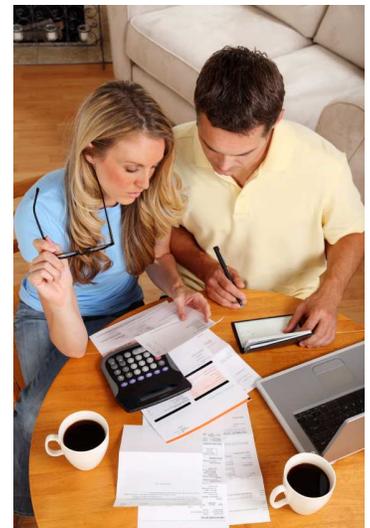


2011 Helping Hands Tool Kit



A Professional's Guide to Assistance Programs



2011 Helping Hands Tool Kit

Introduction

The *Helping Hands Tool Kit* contains information on a broad range of community programs and tax credits that can assist social service agencies in the work they do with low-income individuals and families. The *Tool Kit* outlines and explains the benefits, eligibility guidelines and points of contact for a host of programs that help households meet the expenses of necessities such as health care, child care, utilities, and food.

Originally an annual Schuyler Center for Analysis and Advocacy (SCAA) campaign to inform working New Yorkers of available benefits, the *Helping Hands Tool Kit* has been an initiative of the New York State Community Action Association (NYSCAA) since 2006. NYSCAA is the state association representing New York's 52 Community Action Agencies, dedicated to providing services and advocacy that strengthen the ability of its members to improve the quality of life of low-income people throughout New York State. With a statewide network that can reach every New Yorker, Community Action Agencies form a service delivery system that connects individuals and families to the services they need in order to achieve economic self-sufficiency.

NYSCAA extends its gratitude to the Schuyler Center for Analysis and Advocacy for the opportunity to continue this vital public service and to Fred Newdom who, in consultation with a variety of experts in multiple organizations and state agencies, assisted NYSCAA staff with the compilation and verification of the contents of this 2011 *Tool Kit*.

We are confident that you will find this year's *Tool Kit* to be a useful resource in the extraordinary work you do every day, advocating for better futures for individuals, families and communities. Please feel free to reproduce and distribute the material in this packet as you see fit. The *Tool Kit*, posted in its entirety, as well as in individual sections, is available on the NYSCAA website at www.nyscommunityaction.org.

2011 Annual Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Household size	100%	133%	150%	200%	300%	400%
1	\$10,890	\$14,484	\$16,335	\$21,780	\$32,670	\$43,560
2	14,710	19,564	22,065	29,420	44,130	58,840
3	18,530	24,645	27,795	37,060	55,590	74,120
4	22,350	29,726	33,525	44,700	67,050	89,400
5	26,170	34,806	39,255	52,340	78,510	104,680
6	29,990	39,887	44,985	59,980	89,970	119,960
7	33,810	44,967	50,715	67,620	101,430	135,240
8	37,630	50,048	56,445	75,260	112,890	150,520
For each additional person, add	\$3,820	\$5,081	\$5,730	\$7,640	\$11,460	\$15,280

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2011 Helping Hands Tool Kit

Aging/Senior Services

AGING/SENIOR PROGRAMS AND SERVICES

In order for many older adults to remain in their homes, they need a wide range of services that allow them to continue participating in family and community life. In addition, caregivers need supports to help them cope with and understand their responsibilities. Many communities offer a variety of programs for older adults and their loved ones.

Below is a description of the variety of programs and local support services offered throughout New York State. For more information on these programs and their availability in your community, please contact your local Office for the Aging.

Congregate Meals

Healthy, nutritious meals in a congregate setting are offered to New York's older adults aged 60+ (and spouses of any age) up to five days a week. Allied services include nutrition education, nutrition counseling, and transportation. More than 1,000 locations offer congregate nutrition in New York State. They are located in senior centers, senior clubs, senior housing complexes, town halls and other facilities.

Home Delivered Meals

Home-delivered meals are available to homebound individuals, including older adults aged 60+, spouses of any age, and disabled dependents of any age. Allied services include nutrition education and nutrition counseling. Based on client assessments, older persons may also receive a wide variety of other services.

Alzheimer's Disease and other Dementias

Many people and families struggle to cope with the challenges of Alzheimer's disease and other forms of dementia. Many services are available to assist both the persons afflicted with the disease and their families. For a list of Alzheimer's disease Assistance Centers, go to:

www.health.state.ny.us/diseases/conditions/dementia/alzheimer/community_service_programs/disease_assistance_center.htm.

