERT  
 Address : 204 W 149TH ST, 1B  
 NEW YORK, NY 10039

District/Office No: 66/039  
 Notice No. : N012LS3526  
 Case Number:  
 Telephone :

/ / I do not want to "keep my benefits the same" until the Fair Hearing decision is issued.  
 ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



CONTINUED ON THE NEXT PAGE ...

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- and send it to the address on the bottom of the next page.
- OR CALL:** (800) 342-3334  
When you call, please tell the worker the number of this notice which is N012LS3526.
- OR FAX:** Send a copy of this notice to fax no. (518) 473-8735.
- OR ONLINE:** Complete the online request form at:  
<http://www.otda.state.ny.us/oah/forms.asp>
- OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

- LEGAL AID SOCIETY, GREATER HARLEM OFFICE, 2096 MADISON (CORNER 128TH), NEW YORK, NY 10035  
Telephone: (212) 683-3293
- LEGAL AID SOCIETY, HARLEM COMMUNITY LAW OFFICE, 230 EAST 106TH STREET, NEW YORK, NY 10029  
Telephone: (212) 428-3000
- MANHATTAN LEGAL SERVICES, 55 WEST 125TH STREET 10TH FLOOR, NEW YORK, NY 10027  
Telephone: (212) 348-7448

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (218) 722-5012, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your documents

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201

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XL2185 09/07

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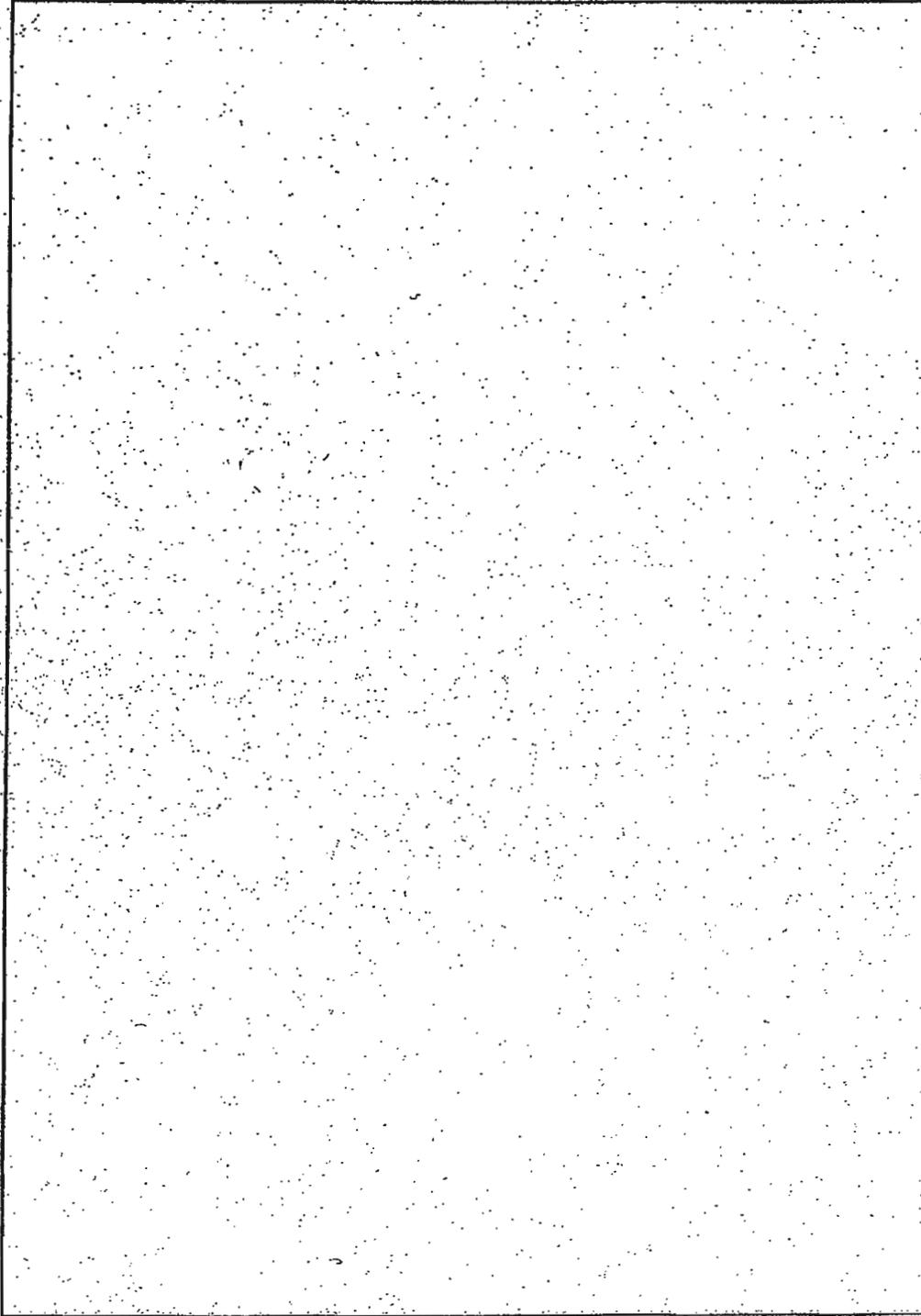
from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

