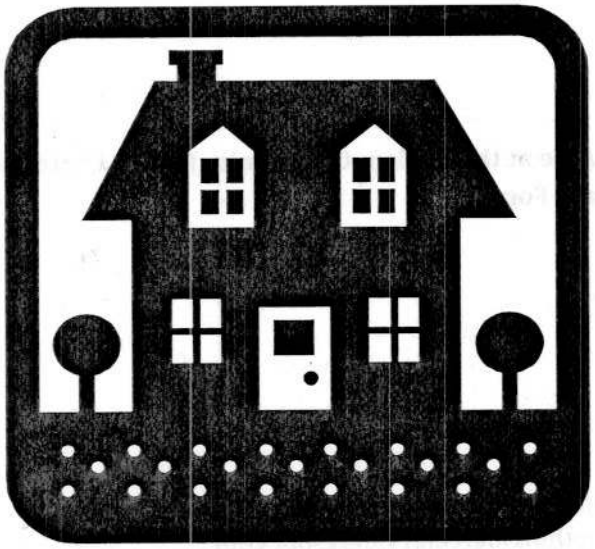
UPPER
MANHATTAN
REENTRY
TASK FORCE

Upper Manhattan Reentry Task Force

COMING HOME

A Resource Guide for Re-entrants and Their Families



Dear Reader,

If you are reading this, you are probably thinking about being released or have recently been released. We wrote this with you in mind. Our goal in writing this guide is to help you navigate the system upon reentry and access services that will best help you stay home for good.

This guide was written with the input and words of those who have been where you are, those who are experts in the field, and some of us who are both, formerly incarcerated and experts! We all care about where you have been and where you are going. We want you to be successful upon release so that you can care for yourself, your loved ones, and your community.

We hope that you will find this guide useful and encourage you to seek assistance to overcome any obstacles you meet upon release. Upper Manhattan has a rich network of resources available to you to help you find services for any issue you might confront.

While a guide is always helpful, in person assistance is always better. At the Harlem Community Justice Center, home of the Manhattan Reentry Task Force, we have drop-in hours for anyone in need of reentry services on Tuesdays from 1pm-4pm. Our drops in hours are not a program. You don't have to sign-up, call ahead, or "join." Just drop by and we will do our best to assist you towards your goals.

You can write us or visit us at the Harlem Community Justice Center located at 170 E. 121st Street. New York, New York, 10012. You can also call us at 212.360.8747.

We wish you well.

Sincerely,

Anisah Thompson, Reentry Aide at the Harlem Community Justice Center, and the partners of the Manhattan Reentry Task Force.

The resource directory is available online at: www.courtinnovation.org, www.manhattanda.org,www.rethinkingreentry.blogspot.com.

HOW TO USE THIS GUIDE:

If you are returning from incarceration, welcome home!

This guide is intended to support you and your family as you re-integrate into your community. Most of the resources in this guide can be found in Upper Manhattan, although we have included organizations in other parts of Manhattan as well. If you have a particular interest, you can search the table of contents for organizations addressing that interest in the following categories:

Identification – Birth Certificates, Social Security Cards, and Non-Driver ID
Benefits – Public Assistance, Food Stamps and Medicaid, Social Security Supplemental Income (SSI/SSD)
Housing – Emergency Shelters, Transitional, Three Quarter and Supportive Housing,
Substance Abuse Treatment – Residential, Outpatient, and Detox Facilities
Education/Vocational– GED, Vocational Training, and College Preparation
Employment Services– Work Readiness Preparation
Legal/Advocacy – Legal Services
Behavioral & Mental Health Services – Evaluations and Treatment
Family & Children – Family Services
Services for Individuals with Sex Offense Convictions-Evaluation and Counseling
Mental and Physical Health Services-Physical and Mental Health Service

Although we list the names of the organizations that provide services in the text of this document, specific information about each organization is located in **Appendix I**, found at the end of the guide. We also mention various applications throughout the guide. We have included those applications in this guide in **Appendix II**.

Please let us know what you think about this guide – your feedback will make it the best resource possible!

The Harlem Community Justice Center is located at:
170 East 121st Street
between Lexington and Third Avenues
New York, NY 10035
Contact: Anisah Thompson, Reentry Aide
Email: athompso@courts.state.ny.us
212. 360.8747
Debbie Boar, Deputy Director of Reentry Services
Email:dboar@courts.state.ny.us 212.360.4131

This guide is updated regularly, check on line at websites below or write to the above address to have an updated copy mailed to you.
This resource directory is available online at: www.courtinnovation.org and at www.rethinkingreentry.blogspot.com

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WHAT'S YOUR PLAN?

Have you begun to think about your reentry plan?
Have you spoken with the Offender Rehabilitation Coordinator at your facility about your goals?
Have you let your loved ones know of your needs upon reentry and asked for support?

Below are lists of services one may need upon their release. Use the check list below to begin or continue, planning for your release. You can find an organization to assist you with each of the items that you check as needed upon your reentry in this guide.

Reentry checklist:	**Needed**	
1. Identification	Yes_____	No____
2. Benefits	Yes_____	No____
3. Housing	Yes_____	No____
4. Treatment Services	Yes_____	No____
5. Educational Services	Yes_____	No____
6. Vocational Services	Yes_____	No____
7. Employment	Yes_____	No____
8. Legal/Advocacy	Yes_____	No____
9. Behavioral/Mental Health	Yes_____	No____
10. Family and Children	Yes_____	No____
11. Sex Offense Services	Yes_____	No____
12. Medical/Physical Health Services	Yes_____	No____

If you checked **YES** to any of the above items, you should begin to contact service providers that will assist you upon your release or ask your loved ones to inquire and send you information.

Remember that your parole officer will be your partner in the reentry process and that he/she has the ultimate say over which programs you enter to fulfill your parole conditions. That said, if you show your parole officer that you have an interest in a specific program you will demonstrate your commitment to being successful on parole and are likely to be able to attend the program of your choice!

REMEMBER; HOLD ONTO YOUR RELEASE PAPERS & DOCCS ID ONCE YOU ARE RELEASED! YOU WILL NEED THEM!

IDENTIFICATION

This section tells you how to get your New York State identification (Appendix II, pgs. 64-67), Birth Certificate (Appendix II, pgs. 68-71), and Social Security Card (Appendix II, pgs. 72-77).

WHAT CAN I GET WITH MY RELEASE PAPERS and DOCCS ID?

If you have just been released from DOCCS, you can take your release papers and your state issued photo ID (DOCCS ID) to public assistance and obtain a Benefit Card.

With your Benefit Card, you can go to the Social Security Administration to obtain your social security card.

NEW YORK STATE NON-DRIVER'S ID:

Photo Identification can be obtained at any Department of Motor Vehicle (DMV) in the five boroughs.

WHERE DO I APPLY?

Harlem Office - **NYSDMV** 159 East 125th Street, 3rd Floor New York, NY 10035 (Between Lexington and 3rd Avenues)	Hours M, T, W & F 8:30 to 4:00; Thurs. 10:00 to 6:00

WHAT WILL I NEED?

To obtain a non-driver's ID, you will need to provide the DMV with documentation proving who you are.

- ✓ If you already have, and can show, a valid NYS DMV photo document, (such as a learner's permit, driver's license or non-driver's ID not expired more than 2 years), you have enough points to get your ID.

- ✓ If not, you will need to show proof of date of birth along with proof of name:

    - Proof of Name:

- If you have your social security card, you will need 4 points for proof of name (Appendix II, List of Proof of Name, pgs. 64) Release papers are included in this list.)
- If you are not eligible for a social security card, you will need 6 points for proof of name plus a letter from social security stating your ineligibility.
- All proof of name must be consistent with the name given in your application. (This means any document with an AKA will not be accepted.)

NEED TO KNOW!: THE DMV DOES NOT ACCEPT COPIES. BRING ORIGINALS WITH YOU!

HOW MUCH WILL IT COST ME?

- ✓ A short-term ID card will cost between $9.00 and $10.00.
- ✓ A long-term ID will cost between $13.00 and $14.00. These fees include a $5.00 photo document fee.

DISCOUNTED NON-DRIVER ID CARD FOR SENIORS AND SSI RECIPIENTS

If you are 62 years old or older or are receiving Supplemental Security Income (SSI), you are eligible for a 10-year ID card at a reduced fee of $6.50. If you are ***either 62 or older and you receive SSI, there is no fee***. If you receive Social Security Income (SSI), in addition to documents proving your name and age, you also must prove you receive SSI. The DMV will accept ANY ONE of the following documents from the Social Security Administration as proof that you receive SSI:

(A) Notice of Award

(B) Notice of Change in Payment (SSA-L8151)

(C) Report of Confidential Social Security Benefit Information (SSA-2458)

(D) Benefit Verification Letter

For more information go to: www.nydmv.state.ny.us/licenses

BIRTH CERTIFICATE:

If you were born in any one of the five boroughs of New York City, you can apply for your birth certificate at the New York State Department of Health-Vital Records.

WHERE DO I APPLY?

- ✓ By mail: Complete and send a signed application (Appendix II, Birth Certificate Application, pg. 68-69) along with a check or money order with required documentation to:

Certification Unit –Vital Records Section
New York State Department of Health
P.O. Box 2602
Albany, NY 12220

- ✓ In person: Bring a completed and signed application along with proof of identity and payment to:

The Department of Health-Vital Records Section
125 Worth Street
New York, NY 10003

- ✓ To Apply Online: www.nyc.gov/html/records/html/vitalrecords/home

WHAT WILL I NEED?

- ✓ Identification Requirements: Applications must be submitted with copies of one form of the following valid photo ID:
  - ✓ Driver's license
  - ✓ Non-Driver's ID
  - ✓ Passport
  - ✓ Other government issued ID

AND

- ✓ Two of the following showing the applicant's name and address
  - ✓ Utility bill or telephone bill
  - ✓ Letter from a government agency dated within the last six months

HOW MUCH WILL IT COST ME?

- ✓ For regular handling: $30.00 per copy. For priority handling: $45.00 per copy.
- ✓ Do not send cash.

BIRTH CERTIFICATE FROM PUERTO RICO:

WHERE DO I APPLY?

If you were born in Puerto Rico write to address below

Department of Health
Demographic Registry
P.O. Box 11854
Fernandez Juncos Station
San Juan, PR 00910

For more information, see Appendix II, Where to Write for Vital Records-Puerto Rico, pg. 70-71

NEED TO KNOW! THE CENTRAL OFFICE HAS RECORDS SINCE JULY 21, 1931. COPIES OF EARLIER RECORDS MAY BE OBTAINED BY WRITING THE LOCAL REGISTRAR (RESITRADOR DEMOGRAFICO) IN THE MUNICIPALITY WHERE THE PERSON WAS BORN.

HOW MUCH WILL IT COST ME?

- ✓ The cost is $5.00.
- ✓ Money orders should be made out to the Secretary of the Treasury.
- ✓ To verify current fees, call (787) 767-9120.
- ✓ All requests must be accompanied by a photocopy of valid current identification of applicant.

SOCIAL SECURITY CARD:

For a copy of the application, see Appendix II, Social Security Card Application, pg.76

WHERE DO I APPLY?

Harlem Location:

CAV Bldg. 6TH Floor
55 West 125th Street
New York, NY 10027
Office hours: Monday-Friday 9am-4pm (except federal holidays)

- ✓ For additional locations, or with questions, call at 1-800-772-1213 or visit www.socialsecuity.gov

WHAT WILL I NEED?

- ✓ To apply for an original social security card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful work-authorized immigration status.
- ✓ Individuals 12 years of age and older who have never received a social security number must apply in person.
- ✓ To apply for a replacement social security card, you must provide one document to prove your identity. If you were born outside the U.S. you must also provide proof of your U.S. citizenship or current, lawful work-authorized status.

BENEFITS

This section tells you how to apply for public benefits such as Food Stamps, Medicaid and Cash Assistance. There are several agencies that offer assistance on various issues you may need help all under one roof. These agencies are called "One-Stops," and they can help you apply for benefits, and access housing, legal and family services. The staffs at "One Stops" are also experts in the types of financial assistance you are eligible to receive, beyond what you might be notified about through the Human Resources Administration.

Center for Urban Community Services
198 East 121st Street, New York NY 10035
Contact Name: Housing Consultant, 212-801-3333
info@cucs.org /www.cucs.org

Services Offered:

Benefits: Free and confidential benefit assistance
Legal: Legal assistance
Financial: Financial counseling, tax preparation
Housing: HRA2010E applications to low-income individuals with serious mental health diagnoses in need of housing

Eligibility Information:

- ✓ Services are free of charge
- ✓ Hours of operation Mon.-Fri., 9am-5pm
- ✓ Age requirements: 18+
- ✓ No appointment necessary/Walk-ins are welcome

Goddard Riverside Community Center
Single Stop Resource Center
140 West 140th Street (between Lenox & 7th Avenue), New York, NY 10030
Contact Name: Wayne Tyre, Director, 212-234-3481

Benefits: Electronic enrollment for food stamps & Medicaid applications
Legal: Family, civil, immigration, housing, eviction prevention, benefits
Clothing: Distribution for adults & children

Medical: On-site health screenings
Counseling: Debt management, free tax preparation & money management

Eligibility Information:

- ✓ Services are free of charge
- ✓ Hours of operation: Mon., Thur., Fri. 9am-5pm, Tue., Wed. 9am-5pm
- ✓ Legal services by appointment only
- ✓ Financial counseling by appointment only
- ✓ No appointment necessary for other services, walk –ins are welcome

PUBLIC ASSISTANCE

Public assistance can include Food Stamps, Medicaid, and Cash Assistance.

- ✓ Public assistance requires all applicants to fill out a paper application. However, if you have had a prior public assistance case, all your information is already in the system. All you need to reopen your case is identification (bring originals!).

- ✓ Completed applications will be processed on the same day; however, the process will take at least 45 days to complete before you are notified of your eligibility or ineligibility.

- ✓ The only immediate assistance given by the Department of Social Services is in the form of food stamps. Individuals stating on their application that they are in need of food will receive expedited food stamps within 24 hours of their request. The food stamps will appear on the benefit identification card that will be issued upon the completion of the application. For the Food Stamps application, please see Appendix II, Food Stamps, pgs. 79.

- ✓ Some substance abuse and mental health treatment facilities will accept a Medicaid pending letter to enroll you into their program.

NEED TO KNOW! CONTRARY TO RUMORS, THE DEPARTMENT OF SOCIAL SERVICES DOES NOT ISSUE CASH OR CHECKS UPON RELEASE FROM DOCCS.

WHAT WILL I NEED?

You will need to show an original ID. List of acceptable identification for public assistance:

- ✓ Release papers from DOCCS (not older than 60 days)
- ✓ NYS DOCCS photo ID (not older than 60 days)
- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Photo ID (driver license, non-drivers ID, or any state issued ID). If you do not have a New York State I.D., you can use your Birth Certificate, Social Security Card and the two items listed above

WHERE DO I APPLY?

- ✓ 2322 Third Avenue, 10035
- ✓ 109 E. 16th Street, 10003
- ✓ 132 W.125th Street, 10027
- ✓ 4055 10 Avenue, 10034

MEDICAID SPECIFIC INFORMATION

Medicaid is a form of health coverage for individuals who have a qualifying low income. Individuals without chronic illnesses such as HIV/AIDS or serious psychiatric illnesses are mandated to use Medicaid HMO (a managed care plan), and will be required to choose from several HMOs under their Medicaid to assist with medical expenses.

WHAT IF MY MEDICAID ISN'T AUTOMATICALLY REACTIVATED UPON RELEASE?

- ✓ If your Medicaid is not automatically reactivated you should report in person to the local Medicaid office located at 344 W. 34th Street, Manhattan, with your original identification and your release papers.

- ✓ You can also call the toll-free number 1-877-472-8411 for more information.

WHAT IF I WANT MEDICAID BY ITSELF AND NOT THE ENTIRE PUBLIC ASSISTANCE PACKAGE?

- ✓ In order to qualify Medicaid by itself, you must be able to show proof of some form of income, whether it is the income of a family member supporting you or your own. Therefore, if you want Medicaid, but have no income, you must apply for the full

assistance package. The full assistance package includes Cash Assistance, Food stamps and Medicaid.

- ✓ For more information on Medicaid access, see Appendix II, Questions about Medicaid in New York State, pgs. 94-99 or visit www.otda.state.us/forms

NEED TO KNOW! INCARCERATED INDIVIDUALS WHO WERE RECEIVING MEDICAID AS OF APRIL 2008 AND WERE SUBSEQUENTLY INCARCERATED SHOULD HAVE HAD THEIR MEDICAID SUSPENDED INSTEAD OF TERMINATED. YOUR MEDICAID SHOULD AUTOMATICALY BE REACTIVATED UPON YOUR RELEASE!

SHELTERS AND HOUSING

A range of shelter and housing options exist for individuals returning from incarceration. There are shelters that provide emergency housing for both individuals and families and other forms of housing for single individuals returning from incarceration, such as transitional housing, supportive housing, residential treatment housing, and ¾ housing. You will find some useful housing options in this guide.

BUT FIRST THINGS FIRST:

- ✓ **DOCCS (Parole) must approve any housing before you begin living there.** If you get out and head to an unapproved residence, you may get violated, or, at best, start off on a *very* bad foot with your parole officer.
- ✓ **Do not leave any residence without notifying and receiving permission from parole.** If you do, you are very likely to find yourself facing a parole violation.

SHELTERS

- ✓ Any individual or family seeking shelter must provide proof of residence for the last year (eviction notice, letter from prior landlord or primary tenant of last address stating individuals no longer reside at the address).

FAMILY SHELTERS

WHO QUALIFIES FOR A FAMILY SHELTER?

The Department of Homeless Services (DHA) defines an "Adult Family" as:

- ✓ Applicants who are a legally married couple and present a valid original marriage certificate; or
- ✓ Applicants who are domestic partners and present a valid original domestic partnership certificate; or
- ✓ Adults who provide, as part of their application for Temporary Housing Assistance, proof establishing the medical dependence of one applicant upon another; or
- ✓ Two or more adults who can provide birth certificates to prove a parent/child or sibling family relationship or share a "caretaking" (emotionally or physically supportive) relationship, including: (i) aunt/uncle to niece/nephew; (ii) grandparent to grandchild;

(iii) parent to child or step-child; and (iv) siblings; and can demonstrate that they have resided with one another for 180 days within the year immediately prior to the date of their application.

Families with Children Under 21 Years Old

- ✓ Families with children younger than 21 years old who are applying for shelter must go (in-person) to the Prevention Assistance and Temporary Housing (PATH) Office in the Bronx. The PATH Office is open 24 hours, seven days a week.

Pregnant Families (single pregnant women, pregnant couples, or parent/grandparent(s) with a pregnant child 21 years of age or over)

- ✓ Pregnant families must go (in-person) to the Prevention Assistance and Temporary Housing (PATH) Office in the Bronx. The PATH Office is open 24 hours, seven days a week.

Adult Families with No Children Under 21

- ✓ Adult families with no children younger than 21 must go to the Adult Family Intake Center (AFIC), located in Manhattan. AFIC is open 24 hours, seven days a week.

Prevention Assistance and Temporary Housing (PATH) Office
151 E. 151st Street
Bronx, NY 10451
Open 24 hours, 7 days a week

Adult Family Intake Center (AFIC)
400-430 East 30th St./ 1st Ave.
New York, NY 10016 (Manhattan)

WHAT TO BRING:

For both locations (AFIC and PATH), you will need to bring the following:

- ✓ Original identification, such as a public assistance ID card, green card, driver's license, passport/visa, or picture employment card. If you do not have a picture ID, you can generally use a birth certificate, social security card, Medicaid card, Benefit Card, or a pay stub.
- ✓ It is also helpful to bring the following if you have it:

  a) Eviction papers or Marshal's Notice
  b) Leases, Con Edison or telephone bill
  c) Pay stub, or proof of income

In order to apply at AFIC you need to verify that your household constitutes a family and must:

a) Verify that the applicant couple is either legally married or has obtained a valid domestic partnership certificate; or

b) Prove medical dependency of one applicant upon another; or

c) Establish that two or more adult applicants as listed above share a caretaking (emotionally or physically) relationship and can demonstrate that they have resided with one another for 180 days within the year immediately prior to the date of application for Temporary Housing Assistance or can provide birth certificates to prove a parent/child or sibling family relationship.

WHAT NOT TO BRING:

a) Contraband, alcohol, or illegal substances
b) Expensive personal belongings (DHS is not responsible for lost or damaged goods)
c) Friends and visitors, or anyone not a part of your family
d) Food, furniture, cameras, appliances and/or pets

DOMESTIC VIOLENCE SHELTERS

Call the **NYC** Domestic Violence Hotline: 800-621-HOPE.