These centers can help persons obtain a clinical diagnosis and referral for proper treatment. Also see the list of Alzheimer's Disease Community Services Programs and Alzheimer's Associations, as well as other Alzheimer's disease resources in New York State at www.health.state.ny.us/diseases/conditions/dementia/. They provide a variety of valuable programs for sufferers of dementia as well as their family members and other caregivers. Services may include support groups, information, training for families, and educational materials.

Elder Caregiver Support Program

This program provides support and assistance to caregivers (such as spouses, partners, children and friends) who are caring for an older person in order to ensure that they may remain at home in the community. The goal is to enable these caregivers to continue to do so by providing them support based on their unique circumstances.

The assistance provided to caregivers may include the following: information about available services; assistance with obtaining services; individual counseling, participation in support groups and training to assist in making decisions and solving problems related to their caregiver roles; respite care to provide a temporary, short-term break from their caregiving responsibilities; and other supplemental services to complement the caregiver's efforts. In some counties, it may also provide support for grandparents and other older relatives caring for children.

AGING/SENIOR PROGRAMS AND SERVICES

Expanded In-home Services for the Elderly Program (EISEP)

EISEP assists elders who need help with activities of daily living (e.g., dressing, bathing, personal care) and instrumental activities of daily living (e.g., shopping, housekeeping, cooking) who want to remain at home and are not eligible for Medicaid. The program's case managers help elders and their families decide what help is needed and arrange for services that may include non-medical in-home services, non-institutional respite for caregivers, and other services available in the community. EISEP supports and supplements care provided by families and friends. Participants whose incomes are above 150% of poverty share in the cost of the services, according to a sliding scale.

Eldercare Locator

This is a nationwide directory assistance service designed to help elders and caregivers find local support resources for America's elders. Call their toll-free service which links callers with information and services in their own communities and in other states at **1-800-677-1116**.

Senior Centers

Senior centers throughout New York State offer recreational, social, wellness and health promotion and nutritional services. To find the senior center closest to you, contact your local office for the aging. A list of offices can be found at the end of this Tool Kit.

Caring for Minor Children

Hundreds of thousands of grandparents and other relatives in New York State care for minor children who are without their own parents. The Kinship Navigator is a statewide program that began in 2007 specifically designed to provide information and resources to kinship caregivers across the state. For more information go to www.nysnavigator.org

Also, the New York State Office for the Aging has developed a Grandparent/Kinship Caregivers Support Programs Directory that is designed to provide information on resources and services available across the state to support grandparents and other relatives (kinship caregivers) raising children. The directory is available on the New York State Office for the Aging website: <http://www.aging.ny.gov/Caregiving/GrandParents/Index.cfm>

Home Care Services

Local providers offer services in the homes of people with temporary or chronic needs who cannot perform day-to-day tasks. Services may range from nursing care to assistance in shopping, meal preparation and other household functions, as well as bathing, grooming and feeding.

Respite Services

Respite services provide infrequent and temporary substitute care or supervision of frail or disabled adults. Respite care is intended to give the caregiver a break from caring for their loved one, providing the caregiver with temporary relief from the stresses or responsibility of caregiving so they may keep their loved one at home for as long as possible. Respite services can be provided on either a planned or emergency basis, on a regular schedule, or as a one-time service.

AGING/SENIOR PROGRAMS AND SERVICES

Social Adult Day Services

Social adult day services are structured, comprehensive programs that provide older people with a variety of stimulation and assistance in a protective setting during part of a day but for less than a 24-hour period. These programs include assistance with personal care, nutrition, socialization, supervision and monitoring, and may include enhancement of daily living skills, transportation, caregiver assistance, and other services. These services help the participants to remain in the community and provide family caregivers with relief from their responsibilities.

Supportive Services

Supportive services include transportation, information and referral, outreach, in-home services, adult day care and legal services, as well as a range of other services. These are offered through local offices for the aging.

Telephone Reassurance and Friendly Visiting

For seniors who live alone, telephone contact assures well-being and good health. Friendly visiting provides person-to-person social contact which helps prevent isolation.

This material is drawn from New York's Senior Citizen Resource Guide Published by the NYS Office for the Aging.

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

Program Description

EPIC is a New York State sponsored prescription plan for senior citizens who need help paying for their prescriptions. Seniors with Medicare prescription coverage (“Part D”) may join EPIC to help pay drug costs not covered by their Part D plan.

Eligibility

New York State residents can join EPIC if they are 65 or older AND have annual income of \$35,000 or less (if single) or \$50,000 or less (if married). Seniors with full Medicaid benefits are not eligible for EPIC, but people with Medicaid spenddown can apply. Most seniors must also have a Medicare Part D, if they are eligible, unless they would lose their retiree or union health coverage by joining Part D. EPIC also requires eligible seniors to enroll in the Medicare Part D “Extra Help” program. EPIC will assist seniors in enrolling in Part D and Extra Help.