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\_\_\_\_\_  
\_\_\_\_\_

XL2188 (08/97)

NOTICE NUMBER : N012LS3526

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# EXHIBIT C

REDACTED

NOTICE NUMBER : N032CJ7095 Page: 1 \*\*\*\*\*

XL0213 (09/97)

DEKALB JOB CENTER (064)  
500 DEKALB AVENUE  
BROOKLYN, NY 11205

NOTICE OF DECISION ON YOUR  
PUBLIC ASSISTANCE, FOOD STAMPS AND  
MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = 064

NOTICE NUMBER: N032CJ7095		DATE September 16, 2009		CASE NUMBER:	
OFFICE 064	UNIT	WORKER 00212	UNIT OR WORKER NAME MS.T.WALKER		TELEPHONE NO. 718-636-2651
<b>AGENCY TELEPHONE NUMBERS</b>			<b>CASE NAME / AND ADDRESS</b>		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			COLON E FR ELIZABET 74 NELSON STREET, 5 BKLYN, NY 11231		
OR Agency Conference					
Fair Hearing information and assistance					
Record Access					
Child/Teen Health Plan					
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.					
<b>PUBLIC ASSISTANCE</b>					
Beginning September 27, 2009, your public assistance benefits will be CHANGED. Your old benefit amount was \$696.00; your new benefit amount is \$522.00. If the benefit amount is the same, you should compare the New Amount and Old Amount columns to see the change(s).					
Your monthly public assistance benefit of \$522.00 will be distributed as follows:					
		<u>New Amount</u>	<u>Old Amount</u>		
o	Monthly cash grant: .....	\$169.40	\$343.40		
o	Restricted shelter payment: .....	\$283.00	\$283.00		
o	Recoupment of overpayment: .....	\$69.60	\$69.60		
If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.					
Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.					
This decision is based on Regulation 18 NYCRR 352.29.					
Your public assistance will be CHANGED because:					
o	Your household has had a change in the number of people. This decision is based on Regulation 18 NYCRR 352.1.				
o	Your household has had a change in number of members who are temporarily				

XL218C (08/07)

absent.

This decision is based on Regulation 18 NYCRR 352.30.

- o There is/are now 1 person(s) sanctioned for not complying with a public assistance rule.

The household's public assistance benefit must be reduced prorata when a household member will not cooperate with public assistance program rules. This means that the person's share of the benefit will not be provided.

This decision is based on Regulation 18 NYCRR 352.30(d).

ELIZABETH D. COLON's share of your household's public assistance benefit cannot be included.

This is because we have determined that ELIZABETH H. COLON willfully did not complete the following employment requirement(s):

ELIZABETH H. COLON did not keep an employment or work activity appointment at 500 DE KALB AVENUE on August 31, 2009. We told ELIZABETH H. COLON about this appointment ahead of time.

We have decided that ELIZABETH H. COLON willfully and without a good reason failed or refused to comply with the requirement to keep an employment or work activity appointment.

ELIZABETH H. COLON did not respond within 7 days to the conciliation letter that was sent or given.

ELIZABETH H. COLON's public assistance sanction will continue for 90 days. It will also continue until ELIZABETH H. COLON demonstrates that he/she is willing to comply with employment or training rules. ELIZABETH H. COLON may demonstrate a willingness to comply at any time but the sanction will not end before December 26, 2009.

This decision is based on Regulation(s) 18 NYCRR 385.12(d).

#### CHILD CARE:

If you are receiving child care through an approved provider, these benefits will be terminated as a result of this Agency action. If you believe that this determination is incorrect, you may challenge this decision in a Fair Hearing. To ensure that your child care benefits remain the same, please state in your fair hearing request that child care will be an issue at your Fair Hearing.

This decision is based on SSL 322-a, 410-w and 18 NYCRR 385 and 415.

#### How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There are 3 people in your Public Assistance case.
- o There are 3 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o \$174.17 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$283.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o We allow \$283.00 for housing.
- o Your heat is included in your rent.

CONTINUED ON THE NEXT PAGE ...

XL218C (08/97)

NOTICE NUMBER : N032CJ7095

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- o No one in your suffix is at least four months pregnant.

**FOOD STAMPS**

Beginning September 27, 2009, your food stamp benefits will be CHANGED from \$637.00 to \$526.00. This is because:

- o Your household has had a change in the number of people.

This decision is based on Regulations 18 NYCRR 387.1, 387.10(a) and 387.15.

ELIZABET H. COLON cannot get food stamps for two months.

This is because ELIZABET H. COLON did not complete the following employment requirements:

ELIZABET H. COLON did not keep an employment or training appointment at 500 DE KALB AVENUE on August 31, 2009. ELIZABET H. COLON was told about this appointment ahead of time.

We have decided that ELIZABET H. COLON willfully and without a good reason failed or refused to keep an employment or training appointment.