SHELTERS FOR INDIVIDUALS

Men:

Bowery Resident's Committee's Chemical Dependency Crisis Center, 324 Lafayette Street NYC 10012, 212.533. 5151. This is an emergency shelter that will provide shelter while staff will help you find a more permanent placement. Beds are available for those who need residential detoxification from drugs and alcohol, and those in imminent risk of relapse.

NYC Rescue Mission 90 Lafayette Street NYC, 10012, 212. 226.6214

Bellevue 30th Street Shelter 400-430 E.30th Street NYC, 10013. Call 311.

Women

Franklin Intake Shelter 1122 Franklin Avenue, @ 166th Street Bronx NY 10456, (718) 842-9868

HELP Women's Shelter 116 Williams Avenue, @ Liberty Avenue Brooklyn, NY, 718-483-7700

RESIDENTIAL DRUG TREATMENT

If you have had a drug addiction in the past or are currently struggling with one, residential drug treatment may be a good option for you. Residential treatment facilities not only provide treatment for substance use, some have "wrap around services," which generally includes a host of supportive services such as medical, educational, vocational, and mental health services. Some will even assist you in finding permanent housing.

List of Residential Drug Treatment Facilities (Details included in this guide in Appendix I):

Addiction Institute of New York
Greenhope Services for Woman (Women only)
Odyssey House
Palladia (Starhill Facility)
Project Create (18-25 years only)
Su Casa (Opioid dependent only)

TRANSITIONAL HOUSING

Transitional housing is another form of temporary housing which can be accessed upon release from incarceration. This is a place to stay temporarily, usually with supportive services available where you live, and/or close to your residence. Transitional Housing often provides drug treatment, case management, and other services.

Transitional Housing comes with rules, such as curfews, expectations for behavior and attendance at programs. If you do not comply with their rules, you may find yourself being kicked out or evicted. This can lead to a parole violation if you don't immediately notify your parole officer or if you were kicked out for violating one of your conditions of parole. Most transitional housing requires that you had a drug history prior to your last incarceration or that you are currently dealing with one. If you deny a history of drug use, you will not be accepted into this type of housing.

List of Transitional Housing Providers (Details included in this guide in Appendix I):

Green Hope Services for Women (Women only)

Addiction Institute (Long term sober housing)
NarcoFreedom (Sober housing with substance abuse treatment services)
Project Create (Males only, 18-25 yrs.)
Palladia (Esperanza, Sober housing with substance abuse treatment services)
Upper Manhattan Mental Health (Sober housing with substance abuse treatment services)

¾ HOUSING

Three quarter houses are usually private homes that rent rooms to single adults. These houses often put four or more adults in one room. Although some people have good experiences with ¾ houses, many individuals find that ¾ housing can be overcrowded, have serious building violations, and can subject an individual to an illegal eviction.

We are not experts on ¾ houses, but MFY Legal Services, a non-profit organization located in New York City is. We have listed them below; if you have questions about your legal rights while in ¾ housing they are a good resource.

MFY LEGAL SERVICES, INC.
299 Broadway, 2nd floor, New York 10007
(212) 417-3731

Before you commit to living in a ¾ house, you should ask to see the room and consider asking the following questions:

- ✓ How will the landlord collect your rent?
- ✓ How many individuals will you be living with?
- ✓ Are there curfews?
- ✓ Must you leave the residence during the day or at any time?
- ✓ What do other individuals living in the residence say about the rent?
- ✓ Is the residence approved by Parole? (Be careful here, and don't take the landlord's word. Make sure to ask your PO before you move into the residence!).

SUPPORTIVE HOUSING

This is a longer term place to stay, usually with supportive services available where you live, and referrals to services in the community.

Supportive Housing has historically been a term used to describe housing with services that were available only for individuals with Axis 1 psychiatric diagnoses, HIV or physical disabilities. Although this is still generally the case, there are organizations that are beginning to provide supportive housing for formerly incarcerated individuals without the requirement of a serious persistent mental health issue.

List of Supportive Housing Agencies: (Details included in this guide in Appendix I)

Addiction Institute of New York
Center for Urban Community Services (Must have severe and persistent mental health diagnosis)
Fortune Society's The Castle
Lower Eastside Services Center
Post Graduate Center for Mental Health (Must have severe and persistent mental health diagnosis)

Legal Assistance for Housing Issues: (Details included in this guide in Appendix I):

Center for Urban Community Services
Goddard Riverside Community Center
Harlem Community Justice Center
Legal Action Center
Legal Aid Society
MFY Legal Services, Inc.

SUBSTANCE ABUSE

If you have a problem with drugs, think you might, or are being ordered to drug treatment by parole you will want to begin drug treatment in the community immediately upon release.

Most of the providers below can be accessed while you are still inside and planning for your release. Some will even accept telephone assessments for individuals close to their release dates, or provide letters of assurance. Below is a list of treatment services that you will find in this guide.

Residential Treatment (Details included in this guide in Appendix I):

Addiction Institute of New York
Greenhope Services for Women (Women only)
Odyssey House
Project Create (Males18-25 years)
Samaritan Village (Men and women over 20, and veterans)
Su Casa (Opioid dependent only)

Outpatient Treatment (Details included in this guide in Appendix I):

Beth Israel Medical Center
Center for Community Alternatives
Fortune Society ATI
Greenhope Services for Women -Women Only
New York Center for Addiction Treatment Services
Network Support Services
Palladia CTI
Project Create
Samaritan Village
St. Mark's Place for Mental Health-Mental Health and Chemical Dependence
The Osborne Association
Tri-Center Inc.
Upper Manhattan Mental Health Center -Mental Health and Chemical Dependence
Women In Need, Inc. (Women Only)

Detoxes

Addiction Institute of New York
Beth Israel Medical Center

EDUCATION/VOCATIONAL

No matter where you are in your education, there are plenty of organizations that will help you prepare for your GED, take your GED exam and/or assist you in applying for financial aid and college. There are also vocational trainings that will help individuals build skills which will make them marketable for employment.

For a list of Manhattan Job Centers, see Appendix II, Manhattan Job Centers, pg. 101.

Agencies that offer educational and vocational assistance: (Details included in this guide in Appendix I):

ACCESS-VR .Vocational & Educational Services for Individuals with Disabilities. For the VR application, see Appendix II, VR Application, pg. 103.
College Initiative
Defy Ventures Inc.
Exodus Transitional Community
Fortune Society
Getting Out & Staying Out
Network Support Services
Non-Traditional Employment for Women
The Osborne Association
The Per Scholas Institute of Technology
Sustainable South Bronx

EMPLOYMENT

We know that finding a job upon your release is one of your primary concerns. The agencies listed in this guide provide individuals with employment readiness training and skills training, and/or transitional jobs, and/or permanent job placements. All have worked directly with individuals that have been involved in the criminal justice system.

A good place to start looking for jobs, and getting access to job listings, are the Manhattan Job Centers. You can find a listing of Manhattan Job Centers in Appendix II, pg.101

Agencies that offer employment assistance: (Details included in this guide in Appendix I):

Center for Community Alternatives
Center for Employment Opportunities
CMO Network
Defy Ventures, Inc. (Entrepreneurship training)
Fortune Society
Getting Out and Staying out
NADAP-CES
Non-Traditional Employment for Women
Street Wise Partners
STRIVE International
Sustainable South Bronx
The Doe Fund Pathways
The Doe Fund, Ready Willing, and Able
The Fifth Avenue Committee
The Osborne Association
The Per Scholas Institute of Technology
Times Square Ink
Workforce Centers

LEGAL AND ADVOCACY

A handful of agencies work with formerly incarcerated individuals on a range of issues such as employment discrimination, housing, cleaning up rap sheets, applying for certificates of disability/good conduct. Legal agencies also work with formerly incarcerated parents on issues such as child custody or child support. Below is a list of legal/advocacy agencies:

Agencies that offer legal assistance: (Details included in this guide in Appendix I)

City Bar Justice
Legal Action Center
Legal Information for Families Today
MFY Legal Services, Inc.
The Legal Aid Society

PSYCHIATRIC ILLNESS/ MENTAL HEALTH

Mental health agencies can work with you to address a mental health issue, help you manage your diagnosis, assist you with benefits, and even provide housing. If you have, or think you may have, a mental health issue you can contact one of agencies listed below.

Agencies that offer psychiatric/mental health services: (Details included in this guide in Appendix I):

Addiction Institute (Treatment)
Center for Urban Community Services (Housing)
The Center for Comprehensive Care "Coming Home Program"(Physical & Mental Health Treatment)
Heritage House (Treatment & Housing)
Network Support Services (Substance Abuse Treatment & Life skills)
New York Center for Addiction Treatment Services (Treatment)
Post Graduate Center for Mental Health (Treatment & Housing)
Sexual Behavior Clinic: NYS Psychiatric Institute (Sex Offender Treatment)
Steps to End Family Violence (Women only)
St. Mark's Place for Mental Health (Substance Abuse Treatment)
Upper Manhattan Mental Health Center (Out-patient Treatment & Housing)

FAMILIES AND CHILDREN

No one can underestimate the importance of family in the reentry process. The agencies in this section focus on families; they help reunite children with their parents who are incarcerated via family visiting programs or upon release.

Agencies that offer family assistance: (Details included in this guide in Appendix I)

Center for Community Alternatives (Out-patient Treatment & Employment)
Center for Employment Opportunities (Child Support & Employment)
City Bar Justice (Civil Legal Service)
Legal Information for Families Today (Family Court Information)
Steps to End Family Violence (Reunification & Reentry Services)
The Osborne Association (In Prison Visiting Services)
Time Square Ink/DAD's Up (Employment & Child Support)

SERVICES FOR INDIVIDUALS RETURNING HOME WITH SEX OFFENSE CONVICTIONS

There are organizations out there that will work with you to support your successful reentry upon release. To the best of our ability, we have listed those we know of here and are always looking out for providers that will provide services to you.

When searching for housing, you may want to call the housing providers listed in this guide. Some may not exclude individuals with sex offense convictions.

Agencies that offer treatment for individuals with sex offenses: (Details included in this guide in Appendix I):
Addiction Institute of New York (Counseling & Evaluations)
Alliance (Sex Offender Treatment Program Alliance)
Counseling & Psychotherapy Center Inc. (Cognitive Behavioral Therapy)
Queens New York Counseling for Change (Cognitive Behavioral Therapy)
Sexual Behavior Clinic: NYS Psychiatric Institute (Cognitive Behavioral Therapy)
The Mustard Seed (Forensic Social Services for Sex Offenders)
N.Y.C.A.T.S

Services for Chronically Ill or Disabled Individuals:

The organizations below work with individuals who have a chronic illness or disability. These agencies focus on healthy living, such as medication and pain management. They also offer services such as benefit assistance to H.A.S.A. (HIV/AIDS Service Administration) and S.S.I. (Social Security Supplemental Income).

Agencies that offer services for chronically ill and HIV + individuals: (Details included in this guide in Appendix I):

Bailey House (Housing and Treatment)
Harlem Independent Living Center (Medical & Advocacy Services)
Heritage House (Housing and Treatment)
Lower Eastside Service Center (Substance Abuse Treatment & Housing)
The Osborne Association (Health & Wellness Clinic)
The Center for Comprehensive Care "Coming Home Program" (Health & Wellness Clinic)

APPENDIX I

Addiction Institute of New York
1111 Amsterdam Avenue, @ 114th Street, New York, NY 10025
Contact Deanna Billington (646)772-2732, Marc Raybin (212) 523-1897
www.AddictionInstituteNY.org

Who we serve: Adults 18 years & older with co-occurring disorders, physical disabilities or challenges, or medical problems and diagnoses

Who we exclude: Individuals convicted of arson offenses

Hours of operation: 24 hours

Services:

Substance Abuse: Inpatient Detoxification
Health / Wellness: Evaluation and referral services
Housing: Long term halfway house for men and women.

Eligibility information:

- ✓ Insurance accepted, sliding scale fees
- ✓ Walk-ins welcome
- ✓ Does not respond to inquiries from incarcerated individuals

Bailey House
1751 Park Ave, New York 10035
Mickey Hidalgo, Housing Coordinator 212-663-2500 ext. 343
Harlo Graciano, Intake Coordinator 212-663-2500 ext. 363

Who we serve: Formerly incarcerated individuals who are homeless and HIV+/AIDS

Who we exclude: No exclusions

Hours of operation: Intake hours: Mon.-Fri. 9-5pm

Services:

Health/Wellness: Full medical escort team that focuses on newly diagnosed individuals returning to the community from incarceration
Housing: Organization has three emergency beds for individuals who are released to NYC shelter

Eligibility information:

- ✓ Must be HIV/AIDS Service Administration or Social Security Supplemental Income eligible
- ✓ No health insurance required
- ✓ Walk-ins welcome
- ✓ Does not accept individuals directly from correctional facilities

Beth Israel Medical Center
Stuyvesant Square Chemical Dependency Programs
East 15th Street New York, NY 10003 Bernstein Bldg. (between 1st and 2nd Avenue)
Admissions: 212-420-4266 Toll free: 877-DETOXME (877338-6963)

Who we serve: Men and women, 18+

Hours of operation: 24 hours

Services:

Substance Abuse: Detox, rehabilitation, ambulatory detox, day and evening outpatient treatment
Employment: Vocational counseling if enrolled in chemical dependency services
Cognitive Behavioral Therapy: Yes

Eligibility information:

- ✓ Accepts Medicaid with pending letter eligible
- ✓ Walk-ins welcome for detox and rehab services; must have appointment for outpatient intakes
- ✓ Responds to inquiries from incarcerated individuals

The Center for Comprehensive Care
Coming Home Program
390 West 114th Street, New York, NY 10025
Mary Johnson: 212-523-6941 Appointments 212-523-6500

Who we serve: All formerly incarcerated individuals

Who we exclude: Non-formerly incarcerated individuals

Hours of operation: Mon-Fri 9am-5pm

Services offered:

Health/Wellness: Primary health care services, Ob/Gyn & women's health, mental health treatment, dental care, yoga/message and Acupuncture
Legal: Legal services
Cognitive behavioral therapy: Case management and social services and peer support groups
Housing: Provides referral services to housing

Eligibility:

- ✓ Health insurance is required; however one can get assistance applying for Medicaid
- ✓ There are no income requirements
- ✓ Appointments required
- ✓ Will respond to individuals who are close to reentering from incarceration

Center for Community Alternatives Inc.
39 West 19th Street 10th floor
Maricella Gilbert, LCSW 212 691-1911 ext 214, Director of Crossroads for Women
mdgilbert@communityalternatives.org
Cadija Tibbs, Project Director for Ready to Work
212 691-1911 ext 258

Who we serve: Women age 18 + at Crossroads for Women Program (Intensive Outpatient Drug Treatment designed as an alternative to incarceration)

Men and women with children (custodial or non-custodial) with non-violent felony (Ready to Work)

Hours of operation: Mon. - Fri. 9-6pm

Services:

Substance Abuse: Outpatient drug treatment
Employment: Ready, Set, Work Curriculum, 10 Module workshops for employment readiness and job search
Cognitive Behavioral Therapy: As part of Crossroads for Women

Eligibility Information:

- ✓ Medicaid accepted for substance abuse program
- ✓ Walk in welcome, but referral required to Ready, Set, Work

Center for Employment Opportunities
32 Broadway, 15th Floor, New York 10004
Dinajra Dinanath 212-422-4430 ext.256 ddinanath@ceoworks.org

Who we serve: Individuals under community supervision, parole or probation

Who we exclude: Individuals who are not under any type of community supervision

Hours of operation: Mon.-Fri., 7am-4pm

Services:

Employment: Transitional employment, back to work orientations, and resume building throughout transitional employment (paid employment daily)
Family: Assist fathers with child support issues
Housing: Assistance with finding housing

Eligibility information:

- ✓ Must be referred by a Community Supervision agency
- ✓ Services free of charge
- ✓ No insurance required before intake
- ✓ Will provide assistance with Medicaid applications
- ✓ No income requirement
- ✓ Does not respond to inquiries from incarcerated persons

Center for Urban Community Services
198 East 121st Street, New York, NY 10035
Contact Michael Golub (212) 803-5880
www.cucs.org

Who we serve: Low income individuals 18 years old and older with serious and persistent mental health issues

Who we exclude: Individuals convicted of sex and arsons offenses

Hours of Operation: 9:00 am-5:00 pm

Services offered:

Housing: Offer housing assistance to individuals with serious mental issues by filing HRA 2010E applications and using our housing resource center to locate supportive housing

Eligibility information:

- ✓ Services free of charge
- ✓ No income requirement
- ✓ Walk-ins welcome
- ✓ Responds to inquiries from incarcerated individuals

City Bar Justice Center's Legal Hotline
NYC Bar Association 42 West 44 St, NY, NY 10036
Libby Vazquez, Hotline Director, LVazquez@nycbar.org
Hotline: (212) 626-7383

Who we serve: Low income New York City residents with simple legal questions on civil matters such as landlord tenant law, family and divorce, consumer law problems

Who we exclude: No advice or referrals on immigration matters or criminal law issues

Hours of operation: Mon-Fri 9am-1 pm, with additional hours on Tues. & Thurs. 3:30-5:30 pm

Services offered:

Family: Advice, information and referrals on family law issues such as child support, custody and divorce
Housing: Advice, information and referrals on landlord and tenant law

Eligibility information:

- ✓ Services are free of charge
- ✓ Must meet federal poverty income levels
- ✓ Appointments only, no walk-ins
- ✓ Respond to inquiries from incarcerated individuals in written form only

CMO NETWORK
1040 First Avenue, Ste. 276 New York NY 10022
Contact: Theresa Harari (646) 597-8411 tharari@cmo-network.org
www.cmo-network.org

Who we serve: Formerly incarcerated men and women of any age

Who we exclude: Individuals convicted of sex and arson offenses

Hours of operation: Monday-Friday 9-5pm Manhattan (Bronx Group Support Meetings Mondays 6pm-8pm)

Services offered:

Substance Abuse: Group Support Meetings, 1x weekly meeting for 20 weeks & Anger Management 1x weekly meeting for 16 weeks.
Employment: Job search assistance, mock interviews, resume preparation

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ By appointments only
- ✓ Responds to inquiries from incarcerated individuals

College Initiative
29-79 Northern Blvd. L.I.C., New York NY 11101
Contact: Michael Carey, (212) 691-7554
mcarey@collegeinitiative.org

Who we serve: Formerly incarcerated and court-involved men and women in New York City who wish to begin or continue a path through higher education

Hours of operation: Mon –Fri, 10am-5 pm

Services offered:

Education: Educational assessment; baseline testing of academic skills; academic and social preparation including tutoring; a college preparation program; academic and non-academic referrals to other reentry services; scholarships; peer mentoring and retention, including employment assistance and linkages to housing and entitlements.

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ Appointment is needed or client should attend an orientation session
- ✓ Responds to inquiries from incarcerated individuals

Counseling and Psychotherapy Center Inc.
346 Broadway, 9th floor New York, New York 10013
(212) 676-6863 (347) 461-6264
Joe.t@cpcamerica.com

Who we serve: Sex offenders 18 years old and older

Hours of operation: Mon-Fri., 9am-5pm

Services offered:

Cognitive Behavioral Therapy: Sex Offender Treatment

Eligibility information:

- ✓ Each treatment session is $35.00 per session
- ✓ No health insurance prior to intake needed

- ✓ No income requirements
- ✓ Appointments only
- ✓ Do not respond to inquiries from incarcerated individuals

CREATE, Inc.
73-75 Lenox Ave. New York, NY 10026
Contact: William Perkins (212) 663-1596 ext.335
wperkins@createinc.org

Who we serve: Ages 18 +. The substance abuse program can serve individuals as young as 14 years old

Who we exclude: Individuals convicted of arson offenses.

Hours of operation: Mon-Thurs 9am-7pm; Friday 9am-5pm; Saturday once per month 9am-1pm

Services offered:

Substance Abuse: Medically Supervised Intensive and Non-Intensive Outpatient services, also provides Intensive Residential Services
Cognitive Behavioral Therapy: CBT and Motivational Interviewing
Housing:

- ✓ Owns and operates a transitional housing program for youth ages 18-25
- ✓ Owns and operates a Senior Center
- ✓ Outpatient and Residential Program refers its clients for housing.
- ✓ Owns and operates a Shelter
- ✓ Plus Care 11 apartment program primarily for women/single parents who have a history of substance abuse and homelessness

Eligibility information:

- ✓ Senior Center is free of charge
- ✓ Health insurance preferred prior to enrollment, but will accept clients without health insurance
- ✓ There are no income requirements
- ✓ Walk-ins welcome
- ✓ Responds to inquiries from incarcerated individuals

Defy Ventures
5 Penn Plaza, 19th Floor, New York, NY 10001
Ann Priftis, (917) 647-6835, ann@defyventures.org
Contact: recruiting@defyventures.org

Who we serve: Applicants must be released from prison for at least 90 days prior to the start of class, must have a high school diploma or a GED, must reside within a 60-minute commute of Manhattan, have no current drug dependence and be 16 years of age or older.

