



(APPLICANT NOT AVAILABLE TO PERSONALLY RECEIVE NOTICE OF DETERMINATION)

TO: _____

CASE #: _____

LOCATION: _____

ROOM #: _____

Your application has been decided upon by the Adult Family Intake Center (AFIC). You have been determined to be ineligible for Temporary Housing Assistance.

In accordance with the notice which you received when you were given your placement, it is your responsibility to remain available for further consultations with AFIC staff during the period when your application was being considered and decided upon.

An AFIC staff member has attempted to provide you in person with your written notice of ineligibility (Action Taken on your Request for Assistance to Meet an Immediate Need or a Special Allowance / DHS 4002), but you were not in your room at the time. The notice informing you of the agency's decision and of your right to an agency legal conference and / or State Fair Hearing has been placed under your door. **To obtain a legal conference, please call the numbers listed below by 8AM the following day to speak with an agency attorney.**

Location: Current Conditional Shelter Placement (Temporary location due to COVID – 19)

Date : _____/_____/_____

Time : No later than _____

For an agency attorney to review the agency's decision on your application, you should contact (212) 481-4704 not later than 8am on the day of your scheduled conference.

You will have waived your right to an agency legal conference to review your ineligibility determination if you do not contact the AFIC office by phone as noted above. If you do not call in for your legal conference, but you wish to reapply for shelter, do NOT leave your current placement, call the number above to submit a new application. One of the [AFIC] intake staff will accept your new application and provide you with further directions.

DHS/Facility Staff _____
Please Print Name

Signature

Date: _____/_____/_____

Time: _____ AM / PM