ELIZABET H. COLON may get food stamps again if he/she applies and if:

- o ELIZABET H. COLON makes and keeps an employment or training appointment, or if one is not scheduled, agrees to keep one when scheduled;

**AND**

- o the two months are over. Note: In order to prevent a delay in getting food stamps again, ELIZABET H. COLON should reapply no earlier than November 1, 2009.

ELIZABET H. COLON may also get food stamps again if he/she applies, is otherwise eligible, AND is no longer required to work or participate in employment activities.

This decision is based on Regulation 18 NYCRR 385.12(e).

**How we figured your Food Stamp Benefits:**

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$526.00 for the month of October, 2009.
- o There are 3 people in your Food Stamp household.
- o You pay \$1,000.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or we anticipate that you will receive a HEAP payment during this heating season for your current living situation. (You may need to apply for HEAP separately.) We allow the standard of \$781.00.
- o There is no one 60 or older or disabled in your Food Stamp household.
- o You have no allowable medical expenses.
- o You have no individuals in your household that are enrolled in a Medicare approved Prescription Drug Discount Card program.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not

CONTINUED ON THE NEXT PAGE ...

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NOTICE NUMBER : N032CJ7095

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pay for child care or dependent care.

- o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
	Public Assistance	\$522.00
	<b>Total Income:</b>	<u>\$0.00</u>
	<b>Countable Income:</b>	<u>\$0.00</u>

**MEDICAL ASSISTANCE**

We will continue Medical Assistance coverage unchanged for:

<u>Name</u>	<u>Client I.D. #</u>
ESTHER T. ROSADOCOLON	
ELIZABETH D. COLON	
R. C.	
A. T.	

These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.

CONTINUED ON THE NEXT PAGE ...

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NOTICE NUMBER : N032CJ7095

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CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors; and
2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference 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. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by November 15, 2009. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by November 15, 2009. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by December 15, 2009. This is the deadline even if you asked for a meeting (conference) with us.

Keeping your Benefits the Same

We will not change your public assistance if you ask for a fair hearing about the action we are taking on your public assistance by September 26, 2009.

If you lose the hearing you will have to pay back any public assistance which you got, but should not have gotten, while you were waiting for the decision.

We will not change your food stamps if you ask for a fair hearing about the action we are taking on your food stamps by September 28, 2009.

If you lose the hearing you will have to pay back any food stamps which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

**WRITE:** Complete the "tear-off" Request for a Fair Hearing at the bottom of this page (Read the next page for more of your Rights)

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 : COLON E FR ELIZABET  
Address : 74 NELSON STREET, 5  
BKLYN, NY 11231

District/Office No: 66/064  
Notice No. : N032CJ7095  
Case Number:  
Telephone :

/ / I do not want to "keep my benefits the same" until the fair hearing decision is issued.  
**ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.**



CONTINUED ON THE NEXT PAGE ...

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NOTICE NUMBER : N032CJ7095

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and send it to the address on the bottom of the next page.

**OR CALL:** (800) 342-3334

When you call, please tell the worker the number of this notice which is N032CJ7095.

**OR FAX:** Send a copy of this notice to fax no. (518) 473-6735.

**OR ONLINE:** Complete the online request form at:  
<http://www.otda.state.ny.us/eah/forms.asp>

**OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at: 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements,

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

LEGAL AID SOCIETY, 111 LIVINGSTON STREET 7TH FLOOR, BROOKLYN, NY 11201

Telephone: (718) 722-3100

SOUTH BROOKLYN LEGAL SERVICES, 105 COURT STREET, 3RD FL, BROOKLYN, NY 11201

Telephone: (718) 237-5500

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your 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