Hours of operation: Defy Ventures is a 16 month commitment that consists of in-classroom training, 3 times a week (Tues. and Thurs. 6am– 9 pm and Sat., 9:30am-4:30pm).

Services offered:

Entrepreneurship Training: Our MBA-like program uses the NFTE (National Foundation for Teaching Entrepreneurship) college-level curriculum to guide people in the start-up of their own community-based, small business
Employment: Career placement assistance, executive networking and employment training
Health/Wellness: Referrals
Family: Our on-staff family liaison works with clients to assist in family-related issues
Housing: Referrals

Eligibility information:

- ✓ Services free of charge
- ✓ No health insurance required
- ✓ There are no income requirements
- ✓ We only accept clients who submit to a rigorous interview process after passing our online or paper applications
- ✓ Responds to inquiries from incarcerated individuals

The Doe Fund
Ready, Willing and Able
520 Gates Avenue Brooklyn, NY 11216
Contact: William Brown (917) 577-7717
williamb@doe.org

Who we serve: Individuals under DOCCS Supervision and Department of Homeless Services Clients

Who we exclude: Individuals with sex and/or arson convictions; individuals with severe mental health diagnoses

Hours of operation: Mon-Fri, 9am-5:00 pm

Services offered:

Substance Abuse: Conducts our own drug screening on site, operates the MGC 240 Analyze and perform random and sweep illicit substance use screenings
Employment: Offers transitional employment program. Duration of program is 9 to 12 months. Trainees work 30 hours per week for our program assigned to our Community Improvement Project cleaning the streets of the NYC area.

Eligibility information:

- ✓ Services are free of charge
- ✓ Health insurance not required prior to intake
- ✓ Residential Trainees receive a stipend; they should not be additionally receiving Public Assistance, SSI, SSD, etc.
- ✓ Walk-ins welcome for orientation for Department of Criminal Justice Services and Department of Homeless Services (DCJS and DHS) every Wednesday at 9am
- ✓ Responds to inquiries from incarcerated individuals

The Doe Fund Inc.
Ready Willing & Able Pathways to Employment
510 Gates Avenue • Brooklyn, NY 11216
Nadia Sadloslo718-416-4924
nsadloski@doe.org

Who we serve: 18+ and over currently on parole or federal probation

Who we exclude: Individuals with sex and/ or arson convictions and individuals with severe mental health diagnosis

Hours of operation: Intake hours are 9am-3pm, Mon.-Fri. Employment training hours are Mon.-Fri., 9am-5pm

Services offered:

Substance Abuse: Onsite toxicology screening administered weekly to all participants

Employment: Paid transitional work/internship in culinary arts and building maintenance
Education: Occupational soft skills, financial literacy training and computer classes
Cognitive Behavioral Therapy: Included in soft skills training

Eligibility information:

- ✓ Services are free of charge
- ✓ Individuals cannot be receiving cash assistance from public assistance
- ✓ There are no income requirements; however one must have been released from a state or federal facility after 12/25/2011
- ✓ Walk ins are welcome but must have parole officer complete referral, with stable residence with in the five boroughs
- ✓ Do not respond to individuals currently incarcerated
- ✓

The Fifth Avenue Committee
621 DeGraw Street, Brooklyn, New York 11217
Contact: Nigel Franklin (718) 237-2017
nfranklin@firthave.org

Who you serve: Unemployed and low income adults

Hours of operation: Mon.-Fri., 9-5pm

Services offered:

Employment: Job placement assistance and or training

Eligibility information:

- ✓ Services are free of charge
- ✓ No insurance is required prior to intake
- ✓ Must have low to no income
- ✓ Appointments only
- ✓ There are no guarantees of jobs or training. Admission is subject to screening that includes income verification interviewing and job readiness

Fortune Society
29-76 Northern Blvd., Long Island City, New York 11101
(212) 691-7554 www.fortunesociety.org

Who we serve: Individuals who have a history with the criminal justice system

Hours of operation: 8am-8pm, Mon-Thurs, New clients accepted from 8:30am-4pm, Mon- Fri.

Services offered:

Substance Abuse: Yes
Employment: Yes
Health/Wellness: Yes
Family: Yes
Housing: We offer emergency and phased-permanent housing – Fortune Academy, as well as Scattered-Site Housing via NYNYIIII, HUD/HOPWA, and OASAS. Eligibility for our housing programs depends on the specific program. The general criteria include documented homelessness, released from jail or prison within one year of enrollment.

Eligibility information:

- ✓ All programs are free, with the exception of our Better Living Center and Treatment Services programs
- ✓ Medicaid upon acceptance
- ✓ Walk-ins welcome

Getting Out and Staying Out
91 E. 116th Street New York, NY 10029
Tel: 212-831-5020 Fax: 212-996-0436
Contact: Dalia Fakhouri dfakhouri@gosonyc.org /Mark Leonida mleonida@gosonyc.org

Who we serve: Males, 16-24 who have had court involvement

Hours of operation: Mon.-Fri., 9am-6:00pm

Services offered:

Employment: Job development and job readiness program including: interview skills workshops, referrals to Workforce 1 Centers, assistance with clothing for interviews, transportation support, resume building, and job retention counseling. No direct employment

Health/Wellness: We offer referrals to the Young Men's Clinic and hold Project Stay workshops for STD and pregnancy prevention
Family: Parenting Skills workshop and offer referrals to other agencies such as Visiting Nurse Services of NY
Cognitive Behavioral Therapy: Ongoing supportive counseling with an LCSW (Licensed Clinical Social Worker)
Housing: Referrals

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance required
- ✓ No income requirements
- ✓ Generally should make an appointment for first visit but clients are able to walk in to office depending on circumstances of client
- ✓ Responds to inquiries from incarcerated individuals

Green Hope Services for Women, Inc.
435 E. 119th Street, New York, NY 10035
Ph. 212-369-5100 fx. 212-348-3684
Contact: Estelle Pierce, epierce@greenhope.org

Who we serve: Women 18 years+

Who we exclude: Individuals convicted of sex and/or arson offenses, individuals with recent suicide/homicide attempt/ideation

Hours of operation: 24 hours

Services offered:

Substance Abuse: Duration of treatment
Employment: 90 days after admission
Health / Wellness: Duration of treatment
Family: Within 30 days of admission
Cognitive Behavioral Therapy: Duration of treatment
Housing: Offers housing for single women and mother and child residential services through referral from DHS or walk-in

Eligibility information:

- ✓ Some services are free of charge
- ✓ Some services require health insurance
- ✓ There are no income requirements

- ✓ Walk-ins and appointments are welcome
- ✓ Responds to inquiries from incarcerated individuals
- ✓

Harlem Independent Living Center
289 St. Nicholas Ave., #21, Lower Level New York, NY 10027
Contact: Christina Curry (212) 222-7122
cexec@hilc.org

Who we serve: Formerly incarcerated disabled minority consumers

Who we exclude: Individuals convicted of sex offenses

What are your hours of operation? Mon.-Fri., 9am-5pm

Services offered:

Health/Wellness: Medical services
Housing: Information and Advocacy services.

Eligibility information:

- ✓ Services are free of change
- ✓ Services are offered in English, American Sign Language, Arabic and Spanish.
- ✓ Fully accessible for the disabled
- ✓ Health insurance is required for individuals who are permanently disabled
- ✓ There are no income requirements
- ✓ Appointment preferred

Responds to inquiries from incarcerated individuals

Heritage House
416 West 127th Street New York NY 10027
Pam Pannell Intake Coordinator 718-654-0133 ppannell@heritagenyc.org

Who we serve: Individuals with Axis 1 diagnosis with underlying issues such as substance abuse, HIV+ and homelessness

Hours of operation: Intake hours Mon.-Fri., 9am-5pm

Services offered:

Health/Wellness: Full medical team for individuals returning to community from incarceration **Housing:** Organization has several housing programs. HIV+ individuals must be referred by HASA for transitional housing. Have emergency beds used for emergency housing until benefits are approved.

Eligibility information:

- ✓ Must be HIV/AIDS Service Administration and Social Security Supplemental Income eligible
- ✓ No health insurance is required
- ✓ Must be SSI & HASA eligible
- ✓ Walk-ins welcome
- ✓ Must have referral

Legal Action Center
225 Varick Street, 4th Floor New York, NY 10014
(212) 243-1313 www.lac.org
lacinfo@lac.org

Who we serve: Legal services for individuals who face employment, housing and other types of discrimination because of a criminal record

Hours of operation: Mon.-Fri., 9am-5 p.m.

Legal Assistance offered in the following areas:

Substance Abuse: Impact litigation to create systemic change for individuals experiencing discrimination because of an alcohol/drug history, including participation in methadone maintenance or other medication assisted treatment
Health/Wellness: HIV-related legal problems, especially due to discrimination or breach of HIV confidentiality or testing rights. Assistance with issues such as health care proxies, living wills, permanency planning, and government benefits
Employment: Range of civil legal services, including obtaining and correcting mistakes on rap sheets, obtaining certificates of rehabilitation, filing employment discrimination complaints, and gathering evidence of rehabilitation

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required

- ✓ There are no income requirements
- ✓ No walk-ins, by appointments only
- ✓ Responds to inquiries from incarcerated individuals

The Legal Aid Society
Harlem Community Law Office
230 E. 106th Street New York, NY 10029
(212) 426-3000 eahay@legal_aide.org

Who we serve: Low income (<125% of Federal Poverty Guidelines) residents of Manhattan; special program for HIV+ individuals in Brooklyn, the Bronx and Manhattan

Hours of operation: Mon-Fri, 9am-5 p.m.

Services offered:

Legal services in civil matters: Housing, benefits, tax, family, consumer, employment

Eligibility information:

- ✓ Services are free of charge
- ✓ Income must be less than 125% Federal Poverty Level
- ✓ Must call for appointment.
- ✓ Inquiries regarding prison conditions can be directed to: Prisoners Rights Project of Legal Aid Society at 199 Water St., New York, NY 10038
- ✓ Due to limited resources, unable to represent every eligible person seeking our services

Legal Information for Families Today (LIFT)
350 Broadway, Suite 501 • New York, NY 10013
(646) 613-9633
www.LIFTonline.org

Who we serve: Our services are open to all

Hours of operation: Mon-Fri, 9-6pm

Legal Services offered:

Family Law Information Telephone & Email Hotlines: Expert Family Court/Family law information and referrals to services; the hotlines are available

at 212-343-1122 (Mon-Fri 9am-5pm EST) or www.LIFThotline.org anytime; hotline staff are bilingual (English/Spanish)

Family Legal Center: One-on-one legal information, assistance in preparing court documents, court accompaniment, high-impact referrals to responsive services, including job training programs, public benefits, and community-based social services, and support groups for people without lawyers in child support, custody, and visitation case located in LIFT's central office at 350 Broadway, Room 501, in Manhattan

Family Court-based Education & Information Sites and Help Centers: One-on-one legal information about Family Court proceedings and resources, access to LIFT's Legal Resource Guides, and more. Located inside the Bronx, Brooklyn, Manhattan, and Queens Family Courthouses

Legal Resource Guides: More than 30 step-by-step guides to Family Court and family law available in eight languages at LIFT's Courthouse locations, Family Legal Center Resource Library, or online at www.liftonline.org/resource-guides.html

Eligibility information:

- ✓ Services are free of charge
- ✓ There no income requirements
- ✓ Walk-ins welcome
- ✓ Responds to individuals incarcerated via letter correspondence and our hotline accepts calls from correctional facilities.

MFY LEGAL SERVICES, INC.
299 Broadway, 2nd floor, New York, NY 10007
Contact: Delores Schaefer 212-417-3731; intake line 212-417-3838
DSchaefer@mfy.org

Who we serve: Formerly incarcerated individuals who need legal help to remove barriers to employment and to appeal denials of employment license applications. MFY Legal Services also assist with ¾ housing issues such as illegal eviction.

Hours of operation: Mon.-Fri., 9am-5 pm

Services offered:

Employment: Legal advice, counsel & representation to remove barriers to employment and to win appeals of denials of license applications

Housing: ¾ housing issues, including illegal eviction

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ No walk-ins, must call phone intake line Mon. & Tues. between 2pm-5 pm
- ✓ Responds to inquiries from incarcerated individuals

The Mustard Seed
2625 Atlantic Avenue Brooklyn, NY 11207
Contact: William Ford, CSW (718) 875-7411 Fax: (718) 643-1840
mustardseed1420@aol.com

Who we serve: Sex offenders, including: males and females ages 12 and up, parents, partners, and children of offenders

We have no exclusions!

Hours of operation: Mon.-Fri., 9am-9pm

Services offered:

Education: Community education (Fee dependent upon agency requesting service). Professional training
Health / Wellness: Psycho-sexual evaluations
Legal: Criminal Justice advocacy.
Cognitive Behavioral Therapy: Short-term individual, long-term individual and long-term group counseling. Telephone counseling for clients during emergencies.
Family: Family and couples counseling

Eligibility information:

- ✓ Services are not free of charge; most services as indicated are based on a sliding scale. Initial intake is $50
- ✓ Insurance is not accepted; however, we can provide payment statements for insurance reimbursement.
- ✓ There are no income requirements however initial intake is $50 while all other services are based on a sliding scale.
- ✓ No walk in, appointments only
- ✓ Do not respond to inquiries from incarcerated individuals

- ✓ Adolescents cannot receive counseling services without parental consent. Due to possible criminal justice involvement, confidentiality may be limited. Information and referral services. Assertiveness skills / social skills training

NADAP-CES Hudson Valley CES
355 Lexington Ave. 2nd floor, New York, NY 10017
Contact: Reshard Riggins (212) 986-1170 ext. 118
rriggins@nadap.org

Who we serve: Adults 18 years old and older

Hours of operation: Mon.-Thurs., 9am-7pm; Fri., 9am-5pm

Services offered:

Employment: Job placement & retention services for 180 days of employment

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ Walk-ins welcome but appointments preferred
- ✓ Responds to inquiries from incarcerated individuals

Narco Freedom, Inc.
401 East 147th Street Bronx, NY 10451
Contact Wayne Clark Dir. Outreach Services (718) 402-5259
Wayne.clark@narcofreedom.com

Who we serve: Individuals under community supervision

Who we exclude: Individual with sex and/or arson convictions

Hours of operation: 9am-5pm

Services offered:

Substance Abuse: Outpatient substance abuse treatment program

Health/Wellness: Mental health component including individual and group therapy. Also provides primary health care through family clinic
Cognitive Behavioral Therapy: Anger Management
Housing: Freedom House offers transitional housing for 6 to 9 months with required participation in one or more of the outpatient substance abuse treatment facilities connected with Freedom House

Eligibility information:

- ✓ Services are not free of charge
- ✓ Health insurance is required prior to intake but will work on case by case basis
- ✓ There are no income requirements
- ✓ Appointments only
- ✓ Responds to inquiries from incarcerated individuals

NETWORK SUPPORT SERVICES (NSSI)
Network in the Prisons and the Community
240 East 123rd Street, 3rd Floor New York, NY 10035
Contact Staff: Yared Belachew, 212-335-0808, ybelachew@networkssi.org
Willard Shelton, 212-335-0808, wshelton@networkssi.org

Who we serve: The Network in the Community Reentry Program serves formerly-incarcerated and newly-released men and women, individuals on probation and/or court referrals

Who we exclude: Individuals with sex and/or arson convictions

Hours of operation: Mon.-Fri., 9am-7pm

Services offered:

Substance Abuse: Yes
Anger Management Training: Yes
Employment: Job readiness and Job Search assistance
Family: Counseling
Cognitive Behavioral Therapy: Group sessions
Housing: Referrals only
Life Skills Training: Specialized workshop
Vocational Training: Referrals only

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ Walk-ins welcome but appointment preferred
- ✓ Responds to inquiries from incarcerated individuals
- ✓ Network in the Community
- ✓ Network in the Prisons

Non-Traditional Employment for Women (NEW)
243 West 20th Street, New York NY 10011
Denise Doyle (212) 627-6252
ddoyle@new-nyc.org

Who we serve: Women 18 years old & older with HS diploma or GED

Hours of operation: Daytime training, Mon-Fri 7:30am-4pm, Evening training Tues-Weds-Thurs, 6-8pm; Sat 7am-4pm

Services offered:

Employment: Job development
Health/Wellness: Physical fitness assessment

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ Walk-ins welcome but appointments preferred
- ✓ Responds to inquiries from incarcerated individuals
- ✓ Information and testing sessions Tuesdays at 10am Wednesdays at 6pm

N.Y.C.A.T.S.
New York Center for Addiction Treatment Services, Inc.
598 Broadway, 2nd Floor New York, NY 10012
Tel: (212) 966-9537 Fax: (212) 584-5450

Who we serve: 18+ years old clients with substance/alcohol abuse diagnosis (MICA, non-MICA, parole, probation, court, clients without current legal problems, methadone clients, clients in need of outpatient substance abuse treatment, sex offenders)

Who we exclude: Under 18 years old, clients who are severely MICA

Hours of Operation:

Admissions: Mon.- Fri., 9am-4pm
Saturdays and Sundays: Please call Cornelia Krieger, Assistant Director, for weekend intake appointments
Clinical Hours: Mon.-Fri, 8am-7pm, Sat.-Sun. 9am-4pm

Services offered:

Substance Abuse: Yes
Employment: Referrals to employment agencies are available; assistance with VESID applications
Health/Wellness: Psychologist on premises; sex offender treatment; Seeking Safety group for PTSD; referrals to medical/mental health agencies are available
Family: Family therapy is available only to clients enrolled in our substance abuse treatment program; Parenting groups offered
Cognitive Behavioral Therapy: Only to clients enrolled in our substance abuse treatment program
Housing: Referrals only

Eligibility information:

- ✓ Clients must have or be eligible to apply for Medicaid
- ✓ If client has a legal mandate for treatment, Medicaid is not required. If client does not have legal mandate, active Medicaid is required prior to intake
- ✓ There are no income requirements
- ✓ Walk-ins are welcome
- ✓ Responds to inquiries from incarcerated individuals. Provide reasonable assurance letters for currently incarcerated clients

New York Counseling for Change, LCSW
37-20 74th St 3rd floor Jackson Heights, NY 11372
Larry Menzie, LCSW Director 718-426-6222
www.newyorkcounselingforchange.org
Larry@QCFC.org

Who you serve: Mandated and non-mandated clients in all 5 Boroughs. 18+, with at least one form of identification and an emergency contact. Individual must prove criminal justice status, or disposition to show history of involvement.

Hours of operation: Days, evenings and weekends

Services offered:

Health and Wellness: Anger Management, sex offender counseling, domestic violence
Cognitive Behavioral Therapy: Yes

Eligibility information:

- ✓ Medicaid, Medicaid pending & private insurance accepted
- ✓ Health insurance not required prior to intake
- ✓ No income requirements but offers sliding scale fees
- ✓ Appointments needed
- ✓ Do not respond to inquiries from incarcerated individuals

Odyssey House Inc.
219 East 121st Street, New York, NY 10035
Admission Specialist, 212-987-5100 www.Odysseyhouseinc.org

Who we serve: 18+

Who we exclude: Individuals with sex and/or arson convictions

Hours of operation: 24 hours

Services offered:

Substance Abuse: Residential and aftercare
Education: Medical, Pediatric and Dentistry Clinic Educational Services
Family: Children's Services NYS Licensed Daycare
Housing: Upon completion of residential treatment housing assistance on premises

Eligibility information:

- ✓ Services free of charge
- ✓ Health insurance is required after intake
- ✓ Walk-ins are welcome
- ✓ Do respond to inquiries from incarcerated individuals

Palladia-CTI
CTI-Harlem 177 East 122nd Street, New York NY 10035
Jacques Nir, LCSW; Director 212-360-7116
Jacques.nir@palladiainc.org

Who we serve: Participants with a need for substance abuse services and their significant others.

Hours of operation: Mon.-Fri., 9:30am-8:30pm

Services offered:

Substance Abuse: Outpatient substance abuse treatment
Employment: Readiness workshops
Health / Wellness: On-site mental health treatment
Family: Family counseling
Cognitive Behavioral Therapy: Groups
Housing: Refer to Community Residences, such as Palladia's Esperanza

Eligibility information:

Services are not free of charge, but are covered by Medicaid.

