



Benefit Advocacy Forms

| Client Release Forms | |
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| SSA Appointment of Representative | Appointment of Representative (SSA-1696-U4) Form |
| Authorization for Release of Health Information Pursuant to HIPAA | Health Insurance Portability and Accountability Act (HIPAA) Authorization for Release Form |
| NYC HRA Authorization to Release Case Information | Client Authorization Form |
| NYC Human Resources Administration (HRA) | |
| <p>Advocate Inquiry Form:</p> <p>Assistance with resolving issues (Cash Assistance/SNAP)</p> | <ul style="list-style-type: none"> • Advocate Inquiry Form Email form and synopsis of case to advocateing@hra.nyc.gov • Online Submission: https://www1.nyc.gov/assets/home/html/hra-advocate-inquiry-form.html |
| <p>Reasonable Accommodation Request:</p> <p>Individuals who have a disability, medical condition or mental health condition and need assistance applying or obtaining HRA services.</p> | Reasonable Accommodation Request Form |
| <p>Request Fair Hearing Evidence Packet:</p> <p>Use this form to request documentation HRA intends to submit at the hearing to support an action it has taken or intends to take.</p> <p>NOTE: An evidence packet is different from a case record.</p> | Request Fair Hearing Evidence Packet: |



| Housing Advocacy Forms | |
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| <p>Earned Income Disregard (EID) Sample Letter to a Housing Director or Manager</p> <p>Section 8 tenants with disabilities and Public Housing residents who return to work may have their employment income disregarded when calculating rent.</p> | <ul style="list-style-type: none"> • Section 8 • Public Housing |
| <p>NYCHA’s Reasonable Accommodation Request Policy At-A-Glance</p> <p>NYCHA’s Section 8 and Public Housing residents who have a disability, medical condition or mental health condition and need assistance applying or obtaining services may apply for a reasonable accommodation.</p> | <p>NYCHA’s Reasonable Accommodation Request Policy</p> |
| <p>NYCHA Request for Resident File Form</p> <p>NYCHA’s Section 8 and Public Housing residents may request their own records with a FOIL request.</p> | <p>NYCHA's Freedom of Information Law (FOIL) Request Form</p> |
| <p>NYCHA’s Consent to Release Records to Person/Entity Other Than NYCHA Resident</p> <p>Allows client representatives to receive a NYCHA’s Section 8 or Public Housing resident’s records in connection with a FOIL Request, see above <i>NYCHA Request for Resident File Form</i>.</p> | <p>NYCHA's Consent to Release NYCHA Records</p> |
| NYS Office of Temporary and Disability Assistance, Office of Administrative Hearings | |
| <p>Fair Hearing Request</p> | <ul style="list-style-type: none"> • Request a Fair Hearing Online or • English Fair Hearings Request Form |
| <p>Fair Hearing - Request an Adjournment</p> | <ul style="list-style-type: none"> • Request an Adjournment Online or • Adjournment Form |



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| Fair Hearing - Request for Compliance | <ul style="list-style-type: none">• Request Compliance Online or• Compliance Form |
| Social Security Administration Appeals | |
| File a non-medical appeal (SSI or SSDI) | <ul style="list-style-type: none">• Request a Non-Medical Appeal |
| File an appeal for disability benefits (SSI or SSDI) | <ul style="list-style-type: none">• Request an Appeal for Disability Benefits• Social Security Appeal Forms |