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201



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NOTICE NUMBER : N032CJ7095

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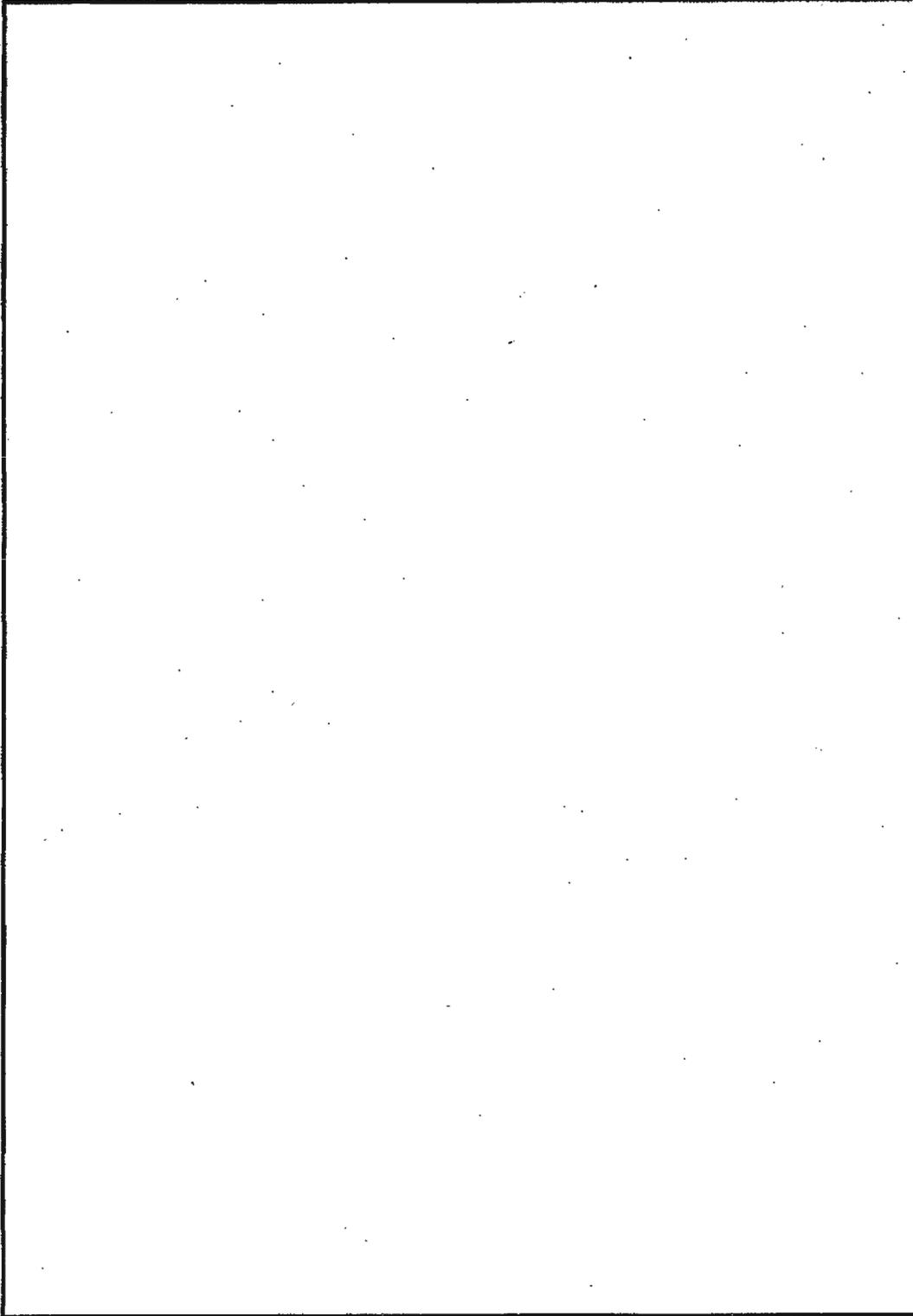
only if you specifically ask that they be mailed.

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XL218B (09/07)

NOTICE NUMBER : N032CJ7095

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# EXHIBIT D

REDACTED

XL0218 (09/97)

NOTICE NUMBER : N032E38981 Page: 1

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DEKALB JOB CENTER (064)  
500 DEKALB AVENUE  
BROOKLYN, NY 11205

NOTICE OF DECISION ON YOUR  
PUBLIC ASSISTANCE, FOOD STAMPS AND  
MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = 064

NOTICE NUMBER: N032E38981		DATE: October 28, 2009		CASE NUMBER:	
OFFICE 064	UNIT	WORKER 00212	UNIT OR WORKER NAME MS.T.WALKER	TELEPHONE NO. 718-636-2651	

<b>AGENCY TELEPHONE NUMBERS</b>		<b>CASE NAME / AND ADDRESS</b>  COLON E FR ELIZABET 74 NELSON STREET, 5 BKLYN, NY 11231
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	<u>718-636-2495</u>	
OR Agency Conference	<u>718-636-2457</u>	
Fair Hearing information and assistance	<u>718-636-2457</u>	
Record Access	<u>718-636-2495</u>	
Child/Teen Health Plan	<u>888-692-8662</u>	

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

**PUBLIC ASSISTANCE**

Beginning November 8, 2009, your public assistance benefits will be CHANGED. Your old benefit amount was \$696.00; your new benefit amount is \$522.00. If the benefit amount is the same, you should compare the New Amount and Old Amount columns to see the change(s).

Your monthly public assistance benefit of \$522.00 will be distributed as follows:

	<u>New Amount</u>	<u>Old Amount</u>
o Monthly cash grant: .....	\$169.40	\$343.40
o Restricted shelter payment: .....	\$283.00	\$283.00
o Recoupment of overpayment: .....	\$69.60	\$69.60

If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.

Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.

This decision is based on Regulation 18 NYCRR 352.29.

Your public assistance will be CHANGED because:

- o Your household has had a change in the number of people.  
This decision is based on Regulation 18 NYCRR 352.1.
- o Your household has had a change in number of members who are temporarily

NOTICE NUMBER : N032K38981 Page: 2

XL236c (08/07)

absent.

This decision is based on Regulation 18 NYCRR 352.30.

- o There is/are now 1 person(s) sanctioned for not complying with a public assistance rule.

The household's public assistance benefit must be reduced prorata when a household member will not cooperate with public assistance program rules. This means that the person's share of the benefit will not be provided.

This decision is based on Regulation 18 NYCRR 352.30(d).

ELIZABETH D. COLON's share of your household's public assistance benefit cannot be included.