- ✓ The program will accept clients with pending Medicaid
- ✓ There are no income requirements
- ✓ Both appointments and walk-ins are welcome
- ✓ Responds to inquiries from incarcerated individuals
- ✓ Provide tracks for MICA, bilingual and Intensive Outpatient Services (IOS). CTI-Harlem provided medication management, suboxone treatment, anger management, parenting groups, Male/ Female groups, K2 testing, Peer Advocacy, Vocational referral Access-VR, Peer socialization, Stages of change groups and wellness/health groups

Palladia Inc., Esperanza
170 East 107th Street, New York., N.Y. 10029
Contact: Admissions: Shiane M. Lee, LMSW
1647 Macombs Road, Bronx, NY 10453 718-294-4184
Email: shiane.lee@palladiainc.org

Who we serve: Adult men 18years old and over

Who we exclude: Individuals with sex and/or arson convictions.

Hours of operation: M,Tu, Th, Fr, 9am-5pm 9-5, Wed 9am-7pm

Services offered:

Esperanza is a community residence providing temporary housing, short term case management and substance abuse services to men. The average length of stay is between 6 to 9 months. During this time these men develop a more positive sense of self-worth while improving their mental health, independent living skills and sobriety. Palladia and Esperanza are approved by DOCCS and probation to serve individuals under community supervision.

Substance Abuse: Yes
Employment: Yes
Health / Wellness: Yes
Family: Yes
Cognitive Behavioral Therapy: Yes
Housing: Esperanza staff assist residents in finding affordable permanent housing.

Eligibility information:

- ✓ Those enrolled participated in congregate care.
- ✓ Health insurance is not required prior to intake
- ✓ Walk-ins are welcomed.
- ✓ Responds to inquiries from incarcerated individuals
- ✓ Requirement of three days clean time
- ✓ Two forms of id, recent PPD test and letter documenting homelessness required

Palladia Inc., Starhill
1600 Macombs Road Bronx, NY 10453
Contact: Admissions: Shiane M. Lee, LMSW
1647 Macombs Road, Bronx, NY 10453 718-294-4184
Email: shiane.lee@palladiainc.org

Who we serve: Men and women in need of residential drug treatment

Who we exclude: Individuals with sex and/or arson convictions

Hours of operation: Mon.,Tues., Thurs., Fri., 9am-5pm, Wed. 9am-7pm

Services offered:

Starhill is an OASAS licensed and funded residential drug treatment facility that provides substance abuse treatment to 384 men and women. Residential treatment ranges between 6 to 12 months and follows a highly structured program that emphasizes personal accountability. Starhill's multidisciplinary staff also assist clients in developing solutions to challenges beyond substance abuse such as co-occurring disorders, pregnancy, legal and/or medical issues, and vocational direction and skills.

Substance Abuse: Yes
Employment: Yes
Health / Wellness: Yes
Family: Yes
Cognitive Behavioral Therapy: Yes
Housing: Starhill assists residents find affordable permanent housing.

Eligibility information:

- ✓ Services are not free of charge; we enrolled participated in congregate care.
- ✓ Health insurance is not required prior to intake
- ✓ There any income requirements
- ✓ Walk-ins are welcomed.
- ✓ Responds to inquiries from incarcerated individuals
- ✓ Will screen client on the telephone and admit the same day
- ✓ Requirement of three days clean time
- ✓ Two forms of id, recent PPD test and letter documenting homelessness required

Post Graduate Center for Mental Health
344 West 36th Street, New York NY 10018
Contact Name: Krista King, LCSW (212) 560-6723
www.pgcmh.org or kking@pgcmh.org

Who we serve: 18 y/o and a have mental health diagnosis

Hours of operation: 8:30am-4:30pm, Mon.-Fri.

Services offered:

Cognitive Behavioral Therapy: Yes
Housing: Large residential division at PCMH all accessible through the HRA2010e application only

Eligibility information:

- ✓ Medicaid, HIP, and Medicare and offer sliding scale for self-pay clients. Will set up a sliding scale fee for those who do not have insurance but still wish to pay for service
- ✓ We do accept a Medicaid Pending letter
- ✓ It is encouraged to set up an appointment prior to release through the PRC pre-release coordinator in the facilities so you don't have to do your research and all of the treatment history and documentation can be obtained. It is difficult to obtain this information once a person has been released
- ✓ Walk-ins also welcome
- ✓ Responds to inquiries from incarcerated individuals

Samaritan Village, Inc.
88-83 Van Wyck Expressway
Roger D. Walker, CASAC (718) 657-6195
rwalk@samvill.org www.samaritanvillage.org

Who we serve: Young men and women ages 20 and over, specialized services for veterans (any type of discharge)

Who we exclude: Individuals with sex and/or arson convictions, all others will be screened for suitability.

Hours of operation: 8am-7pm

Services offered:

Residential and outpatient substance abuse treatment; methadone to abstinence treatment and veteran specific services for men and women including PTSD and MST.

Substance Abuse: Yes
Employment: Yes
Health / Wellness: Yes
Family: Yes
Cognitive Behavioral Therapy: Yes
Housing: Assist with obtaining affordable housing

Eligibility information:

- ✓ Services are paid for by Social Services, SSI/SSD or Veterans benefits
- ✓ Health insurance is not required prior to intake

- ✓ There are no income requirements
- ✓ Walk-in is welcome.
- ✓ Respond to inquiries from incarcerated individuals

Sexual Behavior Clinic: New York State Psychiatric Institute
Columbia University Medical Center
513 West 166th Street, New York NY 10032
Contact: Dr. Vince 212-740-7330

Who we serve: Individuals age 13-17. Must be a sex offender with or without criminal justice history

Who we exclude: Individuals who are addicted to control substances

Hours of operation: Mon.-Fri., 9am-5pm

Services offered:

Cognitive Behavioral Therapy: Yes

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required prior to intake
- ✓ There are no income requirements
- ✓ Referrals only
- ✓ Responds to inquiries from incarcerated individuals

STEPS to End Family Violence Re-entry Program
1968 Second Avenue New York, NY 10029
Sharon Richardson, Re-entry Specialist (646) 315-7660 srichardson@egscf.org
Sr. Mary Nerney, CND, Consultant (646) 315-7636 mnerneycnd@yahoo.com

Who we serve: Women with a history of abuse and/or trauma who have been involved in the criminal justice system. Must be Parole, Probation, completed all mandates, acquitted or have charges dismissed.

Hours of operation: Mon.-Fri., 9am-5pm (occasional evenings for group counseling and activities)

Services offered:

Case Management: Case management, domestic violence education and support; advocacy needed for family court issues; assistance with benefits, education, training and employment
Health/Wellness: Individual counseling provided to all women; group counseling and monthly activities when possible are also available All mandates for Parole or Probation are included, for example: Understanding Your Anger, is a 12 week series offered to clients mandated to undergo anti-aggression treatment. The same is available to individuals with domestic violence counseling mandates; individual therapy for healing from abuse and/or trauma is also provided
Housing: Referrals
Legal: Civil legal services
Family: Children's therapy, teen services, parenting and general domestic violence services
In-prison Services: Re-entry preparation and transitional services are offered to women at Bayview and at Bedford Hills Correctional Facilities

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required prior to intake
- ✓ There are no income requirements
- ✓ Must call for an appointment
- ✓ Responds to inquiries from incarcerated individuals

St. Mark's Place Institute for Mental Health
57 Saint Mark's Place New York, NY 10003
Tel. (212) 982-3470 Fax (212) 477-0521
st.marks@unitas-nyc.org

Who we serve: Probation/Parole and pre-trial clients with Mental Health and Chemical Dependence issues

Who we exclude: We evaluate every individual that is referred to our clinic, before exclusion is made

Hours of operation: Mon.-Sat., 8:30am-8pm

Services offered:

Substance Abuse: Conduct our own drug screening onsite. Perform random substance use screenings.
Cognitive Behavioral Therapy: Individual and group CBT
Housing: Referrals only

Eligibility information:

- ✓ Services are not free of charge
- ✓ Client must pay cash
- ✓ Appointment needed, walk-in clients can fill out an application and we will call them back with an appointment
- ✓ Responds to inquiries from incarcerated individuals

Streetwise Partners
594 Broadway, Suite 510 NY, NY 10012
Contact: Rasheem Palmer, telephone 646-705-0029
rpalmer@streetwisepartners.org

Who we serve: Low-income individuals

Hours of operation: Mon-Fri 9:30am to 6:30pm

Services offered:

Employment: Job Search Skills and Career Development year long program split up into two phases. Trainees will have created a personalized Work-Plan with their mentors who set out their short and medium term employment goals. For the following nine months, the same mentors will continue to work with the trainee for flexibly-scheduled ongoing support tailored to help them overcome individual obstacles and achieve the goals of their work-plan.

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required prior to intake
- ✓ There are income requirements
- ✓ Appointment only
- ✓ Do not respond to inquiries from incarcerated individuals

Strive International Inc.
240 East 123rd Street, 3rd Floor, New York 10035
Emanuel Pacheco 212-360-1100 epacheco@striveinternational.org

Who we serve: 18+

Who we exclude: Individuals convicted of sex or arson offenses

Hours of operation: 9am-5pm, Mon.-Fri.

Services offered:

Employment: Four week Attitude Core Work Program, a prerequisite for admission into work programs such as Office Operations, A+ Certifications, Building Maintenance and Green Construction
Education: Computer training and college coaching
Family: Fatherhood program

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required
- ✓ There are no income requirements
- ✓ Walk-ins welcome
- ✓ Responds to inquiries from incarcerated individuals

Su Casa
7 Gorverneur Slip East, New York NY 10002
Contact Name: Sabrina Mangual-Harley
(212) 566-7590/2046
info@lesc.org or SMangual@lesc.org

Who we serve: 18+

Who we exclude: Individuals convicted of sex offenses, arsons and individuals with serious mental health diagnoses

Hours of operation: Intake hours Mon.-Fri. 9am-5pm; Intake assessments Mon.-Fri. 9am-11am

Services offered:

Substance Abuse: Clients have to be Opioid dependent (i.e. on methadone or actively using some form of opiates). Three programs: **MTAR**- Methadone to abstinence, 18 month program; **SSMR**- Short Star Methadone Residential program, 9 month program; **P.W.I.P.**: Pregnant Women and Infant program. Clients can be in treatment throughout their gestational period and can remain in treatment until the child is one year of age.

Cognitive Behavioral Therapy: Yes

Eligibility information:

- ✓ Must be Medicaid eligible
- ✓ Appointment needed for intake and walk-ins welcome
- ✓ Responds to inquiries from incarcerated individuals

Sustainable South Bronx
1231 Lafayette Ave. 4th floor, Bronx, NY 10474
Contact: Jerome Barnere (646) 400-5428
jbarnere@ssbs.org

Who we serve: Adults 18 +

Hours of operation: Mon-Fri, 9am-5pm

Services offered:

Employment: Provide opportunities to earn certifications in Hazwoper, Asbestos, First aid, Energy Efficiency Training and Building Analyst

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required prior to intake
- ✓ There are no income requirements
- ✓ Walk-ins welcome

The Osborne Association
809 Westchester Avenue, Bronx NY 10455
Monica Morales, (718)707-2600/2613
mmorales@osborneny.org

Who we serve: Formerly incarcerated or criminal justice involved. Must be 18 or over, with at least one identification, and emergency contact. Individual must prove criminal justice status, or disposition to show history of involvement.

Who we exclude: Individuals with sex and/or arson convictions and individuals with severe mental health diagnoses

Hours of operation: Mon.-Fri., 9am-5pm

Services offered:

Substance Abuse: Outpatient, intensive substance abuse treatment.
Legal: Alternative to Incarceration for individuals with pending felony cases; non-intensive program for individual under legal supervision such as Parole and Probation
Employment: Green Career Center, and Work Force Development Services to help individuals prepare for GED, or enhance interview skills, resumes preparation and training within conservation of natural resources
Health/Wellness: Available groups for HIV and Hep C
Family: In Prison Services
Cognitive Behavioral Therapy: Yes
Housing: Assist with referrals to shelters, transitional settings, SRO's for at risk populations Those with comprehensive medical needs may obtain housing placement assistance if qualify

Eligibility information:

- ✓ Medicaid or related HMOs
- ✓ Health insurance is required
- ✓ There are no income requirements
- ✓ Appointments are preferred, walk-ins welcomed
- ✓ Responds to inquiries from incarcerated individuals; we have a hotline, as well as letter of assurances

The Per Scholas Institute of Technology
804 East 138th Street, Bronx New York
Contact: Jeffrey Hatton / 718 991 8400 / jhatton@perscholas.org

Who we serve: NYC Residents that are at least 18 years of age with High School Diploma / GED

Hours of operation: Mon.-Fri., 8am- 6pm

Services offered:

Education: Train in Technology using the latest software for companies such as Verizon and Cable vision
Employment: Job Placement Assistance

Eligibility information:

- ✓ Services are free of charge
- ✓ There are no income requirements
- ✓ Walk ins welcome
- ✓ Responds to inquiries from incarcerated individuals

Times Square Ink & Dads United for Parenting
314 West 54th Street 6fl. New York, NY 10019
Contact: Anthony DeMieri, LMSW 646-264-1338
Email: ademieri@courts.state.ny.us

Who we serve: Non-custodial fathers over the age of 24 who are residents of any of the five boroughs of New York City

Who we exclude: Individuals with sex and arson convictions

Hours of operation: Tues.-Fri., 9am-4 pm

Services offered:

Employment: Job readiness training and placement services
Education: Financial planning and consumer education; evidence-based life skills

Family: Visitation and child support advocacy, fatherhood supportive groups, and free family activities

Eligibility information:

- ✓ Services free of charge.
- ✓ Must call first
- ✓ Responds to inquiries from incarcerated individuals
- ✓ Individual and peer counseling

Tri Center Inc.
1369 Broadway, New York, NY 10018
Contact: Jose Gonzalez (212) 268-8830
tricenter@msn.com

Who we serve: Individuals who are chemically dependent

Who we exclude: Individuals with sex and arson convictions

Hours of operation: Mon.-Fri., 9am-7:30pm

Services offered:

Substance Abuse: Out-patient treatment services
Employment: Works with NADAP to assess and train individuals for future employment
Family: Family Therapy
Cognitive Behavioral Therapy: Yes

Eligibility information:

- ✓ Services are free of charge
- ✓ No health insurance is required prior to intake
- ✓ Letter verifying HRA pending
- ✓ Walk in are welcome, scheduled appointments are best means of referral
- ✓ Responds to inquiries from incarcerated individuals

Upper Manhattan Mental Health Center, Inc.
1727 Amsterdam Avenue, New York, NY 10031
Contact: William S. Witherspoon (212) 694-9200
wswjr@bowencsc.org

Who we serve: 18+

Who we exclude: Individuals with sex and arson convictions

Hours of operation: Mon.-Fri., 9am-8pm

Services offered:

Substance Abuse: Outpatient Services
Health / Wellness: Psychiatric Services, Gender Specific Groups, Anger Management
Family: Yes
Cognitive Behavioral Therapy: Yes
Housing: Operate a 20 bed halfway house. Individuals become eligible for our housing through our substance abuse program

Eligibility information:

- ✓ Medicaid and sliding fee
- ✓ Health insurance is required prior to intake
- ✓ There are no income requirements
- ✓ Walk-ins welcome
- ✓ Responds to inquiries from incarcerated individuals

Women in Need, Inc. (WIN)
391 E. 149th Street, Ste. 615 Bronx, NY 10455
Contact: Joan Edwards (718) 402-0066
jedwards@w-i-n.org

Who we serve: Females, 18+

Who we exclude: Individuals with serious mental health diagnoses and individuals convicted of violent offenses

Hours of operation: Mon.-Thu., 9-7pm; Fri. 9am-5 pm

Services offered:

Substance Abuse: Approximately 9 months for completion based on individual need and completion rate
Employment: Yes
Health / Wellness: Trauma Informed Services, Domestic Violence Groups, Seeking Safety
Family: Family Reunification, Onsite Child Care
Cognitive Behavioral Therapy: Criminal and Addictive Thinking Groups

Eligibility information:

- ✓ Services are not free of charge
- ✓ Medicaid only
- ✓ There are no income requirements
- ✓ Appointments required
- ✓ Responds to inquiries from incarcerated individuals

APPENDIX II

MV-44 (3/11)

New York State Department of Motor Vehicles

APPLICATION FOR DRIVER LICENSE *OR* NON-DRIVER ID CARD

PLEASE **PRINT** CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: **www.dmv.ny.gov**

If you are interested in applying for an Enhanced Driver License or Non-driver Identification Card (EDL/ID), or upgrading your current NYS document to an EDL/ID please see forms MV-44EDL and MV-44.1EDL.

Batch File No.	
Image No.	
LRC LAM LRN LDP LNO LIS LIN PDR PAM PRN PDP	

I AM APPLYING FOR A *(check any that apply):*

☐ Learner Permit ☐ ID card ☐ Renewal ☐ Replacement ☐ Change ☐ **NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province**

VOTER REGISTRATION QUESTIONS *(Please answer "yes" or "no".)*

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?

NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

☐ *YES* - Complete Voter Registration Application Section

☐ *NO* - I Decline to Register/Already Registered/I do not want to notify the Board of Elections of my change of address.

NEW YORK STATE ORGAN AND TISSUE DONATION ***SIGN BELOW*** ♥ to enroll in the NYS Department of Health's *Donate Life*℠ Registry. **By signing, you are certifying that you are: 18 years of age or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death.** "ORGAN DONOR" *will be printed on the front of your DMV photo document.* You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.

♥ Donor Consent Signature: _____ Date: _____

☐ Check this box to make a $1 voluntary contribution to the Life...Pass It On Trust Fund. The $1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

IDENTIFICATION INFORMATION Do you now have, or did you ever have a New York:

Driver license? ☐ Yes ☐ No
Learner permit? ☐ Yes ☐ No
Non-driver ID Card? ☐ Yes ☐ No

If "Yes", enter the identification number as it appears on the license, learner permit, or non-driver ID card. →

NYS DRIVER LICENSE, LEARNER PERMIT, or NON-DRIVER ID CARD NUMBER

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

Do you have or did you ever have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? ☐ Yes ☐ No

If "Yes", where was it issued? _____

Date of Expiration: | Type of License: | License ID No.:

SUFFIX | **DATE OF BIRTH** Month / Day / Year | **SEX** ☐ Male ☐ Female | **HEIGHT** Feet / Inches | **EYE COLOR** | **DAY PHONE NO.** *(Optional)* Area Code ( )

SOCIAL SECURITY NUMBER* (SSN) * You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL - *Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)*

Apt. No. | City or Town | State | Zip Code | County

ADDRESS WHERE YOU LIVE *IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX.*

Apt. No. | City or Town | State | Zip Code | County

Has your name changed? ☐ Yes ☐ No

If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

Has your mailing address changed? ☐ Yes ☐ No

Has the address where you live changed? ☐ Yes ☐ No

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

PLEASE COMPLETE AND SIGN PAGE 2. →

FOR OFFICE USE

Other Restrictions

Endorsements

Vehicle Restrictions

License Class: A B C NCDL-C D DJ E ID M MJ

Special Conditions: AM PP DP LR LS BC ML NF UC UP UR X8 XT

STOP/RESPONSE

☐ Failed to answer summons ☐ Insurance lapse ☐ TEENS

☐ License/Permit Surrendered for Non-Driver ID Card

Proof Submitted: ☐ Birth Certificate ☐ Driver License/ID ☐ MV-45 ☐ Passport ☐ Learner Permit ☐ INS Papers ☐ Credit Card ☐ Image Retrieval ☐ Social Security Card ☐ Medical Certificate (CDL Only)

Other:

Approved By Date

Office

MV-44 (3/11)

DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY

1. Have you had, or are you being treated for, any of the following, or has a previous disability worsened? ☐ Yes ☐ No If "Yes" check all that apply

☐ 1. Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness
☐ 2. Heart ailment
☐ 3. Hearing impairment
☐ 4. Lost use of leg, arm, foot, hand, or eye
☐ 5. Other (explain)_____

If you checked box 1, you and your doctor must complete form MV-80U.1, "Physician's Statement for Medical Review Unit"; if you checked box 2, your doctor must complete form MV-80, "Physician's Statement". These forms can be obtained at any Motor Vehicles office or at www.dmv.ny.gov. If you checked boxes 3, 4 or 5, you must contact a Motor Vehicles office for instructions.

2. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere, in this or any other name? ☐ Yes ☐ No

If "Yes", has your license, permit or privilege been restored, or your application approved? ☐ Yes ☐ No

PARENT/GUARDIAN CONSENT ☐ Junior License ☐ Non-driver ID Card (*under 16*)

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 50 hours of supervised "practice" driving, including 15 hours of driving after sunset, prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: *If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.*

Parent or Guardian Sign Here ➧ _____ _____ (Relationship to Applicant) _____ (Date)

Teen Electronic Event Notification Service (TEENS)

I would like to enroll in the TEENS program to be notified if the under 18 year-old applicant receives a conviction, suspension, revocation or an accident on their license file. For more information about this program, see form MV-1046, How to Enroll in TEENS or MV-1056, TEENS FAQs. This is a ***FREE*** service. ⟶

NYS Client ID of Consenting Parent or Guardian Above- Required

			-					

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY *Please answer questions 1 & 2, below.*

1. **Did you have a driver license from the District of Columbia or any US state, *other than New York*, in the <u>past 10 years</u>?** ☐ Yes ☐ No

*If **YES**, list the names of all of the states or DC, but if you are turning in a license from another state, do <u>not</u> list that state.* _____

2. **Do you certify that you comply with federal requirements set forth in 49 CFR Part 391 and have a valid Medical Examiner's Certificate?** ☐ Yes ☐ No

*If **YES**, you **must** present your Medical Certificate to prove you meet this standard.*

***If NO**, will your **commercial** driving be limited to **municipal and/or school operations <u>only</u>**?* ☐ Yes ☐ No

NOTE: For an explanation of 49 CFR 391 requirements and operations that do not require a Medical Examiner's Certificate, see form MV-44.5 Federal Requirements for Commercial Driver Applicants.

CERTIFICATION

I certify that the information I have given on this application is true. If I am applying for a replacement license or non-driver identification card, I certify that the license or non-driver identification card has been lost, stolen or mutilated and that, if the lost license or non-driver identification card is found, I will turn it in to the Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that such license has been valid for at least 6 months, and that I have not failed a road test in NYS in the last 12 months. If I am a male at least 18 but less than 26 years old, I consent to be registered with the Selective Service System, if so required by federal law, and authorize the forwarding of any personal information required for such registration. My signature below also authorizes use of my credit card, if applicable.

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, may subject you to criminal prosecution for a misdemeanor or felony under the Vehicle and Traffic Law and/or the Penal Law.

SIGN HERE ➧ _____ PLEASE PRINT ⟶ _____

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____ to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.

Sign Here ➧ _____ (Cardholder-Sign Name in Full)

OFFICE USE	TEST RESULTS	Applicant's Signature	Examiner's Initials
	Eye ☐ Pass ☐ Corrective Lens	1	
	Written ☐ Pass ☐ Fail	2	

ACCEPTABLE DOCUMENTS FOR PROOF OF IDENTITY FOR LEARNER PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD Expired documents are NOT acceptable, except where specifically noted in the table below.	POINT VALUE FOR PROOF OF NAME	ACCEPTABLE AS PROOF OF DATE OF BIRTH?
Foreign Passport with a Visa and a valid I-94 issued by INS/DHS. Passport must be in English or translated by an embassy. Also, if your I-94 has status code: - **F1** (student) or **F2** (spouse or child of student), you must also show the original stamped INS/DHS form **I-20**, with any subsequent I-20 and "notice of approval" (if appropriate). To be acceptable, the school that the student attends must be located within NYS. - **J1** (exchange visitor) or **J2** (spouse or child of exchange visitor), you must also show the original stamped INS/DHS form **DS-2019** with any subsequent IAP-66 and "notice of approval" (if appropriate). - **A1, A2, G1** or **G3**: Contact the Department of State to get a driver license, learner permit, or non-driver identification card. - **G4**: Apply for DMV services **only** at DMV's Herald Square office. - **I**: Bring a letter from the Foreign Press Center to DMV's Herald Square office. *Refugees and Asylees must submit paperwork to the Supervisor for approval.*	3	YES
Welfare/Medicaid/NY Food Stamp Card WITH Photo	3	NO
Welfare/Medicaid/NY Food Stamp Card WITHOUT Photo	2	NO
NYS Interim License/Permit, without photo	2	NO
NYS or NYC Pistol Permit	2	NO
NYS Professional License	2	NO
NYS Registration Document (Vehicle or Boat only)	2	NO
NYS Certificate of Title	2	NO
Photo Driver License issued by another US State, jurisdiction or possession, or Canadian Province or territory. (This license must be current or expired no longer than 1 year).	2	NO
St. Regis Mohawk Tribal Photo ID Card	2	NO
Canadian Birth Certificate with St. Regis Mohawk Tribal Photo ID Card	2	YES
US Military Dependent ID Card	2	NO
US College ID Card With Photo and Transcript	2	NO
US High School ID Card with Report Card	2	NO
US Marriage or Divorce Record OR Court Issued Name Change Decree	2	NO
US Social Security Card	2	NO
US Computer Printed Pay Stub (must have your name)	1	NO
US Employee ID Card	1	NO
US High School Diploma OR GED (General Equivalency Diploma)	1	NO
US Supermarket Check Cashing Card (must have your signature and pre-printed name)	1	NO
US Union Card	1	NO
US Health Insurance Card/Prescription Card	1	NO
US Life Insurance Policy (in effect at least 2 years)	1	NO
US Utility Bill (must include your name and address)	1	NO
Veterans Universal Access Photo ID Card	1	NO
W-2 Form (must have your Social Security number on it)	1	NO
Only **one** of the following items, if issued by the **same** financial institution, can be submitted: ◆ US Bank Statement ◆ US Cancelled Check (with your pre-printed name on it) ◆ US Cash Card (ATM) (must have your signature & pre-printed name) ◆ Valid Major US Credit Card	1	NO

ID-44 (3/10)

New York State Department of Motor Vehicles

PROOFS OF IDENTITY

To use with the instruction sheet, MV-44.1, when applying for a:

Learner Permit **Driver License** **Non-Driver ID Card**

This form and the MV-44.1 are available to download from the DMV web site www.nysdmv.com

GENERAL REQUIREMENTS FOR PROOF OF IDENTITY

- Before NYS DMV will issue any photo document (learner permit, driver license, non-driver ID Card) *for the first time, or if your document expired more than 2 years ago*, you must show the following proofs to NYS DMV:
  - → Proof of your date of birth
  - → **4 points** of proof of name along with your Social Security Card, **or**, if you are ineligible for a Social Security Card, 6 points of proof of name plus a letter of ineligibility from the Social Security Administration (SSA) issued within 30 days of your application to DMV, which confirms your ineligibility, along with the INS/DHS documentation that the SSA used to determine that you are ineligible. *All proofs of name must show the same name.*
- If you already have and can show a valid NYS DMV photo document, that is all you need as 6 points of proof of name to get a new or different photo document. However, if DMV has no record of your Social Security Number, you will have to show your Social Security Card.
- To obtain an **Enhanced Driver License (EDL)** additional proofs are required to show US citizenship and NYS residency. See form ID-44EDL for a list of acceptable documents for these proofs.

In addition:

- At least one proof must have your signature on it.
- You must provide original documents, or documents certified by the agency that issued them. The only exception is: If DMV allows you to send the application *by mail*, send *photocopies* only .
- DMV will not accept more than one document of the same type proof. For example, 3 major credit cards count as only one credit card. DMV will accept only **1** INS/DHS document. The same INS/DHS document must be used for both proof of name and proof of date of birth.
- DMV will not accept documents with any alterations or erasures. We will confiscate all fraudulent documents and send them to DMV's Investigations Unit. *This could result in criminal prosecution.*

IMPORTANT: *Making a false statement in an application or in any proof or statement in conjunction with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law for Non-Driver card applicants, and is a misdemeanor under Section 392 of the Vehicle and Traffic Law for driver license applicants, and may result in the revocation or suspension of your license.*

ACCEPTABLE DOCUMENTS FOR PROOF OF IDENTITY FOR LEARNER PERMIT, DRIVER LICENSE OR NON-DRIVER ID CARD Expired documents are NOT acceptable, except where specifically noted in the table below.	POINT VALUE FOR PROOF OF NAME	ACCEPTABLE AS PROOF OF DATE OF BIRTH?
US or US Territory Birth Certificate showing both first and last name, issued by a Board of Health, Bureau of Vital Statistics, or US State Department. *(US Territories are: American Samoa, Guam, Mariana Islands, Marshall Islands, Puerto Rico, Virgin Islands and Wake Island.)*	0	YES
US DOS Consular Report of Birth Abroad (FS-240, DS-1350, F-545)	0	YES
NYS Photo Driver License /Learner Permit/Non-Driver ID Card. Must be current or not expired for more than 2 years.	6	NO
DMV form MV-45 Statement of Identity And/Or Residence IF UNDER AGE 21. Affidavit by a parent or legal guardian, signed in the presence of a DMV representative. See the MV-45 for more information.	4	NO
DMV form MV-45A Statement of Identity And/Or Residence - For Applicants Represented by Government or Government-Approved Facilities. See the MV-45A for more information.	4	NO
DMV form MV-45B Statement of Identity - For Applicants Who Can Be Considered A Disenfranchised, Homeless Youth. See the MV-45B for more information.	4	NO
US Passport or Passport Card.	4	YES
US Military Photo ID Card (issued to active, reserve, and retired military personnel only)	3	YES
Certificate of Citizenship (N-560, N-561 or N-645)	3	YES
Certificate of Naturalization (N-550, N-570 or N-578)	3	YES
Employment Authorization Card (I-688B or I-766) with photo, issued by INS/DHS (must be valid)	3	YES
Permanent Resident Card I-551.	3	YES
Reentry Permit (I-327).	3	YES
Refugee Travel Document (I-571).	3	YES
Foreign Passport with a valid I-551 stamp or with a statement on the Visa. Passport must be in English or translated by an embassy.	3	YES

This table is continued on Page 2

Information Page — Mail-in Application for Copy of Birth Certificate

General Instructions

- **Do not** use this application to submit your request *by fax*.
- Use this application only if you are the person named on the birth certificate or that person's parents.
- Use this application only if the birth occurred in New York State *outside* of New York City. **Do not** use this application if the birth occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application along with check or money order and a copy of the required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

Certification Unit
Vital Records Section
New York State Department of Health
P.O. Box 2602
Albany, NY 12220-2602

For priority handling (add $15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

Certification Unit
Vital Records Section / 2nd Floor
New York State Department of Health
800 North Pearl Street
Menands, NY 12204

Identification Requirements: Application *must* be submitted with copies of either A *or* B:

Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

A. One (1) of the following forms of valid photo-ID:
   - Driver license
   - Non-driver license
   - Passport
   - Other government issued photo-ID

B. Two (2) of the following showing the applicant's name and address:
   - Utility bill or telephone bill
   - Letter from a government agency dated within the last six (6) months

Fees: If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is $30.00 per copy. — Total for one (1) copy is $30.00. Total for two (2) copies is $60.00, etc.
- **For priority handling:** The fee is $30.00 + $15.00 per copy. — Total for one (1) copy is $45.00. Total for two (2) copies is $90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid** return mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. **Do not send cash.**

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

Processing Time

- For the latest information on processing times, please visit our web page at *www.nyhealth.gov/vital_records/processingtime.htm*
- For faster processing, you may wish to use your credit card and submit your request by e-mail, fax, or telephone.

Completing the Form

- If you are using Adobe Reader® 5.0 or newer (available as a free download from *www.adobe.com*) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of the required identification.

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Mail-in Application for Copy of Birth Certificate

Required ID must be included with application. Make check or money order payable to New York State Department of Health.

For regular handling: Enclose $30 per copy or No Record Certification. Send to:

New York State Department of Health
Vital Records Section / Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

For priority handling: Enclose $45 per copy or No Record Certification. Submission by overnight carrier is recommended. Send to:

New York State Department of Health
Vital Records Section / Certification Unit
800 North Pearl Street - 2nd Floor
Menands, NY 12204

Name: (as listed on birth certificate)

First *Middle* *Last*

Date of Birth: *(mm / dd / yyyy)*

Town, city or village where birth occurred:

Name of hospital where birth occurred: (If known)

Maiden Name of Mother: (as listed on birth certificate)

First *Middle* *Maiden Last*

Birth Certificate No.: *(If known)*

Local Registration No.: *(If known)*

Father: (as listed on birth certificate)

First *Middle* *Last*

Number of Copies Requested:

Standard Size: Wallet Size:

Purpose for which Record is Required: *(Check one)*

- ☐ Passport
- ☐ Social Security
- ☐ Retirement
- ☐ Other *(specify)*
- ☐ Employment
- ☐ Working Papers
- ☐ School entrance
- ☐ Drivers license
- ☐ Marriage license
- ☐ Welfare assistance
- ☐ Veteran's benefits
- ☐ Court proceeding
- ☐ Entrance into Armed Forces

What is your relationship to person whose record is required? (If self, state "SELF".)

If attorney, give name and relationship of your client to person whose record is required:

This office requires written authorization of the person/parents whose record is requested.

Signature of Applicant:

Date Signed: Month Day Year

▶

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( )

Regular Handling ☐ $30.00 x
(Check Only One) OR
Priority Handling ☐ $45.00 x ____ Copies = $ ____

Please print or type the name and address where record should be sent: *(If delivery is to a P.O. Box or third party, you must submit with this application a* ***notarized*** *statement signed by the applicant and a copy of the applicant's drivers license.)*

(Name)

(Street)

(City) *(State)* *(Zip)*

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Where to Write for Vital Records

Puerto Rico

Birth

Event: Birth

Cost of copy: $5.00

Address:
Department of Health
Demographic Registry
P.O. Box 11854
Fernandez Juncos Station
San Juan, PR 00910

Remarks: Central office has records since July 21, 1931. Copies of earlier records may be obtained by writing to Local Registrar (Registrador Demografico) in municipality where event occurred. Additional copies ordered at the same time by the same person are $4.00 each.

Money order should be made payable to **Secretary of the Treasury**. Personal checks are not accepted. To verify current fees, the telephone number is (787) 767-9120.

All applications must be accompanied by a photocopy of a recent, valid IDENTIFICATION OF APPLICANT.

Death

Event: Death

Cost of copy: $5.00

Address:
Department of Health
Demographic Registry
P.O. Box 11854
Fernandez Juncos Station
San Juan, PR 00910

Remarks: Central office has records since July 21, 1931. Copies of earlier records may be obtained by writing to Local Registrar (Registrador Demografico) in municipality where event

RD-225
MOD 12/08

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF HEALTH
DEMOGRAPHIC REGISTRY

BIRTH CERTIFICATE APPLICATION BY MAIL

PART I: REGISTRANT'S INFORMATION

1. Name at birth:			
Father's Last Name	Mother's Last Name	First Name	Middle Name
2. Date of birth: (month/date/year)		3. Place of birth: (town and hospital)	
4.Father's Name:		5. Mother's Name:	
6. The certificate will be used for:		7. Number of copies:	

Part II: APPLICANT'S INFORMATION*

1.Applicant's Name: Father's Last Name Mother's Last Name First Name Middle Name		2. Relationship:**
3. Applicant's address:	4. Address where you want the certificate to be sent:	
5. Applicant's identification included: Other ___Driver's Lic, ___State ID, ___Passport, ___Public Assistance, ___ Other	6. Applicant's signature and date:	

IMPORTANT: FIRST COPY $5.00 EACH / ADDITIONAL COPY $4.00 OF SAME PERSON

1. Applicants living out of Puerto Rico send the application to the following address: Demographic Registry PO Box 11854, San Juan Puerto Rico 00910
2. If the applicant lives in Puerto Rico can visit any Local Registry near his/her house to complete an application.
3. Applicant must send a photocopy of a recent valid photo-identification card.
4. Applicant in Puerto Rico: Please send $5:00 internal Revenue Stamp for the first copy requested and $4.00 for each additional copy for the same person.
5. Applicant out of Puerto Rico: Please send $5.00 Money Order payable to Secretary of the Treasury.
6. Please send a self-addressed-stamped-envelope to mail in your certificate.
7. For rush mail as Fedex, Exp. Mail, Registered, UPS, etc. our address is: 171 Quisqueya Street, Hato Rey, PR 00917

WRITE CLEARLY YOUR NAME AND ADDRESS

*Applicant - means registrant, their children over 18 years of age, legal representative.
**Relationship - relation between the applicant and the registrant. This blank will be filled out if applicant and Registrant is not the same person.

Please send with your request an envelope with your mailing address and a $1.50 postal stamp, so we can send your Certificate as requested
(Other methods to receive your Certificate might be applying for it on www.pr.gov or www.VitalCheck.com)

occurred. Additional copies ordered at the same time by the same person are $4.00 each.

Money order should be made payable to **Secretary of the Treasury**. Personal checks are not accepted. To verify current fees, the telephone number is (787) 767-9120.

All applications must be accompanied by a photocopy of a recent, valid IDENTIFICATION OF APPLICANT.

Marriage

Event: Marriage

Cost of copy: $5.00

Address:
Department of Health
Demographic Registry
P.O. Box 11854
Fernandez Juncos Station
San Juan, PR 00910

Remarks: Central office has records since July 21, 1931. Copies of earlier records may be obtained by writing to Local Registrar (Registrador Demografico) in municipality where event occurred. Additional copies ordered at the same time by the same person are $4.00 each.

Money order should be made payable to **Secretary of the Treasury**. Personal checks are not accepted. To verify current fees, the telephone number is (787) 767-9120.

All applications must be accompanied by a photocopy of a recent, valid IDENTIFICATION OF APPLICANT.

Divorce

Event: Divorce (Cancelled Marriage Certificate)

Cost of copy: $5.00

Address:
Department of Health
Demographic Registry
P.O. Box 11854
Fernandez Juncos Station
San Juan, PR 00910

Event: Divorce (court)

Address: See remarks

Remarks: Superior Court where divorce was granted.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995 . You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

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EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to https://secure.ssa.gov/apps6z/FOLO/fo001.jsp to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995 . You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	**NAME** TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			

2 Social Security number previously assigned to the person listed in item 1 ___ - ___ - ____

3 **PLACE OF BIRTH** (Do Not Abbreviate) City _____ State or Foreign Country

Office Use Only FCI

4 **DATE OF BIRTH** _____ MM/DD/YYYY

5 **CITIZENSHIP** (Check One)
☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien **Not** Allowed To Work(See Instructions On Page 3) ☐ Other (See Instructions On Page 3)

6 **ETHNICITY** Are You Hispanic or Latino? (Your Response is Voluntary) ☐ Yes ☐ No

7 **RACE** Select One or More (Your Response is Voluntary)
☐ Native Hawaiian ☐ American Indian ☐ Other Pacific Islander ☐ Alaska Native ☐ Black/African American ☐ White ☐ Asian

8 **SEX** ☐ Male ☐ Female

9 **A. PARENT/ MOTHER'S NAME AT HER BIRTH** First Full Middle Name Last

B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) ___ - ___ - ____ ☐ Unknown

10 **A. PARENT/ FATHER'S NAME** First Full Middle Name Last

B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) ___ - ___ - ____ ☐ Unknown

11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?
☐ Yes (If "yes" answer questions 12-13) ☐ No ☐ Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1 First Full Middle Name Last

13 Enter any different date of birth if used on an earlier application for a card _____ MM/DD/YYYY

14 **TODAY'S DATE** _____ MM/DD/YYYY

15 **DAYTIME PHONE NUMBER** _____ Area Code _____ Number

16 **MAILING ADDRESS** (Do Not Abbreviate) Street Address, Apt. No., PO Box, Rural Route No.
City _____ State/Foreign Country ZIP Code

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.

17 **YOUR SIGNATURE**

18 **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:**
☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other Specify _____

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN			DOC		NTI	CAN		ITV
PBC	EVI	EVA		EVC	PRA	NWR	DNR	UNIT

EVIDENCE SUBMITTED

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW
DATE
DCL DATE

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Social Security Online

www.socialsecurity.gov

Social Security Office Locator

Local Office Search Results

PLEASE DON'T USE YOUR BROWSER'S BACK BUTTON

Office Address:

SOCIAL SECURITY
CAV BLDG, 6TH FLOOR
55 WEST 125TH STREET
NEW YORK, NY 10027

This is the local office that services the zip code you provided.

If you are required to go to a Social Security Card Center, please visit our Social Security Card Center Page.

If you are not required to go to a Social Security Card Center, you may visit any Social Security office convenient to you. You may locate another office by entering a different zip code.