This is because we have determined that ELIZABET H. COLON willfully did not complete the following employment requirement(s):

ELIZABET H. COLON did not keep an employment or work activity appointment at 500 DE KALB AVENUE on October 9, 2009. We told ELIZABET H. COLON about this appointment ahead of time.

We have decided that ELIZABET H. COLON willfully and without a good reason failed or refused to comply with the requirement to keep an employment or work activity appointment.

ELIZABET H. COLON did not respond within 7 days to the conciliation letter that was sent or given.

ELIZABET H. COLON's public assistance sanction will continue for 90 days. It will also continue until ELIZABET H. COLON demonstrates that he/she is willing to comply with employment or training rules. ELIZABET H. COLON may demonstrate a willingness to comply at any time but the sanction will not end before February 6, 2010.

This decision is based on Regulation(s) 18 NYCRR 385.12(d).

#### How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There are 3 people in your Public Assistance case.
- o There are 3 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o \$174.17 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$283.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o We allow \$283.00 for housing.
- o Your heat is included in your rent.
- o No one in your suffix is at least four months pregnant.

#### FOOD STAMPS

Beginning November 8, 2009, your food stamp benefits will be CHANGED from \$642.00 to \$526.00. This is because:

- o Your household has had a change in the number of people.

This decision is based on Regulations 18 NYCRR 387.1, 387.10(a) and 387.15.

CONTINUED ON THE NEXT PAGE ...

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ELIZABET H. COLON cannot get food stamps for two months.

This is because ELIZABET H. COLON did not complete the following employment requirements:

ELIZABET H. COLON did not keep an employment or training appointment at 500 DE KALB AVENUE on October 9, 2009. ELIZABET H. COLON was told about this appointment ahead of time.

We have decided that ELIZABET H. COLON willfully and without a good reason failed or refused to keep an employment or training appointment.

ELIZABET H. COLON may get food stamps again if he/she applies and if:

- o ELIZABET H. COLON makes and keeps an employment or training appointment, or if one is not scheduled, agrees to keep one when scheduled;

AND

- o the two months are over. Note: In order to prevent a delay in getting food stamps again, ELIZABET H. COLON should reapply no earlier than December 1, 2009.

ELIZABET H. COLON may also get food stamps again if he/she applies, is otherwise eligible, AND is no longer required to work or participate in employment activities.

This decision is based on Regulation 18 NYCRR 385.12(e).

How we figured your Food Stamp Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$526.00 for the month of November, 2009.
- o There are 3 people in your Food Stamp household.
- o You pay \$1,000.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or we anticipate that you will receive a HEAP payment during this heating season for your current living situation. (You may need to apply for HEAP separately.) We allow the standard of \$781.00.
- o There is no one 60 or older or disabled in your Food Stamp household.
- o You have no allowable medical expenses.
- o You have no individuals in your household that are enrolled in a Medicare approved Prescription Drug Discount Card program.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
	Public Assistance	\$522.00
	Total Income:	\$0.00
	Countable Income:	\$0.00

CONTINUED ON THE NEXT PAGE ...

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MEDICAL ASSISTANCE

We will continue Medical Assistance coverage unchanged for:

<u>Name</u>	<u>Client I.D. #</u>
ESTHER T. ROSADOCOLON	
ELIZABETH D. COLON	
RAFAEL COLONJR	
LUCAS D. IRRAZABAL	

These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.

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NOTICE NUMBER : N032E38981

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**CONFERENCE AND FAIR HEARING SECTION**

**DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

- 1. Ask for a meeting (conference) with one of our supervisors; and
- 2. Ask for a State fair hearing with a State hearing officer.

**CONFERENCE (Informal meeting with us)**

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference 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. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

**STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by December 27, 2009. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by December 27, 2009. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by January 28, 2010. This is the deadline even if you asked for a meeting (conference) with us.

**Keeping your Benefits the Same**

We will not change your public assistance if you ask for a fair hearing about the action we are taking on your public assistance by November 7, 2009.

If you lose the hearing you will have to pay back any public assistance which you got, but should not have gotten, while you were waiting for the decision.

We will not change your food stamps if you ask for a fair hearing about the action we are taking on your food stamps by November 7, 2009.

If you lose the hearing you will have to pay back any food stamps which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

**How to Request a Fair Hearing**

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

(Read the next page for more of your Rights)

**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 : COLON E FR ELIZABET  
Address : 74 NELSON STREET, 5  
BKLYN, NY 11231

District/Office No: 66/064  
Notice No. : N032E38981  
Case Number:  
Telephone : 347-273-4658

/ / I do not want to "keep my benefits the same" until the Fair Hearing decision is issued.  
ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



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and send it to the address on the bottom of the next page.

**OR CALL:** (800) 342-3334

When you call, please tell the worker the number of this notice which is N032E38981.

**OR FAX:** Send a copy of this notice to fax no. (518) 473-8795.

**OR ONLINE:** Complete the online request form at:  
<http://www.otda.state.ny.us/oah/forms.asp>

**OR WALK-IN:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

**What to Expect at a Fair Hearing**

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE**

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

LEGAL AID SOCIETY, 111 LIVINGSTON STREET 7TH FLOOR, BROOKLYN, NY 11201

Telephone: (718) 722-3100

SOUTH BROOKLYN LEGAL SERVICES, 105 COURT STREET, 3RD FL., BROOKLYN, NY 11201

Telephone: (718) 237-5500

For the names of other lawyers check your Yellow Pages under "LAWYERS".

**ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your 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

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201



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XL218B (09/15/7)

NOTICE NUMBER : N032E38981

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only if you specifically ask that they be mailed.

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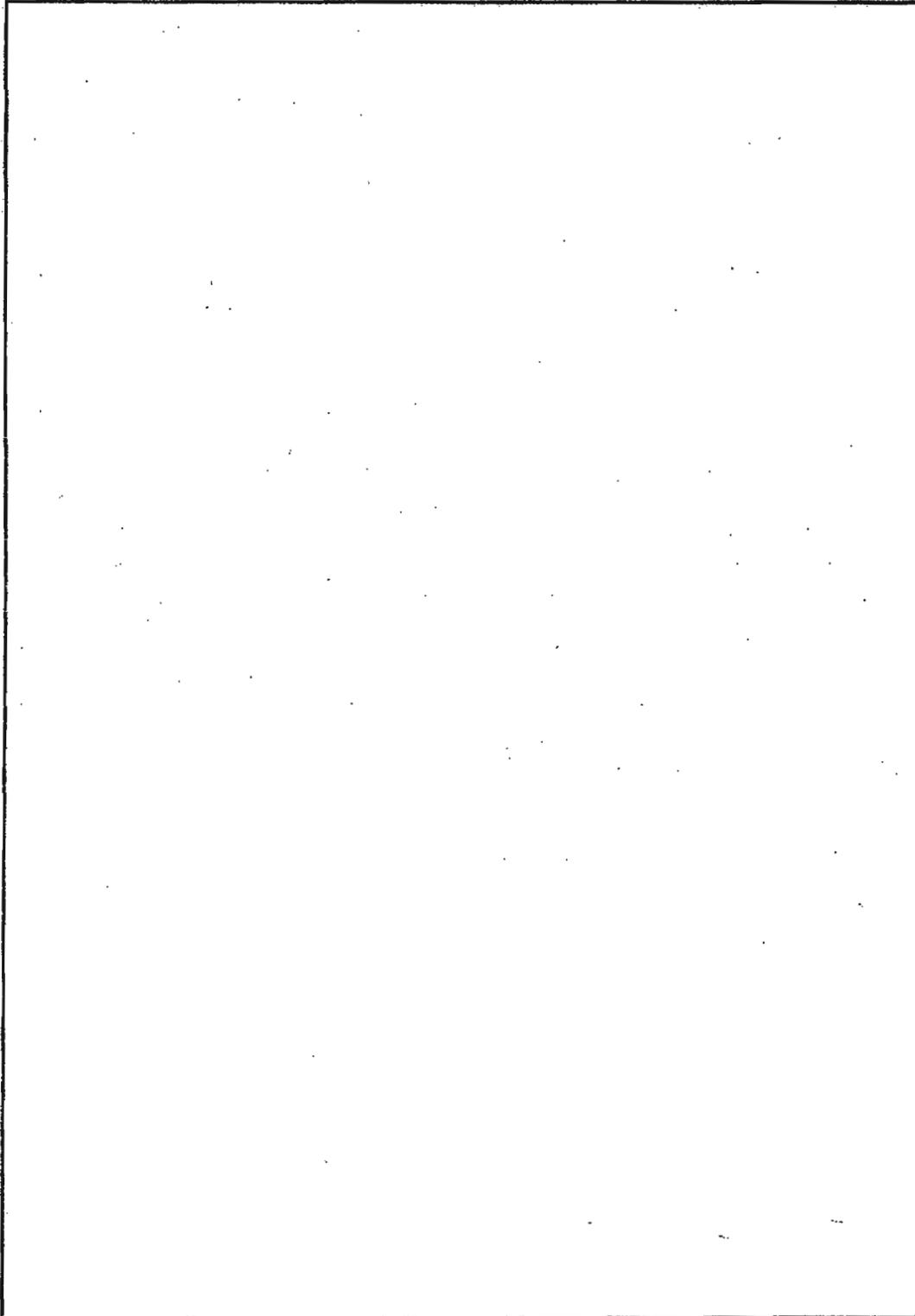
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XL2188 (09/19/07)

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# EXHIBIT E

REDACTED

XLD218 (05/87)

NOTICE NUMBER : N032MS4000

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\*\*\*\*\*

DEKALB JOB CENTER (064)  
500 DEKALB AVENUE, 1ST FLOOR  
BROOKLYN, NY 11205

NOTICE OF DECISION ON YOUR  
PUBLIC ASSISTANCE, FOOD STAMPS AND  
MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

PROGRAM CODE = 064

NOTICE NUMBER: N032MS4000		DATE: June 9, 2010		CASE NUMBER: 99734	
OFFICE 064	UNIT	WORKER 00210	UNIT OR WORKER NAME MS.A.FRANK	TELEPHONE NO. 718-636-7185	
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			 COLON E FR ELIZABET 74 NELSON STREET, 5 BKLYN, NY 11231		
OR Agency Conference					
Fair Hearing information and assistance					
Record Access					
Child/Teen Health Plan					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

PUBLIC ASSISTANCE

Beginning June 20, 2010, your public assistance benefits will be CHANGED. Your old benefit amount was \$696.00; your new benefit amount is \$553.00. If the benefit amount is the same, you should compare the New Amount and Old Amount columns to see the change(s).