Locate Another Office

Before You Come To Our Office:

Phone Numbers:
National Toll-Free 1-800-772-1213
TTY 1-800-325-0778

More Information About Calling Social Security

Find Out What Services Are Offered Online

Other Ways To Contact Us

Office Hours:

MONDAY - FRIDAY:09:00 AM - 04:00 PM
Except Federal Holidays

General Directions:

LOCATED IN THE CAV BUILDING BETWEEN LENOX & 5TH AVENUES. IRT #2 OR #3 TO 125TH STREET.BUS M101,M7,M11, M101 & M60 TO 125TH ST & LENOX AVENUE. ON STREET

LDSS-2921 Statewide (Rev. 1/05)

DO NOT WRITE IN THE SHADED AREAS OF THIS APPLICATION

CENTER/ OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE	SERV. IND	CASE NUMBER	REGISTRY NUMBER	VERS	DISTRICT	SUFFIX	FS SUFFIX	CATEGORY	LANG	NUMBER REUSE INDICATOR

CASE NAME	LIFELINE	EFFECTIVE DATE	DISPOSITION	SERVICES TRANSACTION TYPE
			☐ DENIAL ☐☐☐ REASON CODE ☐ WITHDRAWAL	☐ NEW OPENING 02 ☐ REOPEN 10 ☐ RECERTIFICATION 06

ELIGIBILITY DETERMINED BY (WORKER):	DATE	ELIGIBILITY APPROVED BY (SUPERVISOR):	DATE	FORM ____ OF ____	SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION	DATE
					x	

DATE RECEIVED BY AGENCY | EMPLOYED BY: ☐ SOCIAL SERVICES DISTRICT ☐ PROVIDER AGENCY SPECIFY: _____

TA AUTHORIZATION PERIOD		MA AUTHORIZATION PERIOD		FS AUTHORIZATION PERIOD		SERVICES AUTHORIZATION PERIOD	
FROM	TO	FROM	TO	FROM	TO	FROM	TO

NEW YORK STATE

APPLICATION FOR: TEMPORARY ASSISTANCE (TA) - MEDICAL ASSISTANCE (MA) - MEDICARE SAVINGS PROGRAM (MSP) - FOOD STAMP BENEFITS (FS) - SERVICES (S), including Foster Care (FC) - CHILD CARE ASSISTANCE (CC)

We are committed to assisting and supporting you in a professional and respectful manner with your goal of achieving self-sufficiency. You, in turn, must be committed to becoming self-sufficient and must be responsible for participating in activities to reach self-sufficiency including work activities for Temporary Assistance and Food Stamp Benefits where required. Whenever you see "Temporary Assistance" or "TA" on the application, it means "Family Assistance" and "Safety Net Assistance". We call both Public Assistance Programs "Temporary Assistance". These TA Programs are meant to assist you only until you can fully support yourself and your family.

Please refer to the "How to Complete" instruction book (Pub-1301 Statewide) when completing this application.

CHECK EACH PROGRAM YOU OR ANY HOUSEHOLD MEMBER ARE APPLYING FOR

☐ Temporary Assistance and Medical Assistance 1 ☐ Temporary Assistance ☐ Child Care in lieu of TA ☐ Medical Assistance
☐ Medicare Savings Program ☐ Food Stamp Benefits ☐ Services, including Foster Care ☐ Child Care Assistance ☐ Emergency Payment Only (EMRG)

DO YOU WANT TO RECEIVE NOTICES IN: ☐ SPANISH AND ENGLISH ☐ ENGLISH ONLY

WHAT IS YOUR PRIMARY LANGUAGE? ☐ ENGLISH ☐ SPANISH ☐ OTHER (specify) _____ 2

APPLICANT INFORMATION — **PLEASE PRINT CLEARLY**

FIRST NAME	M.I.	LAST NAME	MARITAL STATUS	PHONE NUMBER ( ) AREA CODE

HOUSE NO.	STREET ADDRESS	APT. NO.	CITY 3	COUNTY	STATE	ZIP CODE

CARE OF NAME (Complete if you receive your mail in care of another person)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT. NO.	CITY	COUNTY	STATE	ZIP CODE

AGENCY HELPING APPLICANT/CONTACT PERSON | PHONE NUMBER ( ) AREA CODE

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?	YEARS	MONTHS	IS THIS A SHELTER? ☐YES ☐NO	ANOTHER PHONE WHERE YOU CAN BE REACHED	NAME	PHONE NUMBER ( ) AREA CODE

DIRECTIONS TO HOME

FORMER ADDRESS	APT. NO.	CITY	COUNTY	STATE	ZIP CODE

If You Are Applying For Food Stamp Benefits (FS), you have the right to turn in (file) this application the same day you get it. It must have at least your Name, Address (if you have one) and Signature below when you turn it in. If you are eligible, you will get FS back to the date you filed. You may be able to get FS quicker if you have little or no income or liquid resources, or if your rent and utility expenses are more than your income and liquid resources. Talk to your worker if you have questions about this. 4

FS APPLICANT/REPRESENTATIVE SIGNATURE | DATE SIGNED

X

DO ANY OF THESE APPLY TO YOU?

- ☐ Pregnant 1
- ☐ Victim Of Domestic Violence 2
- ☐ Need To Establish Paternity 3
- ☐ Need Child Support 4
- ☐ Drug/Alcohol Problem 5
- ☐ Fuel Or Utility Shutoff 6
- ☐ No Place To Stay/Homeless 7
- ☐ Urgent Personal Or Family Problem 8
- ☐ Fire Or Other Disaster 9
- ☐ Have No Job 10
- ☐ Serious Medical Problem 11
- ☐ Recently Lost Income 12
- ☐ Pending Eviction 13
- ☐ No Food 14
- ☐ Need Foster Care 15 5
- ☐ Need Child Care 16
- ☐ Other _____ 17

LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.
LIST YOURSELF ON THIS FIRST LINE. *PLEASE PRINT.*

RI	LN	FIRST NAME	(Middle Initial) M.I.	LAST NAME	THIS PERSON IS APPLYING FOR: TA	FS	MA	MSP	CC	FC	S	EMRG	DATE OF BIRTH Month	Day	Year	SEX M OR F	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER OF APPLYING MEMBERS (See "How to Complete" instruction book Pub-1301 Statewide, or talk to your worker)	DOES THIS PERSON (INCLUDING YOUR MINOR CHILDREN) BUY FOOD OR PREPARE MEALS WITH YOU? YES	NO	HIGHEST SCHOOL GRADE COMPLETED
	01																SELF				
	02																				
	03																				
	04																				
	05																				
	06																				
	07																				
	08																				

6

PLEASE LIST MAIDEN OR OTHER NAMES BY WHICH YOU OR ANYONE IN YOUR HOUSEHOLD HAS BEEN KNOWN

Line No.	ONC	FIRST NAME	M.I.	LAST NAME

7

DO NOT WRITE IN SHADED AREAS

IS ANYONE SANCTIONED? ☐ YES ☐ NO | IF YES, WHO | REASON | END DATE

NON-APPLICANT INFORMATION

LN	FIRST NAME	LAST NAME	LEGALLY RESPONSIBLE YES	NO	FOR WHOM?	CONTRIBUTION/ DEEMED INCOME	CHECK IF MEMBER OF FS HOUSEHOLD

IMMIGRATION INFORMATION

LN	IMMIGRATION STATUS	STATUS ADJUSTED YES	NO	DATE OF ENTRY/STATUS MONTH	DAY	YEAR	APPLIED FOR CITIZENSHIP YES	NO	SPONSORED YES	NO

INDIVIDUAL EDUCATION

LN	DEGREE RECEIVED	LN	DEGREE RECEIVED
01		05	
02		06	
03		07	
04		08	

LN	RACE/ETHNIC AFFILIATION CODES H Hispanic or Latino I Native American or Alaskan Native A Asian B Black or African American P Native Hawaiian **or** Pacific Islander W White U Unknown **(MA Only)** ENTER Y (YES) OR N (NO) IF HISPANIC OR LATINO ENTER Y (YES) OR N (NO) FOR EACH RACE AFFILIATION							CLIENT IDENTIFICATION NUMBER	ENTER APPROPRIATE CODES								
	H	I	A	B	P	W	U		REL	SSN	SFUI	MS	SI	LA	EM	CI	EL
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	

ANTICIPATED FUTURE ACTION			CASE TYPE	RELATED CASE NUMBERS
LINE NO.	CODE	DATE		

SERVICE ELIGIBILITY PROCESS CODE			
SFUI	CODE	SFUI	CODE
SFUI	CODE	SFUI	CODE

NEEDED	REFERRALS	COMPLETED
	CAP	
	Services	
	SSA	
	Legal	

CONSIDER

- ✓ Relationship
- ✓ Filing Unit
- ✓ Legally Responsible Relative
- ✓ Single Economic Unit
- ✓ FS Household Composition
- ✓ FS Aged/Disabled Individual
- ✓ Photo ID/AFIS
- ✓ CBIC/PIN
- ✓ RFI/OCA
- ✓ Health Insurance

REQUESTED	DOCUMENTATION	IN FILE
	Photo I.D.	
	Birth Verification	
	Marriage License	
	Social Security Card	
	Code 9 Resolution	
	Immigration Status	
	Multi-Suffix/Co-op Case Notice (Single Economic Unit Questionnaire)	

CITIZENSHIP/IMMIGRATION STATUS INFORMATION

Please read the entire page carefully before completing. If you have questions see the "How to Complete" instruction book or talk to your worker.

SECTION 8

LIST EVERYONE WHO IS APPLYING OR WHO IS REQUIRED TO APPLY.

IF YOU HAVE QUESTIONS, SEE THE "HOW TO COMPLETE" INSTRUCTION BOOK (PUB-1301 Statewide) OR TALK TO YOUR WORKER.

You **do not** have to fill out Section 8 or 9 if you are applying for MA **only** and:

- You are pregnant, or
- You are applying **only** for coverage for the treatment of an **emergency** medical condition.

You **do** have to fill out Sections 8 and 9 if you are:

- Applying for MA **only,** but you do not have to include people who do not want MA.
- Applying for Child Care Assistance **only**, but you need to fill out the information only for the children who would be receiving Child Care Assistance.
- Applying for Foster Care **only**, but you need to fill out the information only for children who would be receiving Foster Care.
- Applying for other Services under certain circumstances.

SECTION 9 - CERTIFICATION

Some social services programs require that you certify that you are a U.S. citizen, Native American or national of the United States, or an immigrant with satisfactory immigration status. Other programs do not. If you are an immigrant and do not know if you have satisfactory immigration status, see the "How To Complete" instruction book or talk to your worker.

You MUST sign the Certification below only if you are a U.S. citizen, Native American or national of the United States, or an immigrant with satisfactory immigration status, **and** you are applying for:

- Temporary Assistance (where there are children in the household or a member of the household is pregnant), or
- Food Stamp Benefits, or
- Medical Assistance (except if the applicant is pregnant), or
- Medicare Savings Program, or
- Child Care Assistance (certification is needed for the children **only**), or
- Foster Care (certification is needed for the children **only**), or
- Other services under certain circumstances.

An adult household member or authorized representative may sign for all household members. Example: A *parent* without satisfactory immigrant status may sign for his/her *child* who has satisfactory immigrant status.

An application for FS must list all persons living in the FS household. An application for TA must list all children for whom you are applying, their brothers and sisters and all parents of those children who live together. If you do not check whether a listed person is a U. S. citizen, Native American or national of the United States, or an immigrant, or provide an immigrant number for an immigrant, that person will not be given assistance, and the remaining members of the household will receive reduced benefits. If you are a Native American, check citizen/national.

SIGN* AND DATE THE BOX BELOW FOR EACH APPLICANT.

IN THE CASE OF AN APPLYING IMMIGRANT, CHECK (✓) THE PROGRAM(S) FOR WHICH EACH APPLYING IMMIGRANT HAS SATISFACTORY IMMIGRATION STATUS. (SEE "HOW TO COMPLETE" INSTRUCTION BOOK, PUB-1301 STATEWIDE.)

LN	FIRST NAME	MI	LAST NAME	Check either "CITIZEN / NATIONAL" or "IMMIGRANT" for each person.		*IMMIGRANT Number (If Applicable)*	CERTIFICATION	Date	TA	FS	MA	MSP	CC	FC	S	EMRG
01				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
02				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
03				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
04				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
05				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
06				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
07				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									
08				☐ CITIZEN/ NATIONAL	☐ IMMIGRANT	A	Sign Name X									

8

9

By checking a box above and by signing the certification in Section 9, I hereby certify, under penalty of perjury, that I, and/or the persons for whom I am signing, am a United States citizen, Native American or national of the United States, or an immigrant with satisfactory immigration status.

I understand that signing this Certification may result in information about applying members of my household being submitted to the United States Citizenship and Immigration Services (USCIS) for verification of immigration status, if applicable. The use or disclosure of the information above is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of the provisions of the Temporary Assistance (TA), Food Stamp Benefits (FS), Medical Assistance (MA), Medicare Savings Program (MSP), Child Care Assistance (CC), Foster Care (FC) and Services (S) Programs.

*** A person who wishes to sign the Certification but cannot write may make an "X" on the line in front of a witness. The witness must sign below.**

I witnessed the marks made in lines: _____ Signature of witness: _____ Date Signed: _____

NON-CUSTODIAL PARENT/CHILD SUPPORT/MEDICAL SUPPORT INFORMATION

DO NOT WRITE IN SHADED AREAS

If you are applying for Temporary Assistance, you must help us obtain child support/medical support for you and your children. If you are applying for Medical Assistance **only**, you may have to help us obtain medical support for yourself and your applying children. If you are applying for Child Care Assistance and/or Foster Care, you may have to help us obtain child support for the children for whom you are applying. If you have questions, see the "How to Complete" instruction book (PUB-1301 Statewide). List the names of everyone under 21 whose parent is not in the household, and write down any information you currently have about that person's non-custodial parent. If **you** are under 21, write down the information about **your** non-custodial parent who is not in the household.

NAME OF PERSON UNDER 21	NON-CUSTODIAL PARENT'S NAME AND ADDRESS	NON-CUSTODIAL PARENT'S DATE OF BIRTH MONTH	DAY	YEAR	SOCIAL SECURITY NUMBER
A.					
B.	10				
C.					
D.					
E.					

Do you or does anyone who lives with you get money from child support payments? ☐ Yes ☐ No
If yes, list below:

WHO	AMOUNT RECEIVED	HOW OFTEN	FROM WHOM
	$		
	$		
	$		
	$		

Circle whichever arrangement applies:
Is there JOINT/SHARED/SPLIT custody? ☐ Yes ☐ No
If Yes, how was it determined? ☐ court order ☐ agreement of the parties

REQUESTED	DOCUMENTATION	IN FILE
	Paternity Acknowledgement	
	Child Support Order	
	Good Cause Form (LDSS-4279)	
	IV-D Attestation (LDSS-4281)	
	LRR Letter/Questionnaire	
	Other Support	
	Death Certificate	
	Divorce Decree	
	VA Benefits	
	Order of Filiation/Paternity	

NEEDED	REFERRALS	COMPLETED
	CTHP	
	CAP	
	CSS Application (LDSS-2521)	
	IV-D (LDSS-2860)	
	Paternity	

CONSIDER

- ✓ Health Insurance of Non-Custodial Parent/Absent Spouse
- ✓ Child Health Plus
- ✓ TASA
- ✓ Petition to Family Court
- ✓ SSI/SSA

ABSENT/DECEASED SPOUSE INFORMATION - If the husband or wife of anyone applying lives someplace else or is deceased, please indicate below.

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
		11			

ADDRESS	CITY	COUNTY	STATE	ZIP CODE

ABSENT CHILD INFORMATION - If anyone applying has a child under 18 living someplace else, please indicate below.

NAME OF PERSON APPLYING	NAME OF ABSENT CHILD	DATE OF BIRTH	ADDRESS (Street, City, County, State and Zip Code)	PATERNITY ESTABLISHED? Yes	No	DO YOU PAY CHILD SUPPORT? Yes	No
		12					

TEEN PARENT INFORMATION

Is there a teen parent under age 18 in the household? ☐ Yes ☐ No 13
Who _____

Does the teen parent's child live in the household? ☐ Yes ☐ No
Name of teen parent's child _____

TEEN PARENT:

LN NO. _____ Marital Status _____
High School Diploma? _____
LN NO. _____ Marital Status _____
High School Diploma? _____

TEEN PARENT CHILDREN

LN NO. _____ LN NO. _____

INCOME INFORMATION:

DO NOT WRITE IN SHADED AREAS

Indicate if you or anyone who lives with you receives money from:	YES	NO	WHO	AMOUNT/VALUE	WHO	AMOUNT/VALUE	CD	INCOME LN No.	INCOME SOURCE CODE	INCOME AMOUNT	INCOME PERIOD
Wages, Salary, Including Overtime, Commissions, Training Programs, Tips 1							01				
Self-Employment 2							20				
Unemployment Insurance Benefits 3							49				
Supplemental Security Income (SSI) Benefits 4							45				
Social Security Disability Benefits 5							42				
Social Security Dependent Benefits 6											
Social Security Survivor's Benefits 7							43				
Social Security Retirement Benefits 8							44				
Railroad Retirement Benefits 9							38				
Retirement Benefits (Pensions) 10							39				
Dividends/Interest from Stocks, Bonds, Savings, etc. 11							03				
Workers' Compensation 12							59				
NYS Disability Benefits 13							33				
Veteran's Pensions/Benefits/Aid and Attendance 14							55				
Public Assistance Grant 15				14			37				
GI Dependency Allotments 16							10				
Education Grants **or** Loans 17											
Contributions/Gifts (Received) 18											
Foster Care Payments (Received) 19											
Child Support Payments (Received) 20							06				
Alimony/Support (Received) 21							02				
Private Disability Insurance-Health/Accident Insurance Policy Income 22											
No Fault Insurance Benefits 23							50				
Union Benefits (Including Strike Benefits) 24											
Loans (Received) 25											
Income from a Trust (Including income you are currently entitled to receive, or were entitled to receive in the past, that has not been distributed.) 26											
Training Allotments 27							31				
Rental Income (Received) 28							14				
Boarders/Lodgers Income (Received) 29											
OTHER INCOME (Please Specify)											

CONSIDER

- ✓ Child Support Pass-Through
  - ☐ Explained ☐ Budgeted
- ✓ FS Aged/Disabled Indicator
- ✓ Disability Review
- ✓ Refugee Matched Grants

STEP- PARENT/IMMIGRANT SPONSOR INFORMATION

Answer all Questions listed below

	YES	NO	WHO?
Does the step-parent of any children who live with you have any resources or receive any income of any kind?			15
Is anyone in your household an immigrant who was sponsored for admission into the U.S.?			

NAME OF SPONSOR: TELEPHONE NO.:

ADDRESS:

NEEDED	REFERRAL	COMPLETED
	UIB	

EMPLOYMENT INFORMATION

I am currently: ☐ employed ☐ self-employed ☐ unemployed

Gross Income $ _____ Current hours worked Monthly _____

Paid: ☐ Weekly ☐ Bi-Weekly ☐ Monthly Day of the week paid _____

Employer's Name and Address: 1

_____ Phone No. _____

_____

Is anyone else who lives with you currently: ☐ employed ☐ self-employed

Who: _____

Gross Income $ _____ Current hours worked Monthly _____

Paid: ☐ Weekly ☐ Bi-Weekly ☐ Monthly Day of the week paid _____ 2

Employer's Name and Address:

16

_____ Phone No. _____

_____

Is health insurance available through your employer? ☐ Yes ☐ No

Does anyone else have health insurance with their employer? ☐ Yes ☐ No

Who: _____ 3

Name of Insurance Company: _____

Does anyone have child or dependent care **expenses** due to **employment**? ☐ Yes ☐ No

Who: _____ 4

Does anyone have other employment-related expenses? ☐ Yes ☐ No

Who: _____ 5

If not employed, when was the last time you or anyone who lives with you worked?