Your monthly public assistance benefit of \$553.00 will be distributed as follows:

	<u>New Amount</u>	<u>Old Amount</u>
o Monthly cash grant: .....	\$196.30	\$343.40
o Restricted shelter payment: .....	\$283.00	\$283.00
o Recoupment of overpayment: .....	\$73.70	\$69.60

If you have any changes in your household such as increased rent or someone else moving in, tell your worker right away. A change in your household could mean a change in your benefit amount.

Please see the budget calculation section of this notice for an explanation of how we figured your benefit amount.

This decision is based on Regulation 18 NYCRR 352.29.

Your public assistance will be CHANGED because:

- o Your household has had a change in the number of people.  
This decision is based on Regulation 18 NYCRR 352.1.
- o There has been a change in how your public assistance benefits are

distributed.

This decision is based on Regulation 18 NYCRR 381.3.

- o There is/are now 1 person(s) sanctioned for not complying with a public assistance rule.

The household's public assistance benefit must be reduced prorata when a household member will not cooperate with public assistance program rules. This means that the person's share of the benefit will not be provided.

This decision is based on Regulation 18 NYCRR 352.30(d).

- o Your total monthly public assistance grant will increase as a result of an increase in the basic allowance. The reason for this increase is that New York State has passed a law (Chapter 57 of the Laws of 2009 amending Social Services Law 131-a) which increases the basic allowance part of your public assistance grant.

The Regulation which allows us to do this is 18 NYCRR 352.1(a).

ELIZABETH D. COLON's share of your household's public assistance benefit cannot be included.

This is because we have determined that ELIZABET H. COLON willfully did not complete the following employment requirement(s):

ELIZABET H. COLON did not keep an employment or work activity appointment at 500 DE KALB AVE 6TH FL on May 28, 2010. We told ELIZABET H. COLON about this appointment ahead of time.

We have decided that ELIZABET H. COLON willfully and without a good reason failed or refused to comply with the requirement to keep an employment or work activity appointment.

ELIZABET H. COLON did not respond within 7 days to the conciliation letter that was sent or given.

ELIZABET H. COLON's public assistance sanction will continue for 150 days. It will also continue until ELIZABET H. COLON demonstrates that-he/she is willing to comply with employment or training rules. ELIZABET H. COLON may demonstrate a willingness to comply at any time but the sanction will not end before November 17, 2010.

This decision is based on Regulation(s) 18 NYCRR 385.12(d):

How we figured your Public Assistance Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o There are 3 people in your Public Assistance case.
- o There are 3 people in your Public Assistance suffix.
- o Your household includes a pregnant woman, or child under age 18, or an 18-year-old child attending full time secondary school.
- o \$184.42 is being taken from your public assistance benefit due to 1 person(s) not complying with a public assistance rule.
- o Your household pays \$283.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o We allow \$283.00 for housing.
- o Your heat is included in your rent.
- o No one in your suffix is at least four months pregnant.

FOOD STAMPS

Beginning June 20, 2010, your food stamp benefits will be CHANGED from \$642.00 to \$526.00. This is because:

- o Your household has had a change in the number of people.  
This decision is based on Regulations 18 NYCRR 387.1, 387.10(a) and 387.15.

ELIZABET H. COLON cannot get food stamps for two months.

This is because ELIZABET H. COLON did not complete the following employment requirements:

ELIZABET H. COLON did not keep an employment or training appointment at 500 DE KALB AVE 6TH FL on May 28, 2010. ELIZABET H. COLON was told about this appointment ahead of time.

We have decided that ELIZABET H. COLON willfully and without a good reason failed or refused to keep an employment or training appointment.

ELIZABET H. COLON may get food stamps again if he/she applies and if:

- o ELIZABET H. COLON makes and keeps an employment or training appointment, or if one is not scheduled, agrees to keep one when scheduled;

AND

- o the two months are over. Note: In order to prevent a delay in getting food stamps again, ELIZABET H. COLON should reapply no earlier than August 1, 2010.

ELIZABET H. COLON may also get food stamps again if he/she applies, is otherwise eligible, AND is no longer required to work or participate in employment activities.

This decision is based on Regulation 18 NYCRR 385.12(e).