Who: _____ When: _____

Where: _____ 6

Why did you (or they) stop working? _____

_____

Are you or is anyone who lives with you participating in a strike? ☐ Yes ☐ No

Who: _____ When: _____ 7

Are you or is anyone who lives with you a migrant or seasonal farm worker? ☐ Yes ☐ No

Who: _____ 8

What type of work would you like to do? (specify) _____

_____ 9

_____

Could you accept a job today? ☐ Yes ☐ No 10

If not, why? _____

DO NOT WRITE IN THE SHADED AREAS

REQUESTED	DOCUMENTATION	IN FILE
	CINTRAK/RFI/IRCS	
	1099	
	Employment Verification	
	Income Tax Return	
	Self-Employment Worksheet	
	Wage Stubs	
	Work Registration Form	
	Dependent/Child Care Form/Statement	
	Approval of Informal Child Care Provider	

NEEDED	REFERRALS	COMPLETED
	CAP	
	Disability	
	Employment	
	TPHI/COBRA	
	UIB	
	Worker's Compensation	
	Drug/Alcohol	
	Domestic Violence	

CONSIDER
✓ Earned Income Tax Credit (Flyer)
✓ Explaining Periodic Reporting Requirements
✓ Net Loss of Cash Income
✓ P.A.S.S. Income Amount and Sources
✓ Employment Sanctions
✓ Temporary Employment
✓ Disability Review
✓ Individual Development Account (IDA)
✓ Voluntary Quit

CHILD/DEPENDENT CARE EXPENSES

Who Pays	Amount	Name(s)	Age(s)	Care Provider
	$			
	$			
	$			
	$			
	$			
	$			
	$			
	$			

EDUCATION/TRAINING

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING FOR OR GETTING ASSISTANCE:

Has a High School diploma or G.E.D.? ☐ Yes ☐ No

Who _____ 1

Dates attended _____

Dates completed _____

Is or has been in any training program? ☐ Yes ☐ No

Who _____

Where _____ 2

Program _____

Dates attended _____

Dates completed _____

Is 16 years of age or older and is attending school or college? ☐ Yes ☐ No

Who _____ 3

Where _____

Is under 16 years of age and is attending school? ☐ Yes ☐ No

Who _____

School _____

Who _____

School _____

Who _____

School _____ 4

Who _____

School _____

Who _____

School _____

Who _____

School _____

DO NOT WRITE IN SHADED AREAS

REQUESTED	DOCUMENTATION	IN FILE
	School Attendance Verification (LDSS- 3708)	
	Educational Grant Worksheet	
	Child Care Statement	

NEEDED	REFERRALS	COMPLETED
	Supportive Services	

FS STUDENT ELIGIBILITY CRITERIA	YES	NO
Does anyone 18 through 49 who is attending college half-time or more meet the FS student eligibility requirement?	☐	☐
Does anyone pay for child or dependent care to attend school or training?	☐	☐
Is there a 16-19 year old parent who does not have a high school diploma or G.E.D., and who is not attending school?	☐	☐
Is anyone in training?	☐	☐
Are any other supportive services appropriate?	☐	☐
Are there any training related expenses?	☐	☐

RESOURCES INFORMATION

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING:		YES	NO	WHO	IF YES, GIVE AMOUNT/VALUE	WHO	IF YES, GIVE AMOUNT/VALUE
Has cash on hand	1				$		$
Has a checking account(s)	2						
Has a savings account(s) or certificate of deposit(s)	3						
Has a credit union account(s)	4						
Has life insurance	5						
Has title or registration to a motor vehicle(s) or other vehicle(s) (Specify) Year _____ Make/Model _____ Year _____ Make/Model _____	6						
Has stocks, bonds, certificates or mutual funds	7						
Has savings bonds	8						
Has an IRA, Keogh, 401-(k) or deferred compensation account(s)	9						
Has an irrevocable burial trust	10						
Has a burial fund	11						
Has a burial space	12						
Has own home	13						
Has real estate including income-producing and non-income-producing property	14			18			
Is eligible for an income tax refund	15						
Has an annuity	16						
Is named the beneficiary of a trust	17						
Expects to receive a trust fund, lawsuit settlement, inheritance or income from any other sources	18						
Has an "in trust" account(s)	19						
Has a safe deposit box	20						
Has resources other than those listed above	21						
Has anyone (including your spouse, even if not applying or living with you) given away any cash, or sold/transferred any real estate, income or personal property in the past 36 months?	22						
Has anyone (including your spouse, even if not applying or living with you) ever created a trust in the past or transferred any assets into a trust within the past 60 months? If yes, when? _____	23						

VEHICLE INFORMATION

YR.	MAKE	MODEL	OWNER'S NAME	AMOUNT OWED	NADA VALUE	EXEMPT YES*	EXEMPT NO	LIEN HOLDER	ACCOUNT NO.
				$	$				
				$	$				

*IF EXEMPT, WHY?

DO NOT WRITE IN SHADED AREAS

NEEDED	REFERRAL	COMPETED
	Legal	
	Resource	

LIFE INSURANCE

FACE AMOUNT	CASH VALUE

REQUESTED	DOCUMENTATION	IN FILE
	Resource Checklist	
	Market Value	
	DMV Clearance	
	Bank Statement	
	Assignment of Proceeds	
	Car/Vehicle Title	
	Car/Vehicle Registration (older models)	
	Bank Clearance	
	RFI/OCA	
	1099	

CONSIDER

- ✓ "In Trust" Accounts
- ✓ Children's Resources
- ✓ Lump Sum
- ✓ Boats, Campers, Snowmobiles
- ✓ Income Tax Refund
- ✓ Individual Development Account (IDA)
- ✓ Exempt Vehicles

MEDICAL INFORMATION

INDICATE IF YOU OR ANYONE WHO LIVES WITH YOU WHO IS APPLYING:		YES	NO	IF YES, WHO
Has any medical bills or medically-related expenses	1			
Is on Medicaid with a spendown	2			
Has health or hospital/accident insurance (including insurance from employer)	3			
Has health insurance available through your employer	4			
Has Medicare (red, white, and blue card)	5			
Has a health attendant	6			
Is blind, sick or disabled	7			
Is a handicapped child	8			
Is in a hospital, nursing home or other medical institution	9			
Has paid or unpaid medical bills within 3 months preceding the month of this application	10			
Is or was drug or alcohol dependent	11			
Needs home care	12			
Is on SSI or has ever applied for SSI	13			
Is pregnant	14			
Receives treatment from a drug abuse or alcohol treatment program	16			
Has not been able to work for at least 12 months because of a disability or illness	17			
Has daily activity limited because of a disability or illness that has lasted or will last at least 12 months	18			
Has been in a car accident or work-related accident in the past two years	19			
Has any government agency (public program) besides Medical Assistance or Medicare paid any of your medical bills?	20			

DO NOT WRITE IN SHADED AREAS

POLICY NO.:

INSURANCE COMPANY NAME:

19

If Pregnant, Please Give Due Date: _____ 15

REQUESTED	DOCUMENTATION	IN FILE
	Pregnancy Statement	
	Med/Psych Statement	
	Drug/Alcohol Screening (LDSS-4571)	
	Drug/Alcohol Statement	
	Paid or Unpaid Medical Bills	
	SSI Application Verification **TA ONLY**	

CONSIDER

- ✓ AD/SSI Related
- ✓ FS Aged/Disabled Indicator
- ✓ FS Medical Deduction
- ✓ TPHI Reimbursement
- ✓ Buy-In Eligibility
- ✓ Kreiger (LDSS-3664)
- ✓ Domestic Violence
- ✓ SSI Referral
- ✓ Earned Income Credit

NEEDED	REFERRALS	COMPLETED
	SSI (D-CAP)	
	Disability Interview (LDSS-1151)	
	Medical Report (LDSS-486, 486t)	
	Disability Report	
	AD	
	TPHI	
	VESID	
	CTHP	
	PCAP	
	Family Planning	
	TASA	
	SSA (RSDI)	
	Veteran's Benefits	
	Veteran's Counseling	
	Child Health Plus	
	COBRA Eligibility	
	Nurse's Aide Service	
	Home Care	

RETROACTIVE MEDICAID	WHO	DATE	RECURRING MEDICAL EXPENSES	WHO	AMOUNT $	AMOUNT $

MEDICAL BILLS: ☐ YES ☐ NO

TPHI: ☐ YES ☐ NO

HEALTH PLAN SELECTION

Persons eligible for Family Health Plus must join a health plan to receive their health services. Some people enrolled in Medicaid may be required to join a health plan now and others may be required to join one soon. Use this section to choose a health plan. If you do not know what health plans are available, ask your worker.

NOTE: If you are in a county that does not require Medicaid recipients to join a health plan, you will still be enrolled in the health plans you choose, unless you check this **box** ☐

Check (✓) Program	Name of Plan you are enrolling in (Adults age 19 to 64 must pick a FHPlus Plan)	Last Name	First Name	Date Of Birth mm/dd/yy	SEX M/F	ID# (from Medicaid Card if you have one)	Social Security # (optional if pregnant)	Primary Care Provider (PCP) or Health Center (check box if current provider)	Name and ID# of OB/GYN (check box if current provider)
☐ MA ☐ FHPLUS								☐	☐
☐ MA ☐ FHPLUS								☐	☐
☐ MA ☐ FHPLUS								☐	☐
☐ MA ☐ FHPLUS								☐	☐

SHELTER

WHAT IS YOUR LANDLORD'S NAME?

WHAT IS YOUR LANDLORD'S ADDRESS?

WHAT IS YOUR LANDLORD'S PHONE NUMBER?

( )

	YES	NO	IF YES, GIVE AMOUNT
Do **you (or anyone who lives with you)** have a rent, mortgage or other shelter expense?			$
Do **you (or anyone who lives with you)** have a heat bill separate from your rent or shelter expense?			$
Do **you (or anyone who lives with you)** have the following expenses separate from your rent or shelter expense?	YES	NO	IF YES, GIVE AMOUNT
• Electricity 1			$
• Gas 2			$
• Other utilities (water, etc.) 3			$
• Air conditioning 4			$
• Utility installation fees 5			$
Does any person, group or organization outside the household pay any of the household expenses? 6			$
Do you live in public housing? 7			
Do you live in Section 8 or other subsidized housing? 8			
Do you live in a drug/alcohol rehab. facility? 9			
Do you live in a domestic violence shelter? 10			

DO NOT WRITE IN SHADED AREAS

SHELTER COSTS	MONTHLY ACTUAL COST
A. Room and Board	
B. Rent	
C. Trailer Lot Rent	
D. Mortgage Payment	
1. Principal	
2. Interest	
3. Property Tax (Including School Tax)	
4. Homeowner's Insurance on Structure (Incl. Fire Insurance)	
5. Taxes Included in Mortgage (Escrow Payment)	
6. Assessments (Sewer, etc.)	
D. Total Mortgage Payment (Line 1-6)	
E. Utility/Phone Installation Fees	
TOTAL *(Lines A - E)*	

REQUESTED	DOCUMENTATION	IN FILE
	Landlord Statement	
	Rent Receipt	
	Tenant of Record	
	Customer of Record	
	Voluntary Restrict	
	Mandatory Restrict	
	Subsidized Housing	
	Mortgage/Title Search	
	Section 8 Lease or Statement from Section 8 Office	
	Property Lien	
	Shelter/Utility Repayment Agreement	

CONSIDER

- ✓ Utility and/or Fuel Restrict
- ✓ Utility Guarantee
- ✓ HEAP
- ✓ Subsidized Housing May Show Total Rent, NOT Client Amount
- ✓ Foster Care Related Additional Allowances
- ✓ FS Household Comp. Rules
- ✓ FS Aged/Disabled Indicator
- ✓ Real Property Tax Credit
- ✓ Life Line
- ✓ AIDS/HIV Emergency Shelter Allowance
- ✓ Property Lien
- ✓ If Shelter Expenses/Living Quarters Are Shared By More than One Household

MONTHLY EXPENSES	MONTHLY ACTUAL COST	NAME OF DEALER	ACCOUNT NUMBER	IN WHOSE NAME IS THE BILL? (CUSTOMER OF RECORD)	WHO IS THE TENANT OF RECORD?
A. Heat*					
B. Electricity (for cooking, lights, hot water)					
C. Gas (for cooking, hot water)					
D. Liquid Propane Gas					
E. Other Utilities (Water, etc.)					
F. Air Conditioning					
G. Utility Installation Fees					
H. Sewer					
I. Garbage					
J. Trash					
K. Other Expenses					

***Check Primary Heat Type:**

☐ Natural Gas ☐ Oil ☐ PSC Electric ☐ Coal ☐ Other _____

☐ Kerosene ☐ Propane ☐ Municipal Electric ☐ Wood

ADDITIONAL INFORMATION

OTHER EXPENSES

INDICATE IF **YOU OR ANYONE WHO LIVES WITH YOU** WHO IS APPLYING:	YES	NO	IF YES, GIVE AMOUNT
Pays child support 1			$
Pays alimony 2			$
Pays child care 3			$
Pays dependent care 4			$
Pays tuition and fees 5			$
Has additional expenses Specify _____ 6			$

21

Do you or anyone who lives with you who is applying owe at least four months' court-ordered support for a child under age 18? 7	☐ YES	☐ NO

OTHER INFORMATION

Do you buy or plan to buy meals from a home delivery or communal dining service? 8	☐ YES	☐ NO
Are you able to prepare meals at home? 9	☐ YES	☐ NO
Have you or anyone in your household ever been in the U.S. military? Who? _____ 10	☐ YES	☐ NO
Has your spouse ever been in the U.S. military? 11	☐ YES	☐ NO
Is anyone in your household a dependent of someone who is or was in the U.S. military? Who? _____ 12	☐ YES	☐ NO

22

Do you or does anyone who lives with you receive assistance or services **now?** ☐ YES ☐ NO

IF YES, WHO 13	TYPE OF ASSISTANCE	LOCATION RECEIVED	DATES RECEIVED

Have you or anyone who lives with you received assistance or services **in the past?** ☐ YES ☐ NO

IF YES, WHO 14	TYPE OF ASSISTANCE	LOCATION RECEIVED	DATES RECEIVED

NEEDED	REFERRALS	COMPLETED	CONSIDER
	Services		✓ FS Dependent Care Deductions
	UIB		

DO NOT WRITE IN SHADED AREAS

HOW OFTEN PAID	LEGALLY OBLIGATED		CHILD IN FS HH	
	Yes	No	Yes	No

VETERAN STATUS	VETERAN CODE

OTHER INFORMATION (cont.)

	YES	NO	WHO
Have you or anyone who lives with you who is applying moved into **this** county from another **New York State** county within the past two months?			
Have you or anyone who lives with you ever been found guilty of and/or been disqualified for Temporary Assistance and/or Food Stamp Benefits because of fraud/intentional program violation?			
Have you or anyone who lives with you received benefits for which they were not entitled, which have not been fully repaid to this or another agency?			
Have you or any member of your household been convicted of making a fraudulent statement or representation of residence in order to receive Temporary Assistance in two or more states?			
Are you or any member of your household fleeing prosecution, confinement or conviction for a felony?			
Are you or any member of your household violating probation or parole?			

PROPERTY TRANSFER STATUS

I have ☐ **I have not** ☐ sold, transferred or given away any of my property to anyone to get Temporary Assistance or Food Stamp Benefits.

REQUESTED	DOCUMENTATION	IN FILE
	School Attendance Verification (LDSS-3708)	
	Educational Grant Worksheet	
	Child/Dependent Care Statement	
	Recoupments	
	Outstanding Overpayment	
	Pending Disqualification	

IF TOTAL EXPENSES (INCLUDING EXPENSES NOT USED IN THE BUDGET DETERMINATION) EXCEED INCOME (INCLUDING TA GRANT), EXPLORE HOW THE HOUSEHOLD IS MEETING ITS OBLIGATIONS.

Actual Expenses $

– Actual Income $

= Difference $

Does Client Receive Contribution Towards Difference YES ☐ NO ☐

If Yes, From Whom? _____

CONSIDER
✓ Actual Expenses
✓ Actual Shelter
✓ Actual Fuel/Utility Costs
✓ Telephone Expenses
✓ Car Expenses
✓ Furniture/Appliance Rental
✓ Cable TV
✓ Private School Tuition
✓ Out-of-Pocket Medical Expenses

I CONSENT TO WITHDRAW MY APPLICATION FOR:

☐ Temporary Assistance ☐ Food Stamp Benefits ☐ Medical Assistance

☐ Medicare Savings Program ☐ Services

☐ One-Time/Emergency Payment **Only**

I UNDERSTAND THAT I MAY REAPPLY AT ANYTIME.

SIGNATURE: x _____ DATE: _____

EMERGENCY CASH ASSISTANCE

Is there an immediate need?
If Not, Why Not? _____

NOTES/COMMENTS

READ THE IMPORTANT INFORMATION BELOW.

NOTICES

PRIVACY ACT STATEMENT - COLLECTION AND USE OF SOCIAL SECURITY NUMBERS (SSNs) - The collection of SSNs is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036).

With respect to all other programs for which this application form requires a SSN, the collection of SSNs is also mandatory and is authorized under one or more of the following sections of law: 205(c) of the Social Security Act (42 U.S. Code 405), Section 1137 of the Social Security Act (42 U.S. Code 1320b-7) and Section 7(a)(2) of the Privacy Act of 1974. See the "How To Complete" instruction book Sections 6 and 23 or talk to your worker.

The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

The information will be used to check identity, to verify earned and unearned income, to determine if absent parents can receive health insurance coverage for applicants or recipients, to determine if applicants or recipients can obtain child or spousal support and to determine if applicants or recipients can receive money or other help.

Information collected with respect to applicants for and recipients of Family Assistance and Safety Net Assistance, including SSNs, may be used to assist in the formation of jury pools.

If a FS claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary for Food Stamp Benefits. However, anyone applying who fails to give a SSN will be denied FS. SSNs of ineligible members will also be used and disclosed in the manner above.

REIMBURSEMENT OF MEDICAL EXPENSES

MEDICAID - You have a right as part of your Medical Assistance application, or within two years from the date of your application, to request reimbursement of expenses you paid for covered medical care, services and supplies received during the three month period prior to the month of your application. After the date of your application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid-enrolled providers.

FAMILY HEALTH PLUS - If you are determined eligible for Family Health Plus, your enrollment will be effective no later than 90 days from the date of submission of your completed application. If there is an error or delay in enrollment, reimbursement may be available for expenses you pay as a result of the error or delay. Unpaid expenses can be paid only if the provider is a Medicaid enrolled provider.

SUPPORT - Applying for or receiving Family Assistance (FA), Safety Net Assistance (SNA) or foster care services operates as an assignment to the State and the social services district of any rights to support from any other person that the applicant or recipient may have in his or her own right or on behalf of any other family member for whom the applicant or recipient is applying or receiving assistance (Social Services Law, 158 and 348). Other sections of this application contain additional assignments.

NON-DISCRIMINATION NOTICE - In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

FOOD STAMPS AUTHORIZED REPRESENTATIVE - You can authorize someone who knows your household circumstances to **apply** for FS for you. If you do, have them **sign** in the Signature section at the bottom of page 16. You can also authorize someone outside your household to get FS for you or to use them to buy food for you. If you would like to authorize someone, print the person's name, address and phone number directly below.

NAME, ADDRESS AND PHONE NUMBER OF AUTHORIZED REPRESENTATIVE *(PLEASE PRINT)*

PENALTIES – Your application may be investigated. By signing this agreement you are consenting to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care Assistance (Assistance, Benefits or Services) or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application or your continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial and continuing eligibility for Assistance, Benefits or Services, or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive Assistance, Benefits or Services; and such Assistance, Benefits or Services must be used for the other person and not for yourself. Federal and State laws provide that any transfer of assets for less than fair market value made by an individual or an individual's spouse, within 36 months (or 60 months in the case of trust-related transfers) prior to the first of the month in which the individual is both in receipt of nursing facility services and has submitted an application for Medical Assistance, **may** render the individual ineligible for nursing facility services or home and community based waivered services for a period of time. It is unlawful to obtain Assistance, Benefits or Services by concealing information or providing false information.

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM.

ASSIGNMENTS, AUTHORIZATIONS & CONSENTS (cont.)

STANDARD UTILITY ALLOWANCE (SUA) - I understand that Temporary Assistance (TA) and Food Stamp Benefits (FS) recipients are categorically income eligible for the Home Energy Assistance Programs (HEAP). If I am not included in the annual automatic HEAP payment process for certain TA and FS recipients, I intend to apply for a HEAP benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know. I understand that FS recipients are eligible for a telephone allowance if they pay for a home phone, cell phone, phone calling card or coin-operated pay phone. If I do not have to pay for phone calls, I will let my worker know.

ASSIGNMENT OF SUPPORT RIGHTS - I assign to the State and social services district any rights I have to support from persons having legal responsibility for my support and any rights I have to support on behalf of any family member.

RELEASE OF EDUCATIONAL RECORDS - I give permission to the State Department of Health and local department of social services to:

- Obtain any information regarding the educational records of myself and/or my minor child(ren), herein named, including information necessary for claiming MA reimbursement for health-related educational services.
- Provide the appropriate federal government agency access to this information for the sole purpose of audit.

RELEASE OF INFORMATION FOR THE EARLY INTERVENTION PROGRAM - If my child is evaluated for or participates in the New York State Early Intervention Program, I give permission to the local Department of Social Services and New York State to share my child's Medical Assistance eligibility information with my county or municipal Early Intervention Program for the purpose of billing Medical Assistance.

RELEASE OF MEDICAL INFORMATION - I consent to the release of any medical information about me and any members of my family for whom I can give consent: by my Primary Care Provider, any other health care provider or the New York State Department of Health (SDOH) to my health plan and any health care providers involved in caring for me or my family, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations; by my health plan and any health care providers to SDOH and other authorized federal, state, and local agencies for purposes of administration of the Medicaid, Child Health Plus and Family Health Plus programs; and, by my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment, or health care operations. I also agree that the information released may include HIV, mental health or alcohol and substance abuse information about me and members of my family, to the extent permitted by law. If more than one adult in the family is joining a Family Health Plus or Medicaid health plan, the signature of each adult applying is necessary for consent to release information.