How we figured your Food Stamp Benefits:

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$526.00 for the month of July, 2010.
- o There are 3 people in your Food Stamp household.
- o You pay \$1,000.00 for housing.
- o According to our records, your type of housing is known as Unfurnished Apartment Or Room.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or we anticipate that you will receive a HEAP payment during this heating season for your current living situation. (You may need to apply for HEAP separately.) We allow the standard of \$781.00.
- o There is no one 60 or older or disabled in your Food Stamp household.
- o You have no allowable medical expenses.
- o You have no individuals in your household that are enrolled in a Medicare approved Prescription Drug Discount Card program.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.

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o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
	Public Assistance	\$553.00
	Total Income:	<u>\$0.00</u>
	Countable Income:	<u>\$0.00</u>

**MEDICAL ASSISTANCE**

We will continue Medical Assistance coverage unchanged for:

<u>Name</u>	<u>Client I.D. #</u>
ESTHER T. ROSADOCOLON	
ELIZABETH D. COLON	
RAPAEI COLONJR	
LUCAS D. IRRAZABAL	

These persons will continue to be entitled to full services under the Medical Assistance Program.

This decision is based on Regulation 18 NYCRR 360-2.6.

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CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors; and
2. Ask for a State fair hearing with a State hearing officer.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference 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. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your public assistance, you must ask for a fair hearing by August 8, 2010. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by August 8, 2010. This is the deadline even if you asked for a meeting (conference) with us.

If you want the State to review our decision about your food stamps, you must ask for a fair hearing by September 7, 2010. This is the deadline even if you asked for a meeting (conference) with us.

Keeping your Benefits the Same

We will not change your public assistance if you ask for a fair hearing about the action we are taking on your public assistance by June 19, 2010.

If you lose the hearing you will have to pay back any public assistance which you got, but should not have gotten, while you were waiting for the decision.

We will not change your food stamps if you ask for a fair hearing about the action we are taking on your food stamps by June 19, 2010.

If you lose the hearing you will have to pay back any food stamps which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by telephone, by fax, electronically or in person.

**WRITE:** Complete the "tear-off" Request for a Fair Hearing at the bottom of this page

(Read the next page for more of your Rights)

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 : COLON E FR ELIZABET  
Address : 74 NELSON STREET, 5  
BKLYN, NY 11231

District/Office No: 66/064  
Notice No. : N032MS4000  
Case Number:  
Telephone : 347-223-4658

I do not want to "keep my benefits the same" until the Fair Hearing decision is issued.  
ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



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and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334

When you call, please tell the worker the number of this notice which is N032MS4000.

OR FAX: Send a copy of this notice to fax no. (518) 473-6735.

OR ONLINE: Complete the online request form at:  
<http://www.otda.state.ny.us/oah/forms.asp>

OR WALK-IN: Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn, NY or 330 West 34th Street, New York City, NY.

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

#### What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

#### LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

LEGAL AID SOCIETY, 111 LIVINGSTON STREET 7TH FLOOR, BROOKLYN, NY 11201

Telephone: (718) 722-3100

SOUTH BROOKLYN LEGAL SERVICES, 105 COURT STREET, 3RD FL, BROOKLYN, NY 11201

Telephone: (718) 237-5500

For the names of other lawyers check your Yellow Pages under "LAWYERS".

#### ACCESS TO YOUR FILES AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files, which we will give to the hearing officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or FAX (718) 722-5018 or write to HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201. If you want copies of your 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

Send this "Request for a Fair Hearing" to:

The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201



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### AFFIDAVIT OF SERVICE

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF NEW YORK )

The undersigned being duly sworn, deposes and says:

1. Deponent is not a part to the action, is over 18 years of age and resides in Brooklyn, New York.
2. On the 14<sup>th</sup> day of September, 2010, deponent served **Amended Complaint** upon:

Robert Doar, in his official capacity as Commissioner  
New York City Human Resources Administration  
180 Water Street  
New York, NY 10038

and

Elizabeth Berlin, in her official capacity as Executive Deputy Commissioner  
New York State Office of Temporary and Disability Assistance  
14 Boerum Place  
Brooklyn, NY 11201

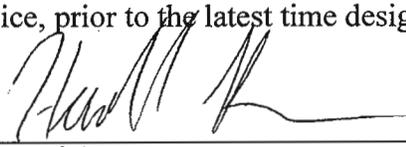
and

Elizabeth Cohen  
New York State Office of The Attorney General  
120 Broadway  
New York, NY 10271

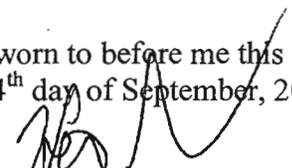
and

Kimberly Conway  
New York City Law Department  
100 Church Street, 4<sup>th</sup> Floor  
New York, NY 10007

by and depositing a true copy of same enclosed in a properly addressed wrapper, in the custody of Federal Express, an overnight delivery service, prior to the latest time designated by Federal Express for overnight delivery.

  
\_\_\_\_\_  
Harold Robinson

Sworn to before me this  
14<sup>th</sup> day of September, 2010.

  
\_\_\_\_\_  
Notary Public

**HECTOR GONZALEZ**  
Notary Public, State of New York  
No. 0160667446  
Qualified in ~~Bronx~~ *Kings County*  
Certificate Filed in New York County  
Commission Expires Oct. 15, 20 10