LIFELINE - For applicants/recipients of temporary assistance and/or food stamp benefits: The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

If you *do not* want this information released, check this box ☐.

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

AUTHORIZATION FOR REIMBURSEMENT OF PUBLIC ASSISTANCE BENEFITS FROM SSI RETROACTIVE PAYMENT - I authorize the Commissioner of the Social Security Administration (SSA) to send to the local social services district the amount due to me at the time of my first payment of (1) retroactive Supplemental Security Income (SSI) benefits that I may receive upon an application for SSI or (2) retroactive SSI benefits I may receive if I am terminated or suspended from receiving SSI benefits and am later reinstated.

I understand that the local social services district may take from my SSI payment the amount of Public Assistance (except assistance paid wholly or partly with federal funds) that was paid to me during the period beginning with my first day of eligibility for SSI or the first day to which SSI benefits were reinstated after a period of suspension or termination and ending with the month that SSI payments actually began (or the following month if the local social services district cannot stop delivery of my last public assistance payment during the month that SSI payments began).

After taking this money from my SSI check(s), the local social services district will pay me the balance; if there is any, no later than 10 working days from the date it receives my SSI payment. I also understand that if the district takes more money than I believe was paid to me as Public Assistance, I will be given an opportunity for a hearing.

I understand that:

- the SSA may treat the date that I submit this signed authorization to the local social services district as the date I first become eligible for SSI if I submit an application for initial SSI benefits within the next 60 days.
- this authorization will apply to any SSI application or appeal which is presently pending before the SSA with respect to me and to any SSI application I make or appeal I request with respect to the period ending one year after I sign this agreement.

This authorization will terminate one (1) year after it is received by the local social services district and will not have any effect upon future SSI applications, appeals or reviews if my case is completely decided, if the SSA makes an initial payment of SSI either on my application or after a period of suspension or termination or if the State and I mutually agree to terminate the authorization.

I have read and understand the notices above. I understand and agree to the assignments, authorizations and consents above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local social services district is correct.

APPLICANT/RE	DATE SIGNED	HUSBAND/WIFE OR PROTECTIVE REPRESENTATIVE SIGNATURE	DATE SIGNED
x		x	

Medicaid in New York State

- What is Medicaid?
- How do I know if I qualify for Medicaid?
- How do I apply for Medicaid?
- What do I need to apply for Medicaid?
- If I think I am eligible for Medicaid, should I cancel any other health insurance I might already have?
- How do I know if my income and resources qualify me for Medicaid?
- Can I be eligible for Medicaid even if I make more money than the chart shows?
- What is the Medicaid Excess Income Program?
- What are my rights?
- Can I still keep part of my income if I am in a nursing home (Residential Health Care Facility) or in an intermediate care facility for the developmentally disabled?
- Will there be a lien (legal claim) placed on my estate (my assets) when I die?
- What health services are covered by Medicaid?
- What is a Medicaid managed care program?
- What does managed care cover?
- Do I have to join a managed care plan?
- Where can I find information on the new Medicare Part D Prescription Drug Program?
- What is the Medicaid Buy-In Program for Working People with Disabilities?
- I just want Family Planning Benefits. How do I apply?
- I want to know more about Family Health Plus.
- I want to know more about Child Health Plus.

What is Medicaid?

Medicaid is a program for New Yorkers who can't afford to pay for medical care.

How do I know if I qualify for Medicaid?

You may be covered by Medicaid if:

- You have high medical bills.
- You receive Supplemental Security Income (SSI).
- You meet certain financial requirements.

For more details, use the ACCESS NY Public Health Insurance Eligibility Screening Tool to see which public health insurance programs you and your family may be eligible for.

How do I apply for Medicaid?

You can apply for Medicaid in any one of the following ways: Write, phone, or go to your local department of social services. You can also mail in an Access NY Health Care application to your local department of social services, or apply with the help of an enrollment facilitator.

You can use the "Fill and Print" ACCESS NY Health Care application to apply for Medicaid. With the "Fill and

How do I know if my income and resources qualify me for Medicaid?

The chart below shows how much income you can receive in a month and the amount of resources (if applicable) you can retain and still qualify for Medicaid. The income and resource (if applicable) levels depend on the number of your family members who live with you.

2011 Income & Resource Levels*					
	Medicaid Standard for Singles People, Couples without Children & Low Income Families		Net Income for Families; and Individuals who are Blind, Disabled or Age 65+		Resource Level (Individuals who are Blind, Disabled or Age 65+ ONLY)
	Annual	Monthly	Annual	Monthly	
1	$8,487	$708	$9,200	$767	$13,800
2	$10,595	$883	$13,400	$1,117	$20,100
3	$12,606	$1,051	$15,410	$1,285	$23,115
4	$14,637	$1,220	$17,420	$1,452	$26,130
5	$16,736	$1,395	$19,430	$1,620	$29,145
6	$18,271	$1,523	$21,440	$1,787	$32,160
7	$19,889	$1,658	$23,450	$1,955	$35,175
8	$21,965	$1,831	$25,460	$2,122	$38,190
9	$23,154	$1,930	$27,470	$2,289	$41,205
10	$24,345	$2,029	$29,480	$2,457	$44,220
For each additional person, add:		$99	$2,010	$168	$3,015

*Effective January 1, 2011

For more details, use the ACCESS NY Public Health Insurance Eligibility Screening Tool to see which public health insurance programs you and your family may be eligible for.

Income and Resource Levels are subject to yearly adjustments.

You may also own a home, a car, and personal property and still be eligible. The income and resources (if applicable) of legally responsible relatives in the household will also be counted.

Can I be eligible for Medicaid even if I make more money than the chart shows?

Yes, some people can. Pregnant women, children, disabled persons, and others may be eligible for Medicaid if their income is above these levels and they have medical bills. Ask your Medicaid worker if you fit into one of these groups.

Click here for more information on the Medicaid Excess Income program.

Individuals who are certified blind, certified disabled, or age 65 or older who have more resources may also be eligible. Ask your Medicaid worker if this applies to you.

If an adult has too much income and/or resources and is not eligible for Medicaid, that person may be eligible for:

- Family Health Plus or
- Family Planning Benefit Program

Expanded Income levels for Children and Pregnant Women

- Infants to age one and pregnant women - 200% of the federal poverty level.
- Children age 1 through 5 years - 133% of the federal poverty level.
- Children age 6 through 18 years - 100% of the federal poverty level.

Monthly Income Effective January 1, 2011*

Number in Family	100% FPL**	133% FPL**	200% FPL**
1	$908	$1,207	$1,815
2	$1,226	$1,631	$2,452
3	$1,545	$2,054	$3,089
4	$1,863	$2,478	$3,725
5	$2,181	$2,901	$4,362
6	$2,500	$3,324	$4,999
7	$2,818	$3,748	$5,635
8	$3,136	$4,171	$6,272
For each additional person, add:	+$319	+$424	+$637

* Income Levels are subject to yearly adjustments.

** FPL = Federal Poverty Level

If a child has too much income and is not eligible for Medicaid, the child may be eligible for Child Health Plus.

You also can use the ACCESS NY Public Health Insurance Eligibility Screening Tool to see which public health insurance programs you and your family may be eligible for.

What are my rights?

The Medicaid application, Access NY Health Care, tells you what your rights are when you apply for Medicaid. See the pages titled "Terms, Rights and Responsibilities." People who receive Medicaid have privacy rights. Medicaid keeps your health information private and shares it only when we need to.

If you wish to apply for Medicaid, contact the local department of social services.You may also contact an enrollment facilitator. They can help you apply for Medicaid and Family Health Plus.

Generally, local districts must determine if you are eligible and send a letter notifying you if your application has been accepted or denied within 45 days of the date of your application. If you are pregnant or applying on behalf of children, the local district has 30 days from the date of your application to determine if you are eligible for Medicaid. If you are applying and have a disability which must be evaluated, it can take up to 90 days to determine if you are eligible.

If you are not satisfied with a decision made by the local social services district, you may request a conference with the agency. You may also appeal to the New York State Office of Temporary and Disability Assistance and request a Fair Hearing.

How do I request a State fair hearing?

You can ask for a fair hearing by:

1) Telephone: You may call the state wide toll free number: 800-342-3334; **OR**

2) Fax Number: (518) 473-6735; **OR**

3) On-Line: Complete and send the online request form at:
http://www.otda.state.ny.us/oah/forms.asp; OR

4) Write: to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201.

Can I still keep part of my income if I am in a nursing home (Residential Health Care Facility) or in an intermediate care facility for the developmentally disabled?

Yes. Under Medicaid you are allowed to keep a small amount for your personal needs. You can also keep some of your income for your family if they are dependent on you. A spouse who remains in the community may also keep resources and income above the levels shown.

Will there be a lien (legal claim) placed on my estate (my assets) when I die?

If you receive medical services paid for by Medicaid on or after your 55th birthday, or when permanently residing in a medical institution, Medicaid may recover the amount of the cost of these services from the assets in your estate upon your death.

What health services are covered by Medicaid?

In general, the following services are paid for by Medicaid, but some may not be covered for you because of your age, financial circumstances, family situation, transfer of resource requirements, or living arrangements. Some services have small co-payments. These services may be provided using your Medicaid card or through your managed care plan if you are enrolled in managed care. You will not have a co-pay if you are in a managed care plan, except for pharmacy services, where a small co-pay will be applied.

- smoking cessation agents
- treatment and preventive health and dental care (doctors and dentists)
- hospital inpatient and outpatient services
- laboratory and X-ray services
- care in a nursing home
- care through home health agencies and personal care
- treatment in psychiatric hospitals (for persons under 21 or those 65 and older), mental health facilities, and facilities for the mentally retarded or the developmentally disabled
- family planning services
- early periodic screening, diagnosis, and treatment for children under 21 years of age under the Child/Teen Health Program
- medicine, supplies, medical equipment, and appliances (wheelchairs, etc.)
- clinic services
- transportation to medical appointments, including public transportation and car mileage
- emergency ambulance transportation to a hospital
- prenatal care
- some insurance and Medicare premiums
- other health services

If you are eligible for Medicaid, you will receive a Benefit Identification Card which must be used when you need medical services. There may be limitations on certain services.

For you to use your Benefit Identification Card for certain medical supplies, equipment, or services (e.g., wheelchair, orthopedic shoes, transportation), you or the person or facility that will provide the service must receive approval before the service can be provided (prior approval).

What is a Medicaid managed care program?

Enrollment in a Medicaid managed care program through a Health Maintenance Organization (HMO), clinic, hospital, or physician group is available at any local department of social services. You may be required to join a managed care plan. When you join a managed care program, you will choose a personal doctor who will be responsible for making sure all your health care needs are met. The doctor will send you to someone else if you need more help than the doctor can provide.

What does managed care cover?

Managed care covers most of the benefits recipients will use, including all preventive and primary care, inpatient care, and eye care. People in managed care plans use their Medicaid benefit card to get those services that the plan does not cover.

Do I have to join a managed care plan?

In many counties you can join a plan if there is one available and you want to. However, there are some counties where families will have to join a plan. In these counties there are some individuals who don't have to join. Please check with your local social services department to see if you have to join a plan.

Of special interest to persons with disabilities:

If you think you are disabled, and if you meet the criteria for disability included in the Social Security Act, you may be eligible for Medicaid.

If you believe you are disabled, you should furnish the local department of social services with medical evidence about your impairment(s).

It may be necessary for you to have further examinations and/or tests for the disability to be determined.

The cost of such examinations, consultations, and tests requested by the disability review team, if not otherwise covered, will be paid by the local social services agency.

NOTE: Persons who are denied for reasons of failure to meet the disability criteria are entitled to appeal the disability decision that led to the denial of their application. See the section of this page entitled "What are my rights?". Any person dissatisfied with the Fair Hearing decision of the New York State Office of Temporary and Disability Assistance may also appeal to the court system.

Local Department of Social Services

If you send an e-mail to Medicaid@health.state.ny.us please include your phone number so we can respond to you as quickly as possible.

Questions or comments: medicaid@health.state.ny.us
Revised: April 2011

NYC Human Resource Administration/Department of Social Services
Manhattan Job Centers

Waverly
12 West 14th Street
New York, NY 10011

(212) 620-9890
(212) 620-9421

East End
2322 Third Avenue
New York, NY 10035

(212) 860-2749
(212) 860-6801

Union Square
109 E. 16th Street
New York, NY 10003
Primarily serves individuals identified as having significant barriers to employment and needing specialized services.

(212) 835-8300
(212) 835-7361

Intensive Services Center
109 E. 16th Street
New York, NY 10003
Primarily services active cases not engaged in employment or related activities.

(212) 835-8261
(212) 835-7682

Residential Treatment
Service Center
109 E. 16th Street
New York, NY 10003

(212) 835-7937
(212) 835-7671

Family Services Call Center Manhattan Satellite
132 W. 125th Street
New York, NY 10027
Primarily handles face to face recertifications and emergency walk-in activities for the Family Call Center's active child only cases whose payees are not in receipt of cash assistance.

(212) 666-7567
(718) 883-8296

Housing Program Center
132 W. 125th Street
New York, NY 10027
Services eligibility and employment needs of Housing Stability Plus (HSP) program participants. The HSP program is a housing supplement program that provides eligible public assistance participants residing in shelter facilities the opportunity to find suitable permanent housing and receive financial assistance to help pay the rent in the form of a rent supplement.

(212) 666-5678
(212) 666-5576

Refugee
2 Washington Street
New York, NY 10004
Primarily services refugee or immigrant clients as well as individuals with language barriers.

(212) 495-7053
(212) 495-7050

Dyckman
4055 10th Avenue
New York, NY 10034

(212) 569-9543
(212) 569-9626

Senior Works Center
109 E. 16th Street
New York, NY 10003
Primarily services public assistance recipients who are age 60 or over.

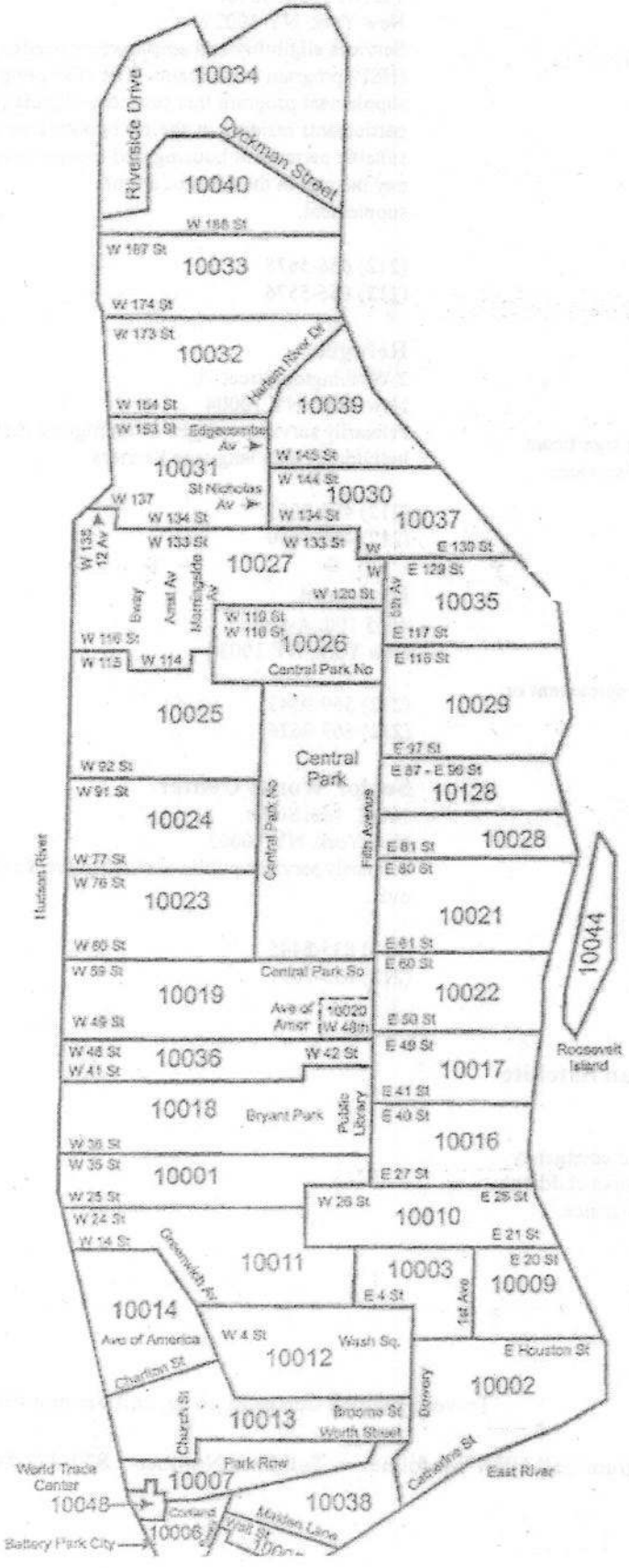
(212) 835-8445
(212) 835-7691

Zip code 10029: East End Center
Zip code 10035: East End Center
Zip code 10037: Dyckman Center

To verify which Center to go to, call the number below.

For Assistance with Any HRA Program Call HRA's Infoline — Toll-Free Number : 877-472-8411.

NYC ZIP Codes



Please return the completed form to:

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Vocational and Educational Services
for Individuals with Disabilities (VESID)

Application for VR Services

Please print or type all entries

VES-04 (11/04)

NAME Last	First	Middle Initial	SEX ☐ Male ☐ Female

If your school, health, or any other records are listed under another name, then enter the name(s) here:	Last	First	Middle Initial

MAILING ADDRESS Street	Apartment Number

City	State	ZIP + 4 Code	County	SOCIAL SECURITY NUMBER

PHONE NUMBER(s) where we can reach you or leave a message	Best time to call	DATE OF BIRTH Month Day Year
1. ( ) Area Code 2. ( ) Area Code	1. 2.	

Race/Ethnicity – Choose ALL that apply. If left blank VESID will complete. If Hispanic or Latino is checked please check additional box.	☐ American Indian or Alaska Native ☐ Asian (Includes Indian Subcontinent) ☐ Black or African American	☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White

What is your disability?	Who referred you to us?	MARITAL STATUS ☐ 1 Married 2 Widowed 5 Never Married 3 Divorced 4 Separated

I hereby apply for rehabilitation services: Signature of applicant, parent, or legal guardian Date

X (sign. here)

• • • Please answer the questions below and on the back of this form. • • •

While you do not have to answer these questions now, your answers will help VESID process your application.

Have you ever received services from VESID or its former name, the Office of Vocational Rehabilitation (OVR)? ☐ Yes ☐ No

Are you now receiving services from one or more agencies? ☐ Yes ☐ No

If you are, indicate the name(s) and address(es) _____

_____

Describe how your disability limits your ability to work.

What services are you seeking from VESID?

Persons applying for or receiving rehabilitation services have the right to have any actions or decisions of this Office reviewed. A description of the review process and form can be obtained from any VESID District Office.

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Are you disabled because of a work-related injury?	☐ Yes	☐ No	Check the benefit(s) you now receive	☐ SSI ☐ SSDI ☐ Workers Compensation ☐ Other
Do you use any assistive devices or aids?	☐ Yes	☐ No		
Do you have a valid driver's license?	☐ Yes	☐ No	Do you regularly see a doctor or clinic about your disability?	☐ Yes ☐ No
Do you have access to a motor vehicle?	☐ Yes	☐ No	If 'Yes,' indicate date of last visit _____	
Do you use public transportation?	☐ Yes	☐ No	Also, if you see one or more doctors or clinics about your disability, list in the box below their names and addresses.	
Are you able to leave your home?	☐ Yes	☐ No		

Name and address of doctor(s) and clinic(s)

Circle the highest grade you have successfully completed, and check the applicable box(es)

1 2 3 4 5 6 7 8 Elementary 9 10 11 12 High School GED, or High School Equivalency Diploma ☐ Yes ☐ No 13 14 15 16 College 17 One or More Years in Graduate School 20 Doctorate

Special Education ☐ Yes ☐ No Do you now attend high school? ☐ Yes ☐ No Indicate college degree(s) earned _____

Name and address of school you last attended

List below other people in your household

Full Name	Age	Their Relationship to You

List below the person or persons VESID can contact in an emergency

Name	Address	Phone

List below your work history (include attachments, as necessary)

Employer Name and Address	Date Employed From	Date Employed To	Weekly Earnings	Job title and duties, and Reason for Leaving

All information will be kept confidential and is subject to verification

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation, in its educational programs and activities. Inquiries concerning this of nondiscrimination at should be referred to the Department's Office for Diversity, Ethics, and Access, Room 530, State