Benefits

EPIC is a cost sharing program. For members in the EPIC Fee Plan, EPIC pays the Part D premiums *up to* the average monthly cost of a basic drug plan. For those in the Deductible Plan, EPIC lowers the deductible to help pay for monthly Part D premiums.

Seniors with moderate incomes pay a low quarterly fee and participate in the **Fee Plan**. Seniors with higher incomes participate in the **Deductible Plan** and have to meet an annual deductible. Those required to pay a fee or meet a deductible also make a copayment at the pharmacy when purchasing prescriptions. For more detailed information on how EPIC works, go to www.health.state.ny.us/health_care/epic/your_guide_to_epic.htm

Fee Plan: Single seniors with income up to \$20,000 and married seniors with income up to \$26,000 are eligible. The cost to join is based on annual income and seniors may pay the annual fee in quarterly installments.

SINGLE	
Annual Income	Annual Fee
Up to \$ 6,000	\$ 8
\$ 6,001- \$ 7,000	16
\$ 7,001- \$ 8,000	22
\$ 8,001- \$ 9,000	28
\$ 9,001- \$10,000	36
\$10,001 - \$11,000	40
\$11,001 - \$12,000	46
\$12,001 - \$13,000	54
\$13,001 - \$14,000	60
\$14,001 - \$15,000	80
\$15,001 - \$16,000	110
\$16,001 - \$17,000	140
\$17,001 - \$18,000	170
\$18,001 - \$19,000	200
\$19,001 - \$20,000	230
Over \$20,000	See Deductible Plan

MARRIED	
Joint Annual Income	Annual Fee (Each Person)
Up to \$6,000	\$8
\$6,001 - \$7,000	12
\$7,001 - \$8,000	16
\$8,001 - \$9,000	20
\$9,001 - \$10,000	24
\$10,001 - \$11,000	28
\$11,001 - \$12,000	32
\$12,001 - \$13,000	36
\$13,001 - \$14,000	40
\$14,001 - \$15,000	40
\$15,001 - \$16,000	84
\$16,001 - \$17,000	106
\$17,001 - \$18,000	126
\$18,001 - \$19,000	150
\$19,001 - \$20,000	172
\$20,001 - \$21,000	194
\$21,001 - \$22,000	216
\$22,001 - \$23,000	238
\$23,001 - \$24,000	260
\$24,001 - \$25,000	275
\$25,001 - \$26,000	300
Over \$26,000	See Deductible Plan

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

Deductible Plan: The Deductible plan is available to single seniors with income between \$20,001 and \$35,000, and married seniors with income between \$26,001 and \$50,000. This plan is designed to help seniors with high drug costs. There is no fee to join the Deductible Plan. Those enrolled pay full price for their prescriptions until they meet an annual deductible (also based on income). There is no need to send in receipts – EPIC automatically keeps track of how much deductible enrollees have spent at the pharmacy. After the deductible is met, these enrollees save more than half on their prescription costs for the rest of the year.

SINGLE	
Annual Income	Deductible
Under \$20,000	Not Available
\$20,001 - \$21,000	\$ 530
\$21,001 - \$22,000	550
\$22,001 - \$23,000	580
\$23,001 - \$24,000	720
\$24,001 - \$25,000	750
\$25,001 - \$26,000	780
\$26,001 - \$27,000	810
\$27,001 - \$28,000	840
\$28,001 - \$29,000	870
\$29,001 - \$30,000	900
\$30,001 - \$31,000	930
\$31,001 - \$32,000	960
\$32,001 - \$33,000	1,160
\$33,001 - \$34,000	1,190
\$34,001 - \$35,000	1,230
Over \$35,000	Not Eligible

MARRIED	
Joint Annual Income	Deductible (Per Person)
Under \$26,000	Not Available
\$26,001 - \$27,000	\$ 650
\$27,001 - \$28,000	675
\$28,001 - \$29,000	700
\$29,001 - \$30,000	725
\$30,001 - \$31,000	900
\$31,001 - \$32,000	930
\$32,001 - \$33,000	960
\$33,001 - \$34,000	990
\$34,001 - \$35,000	1,020
\$35,001 - \$36,000	1,050
\$36,001 - \$37,000	1,080
\$37,001 - \$38,000	1,110
\$38,001 - \$39,000	1,140
\$39,001 - \$40,000	1,170
\$40,001 - \$41,000	1,200
\$41,001 - \$42,000	1,230
\$42,001 - \$43,000	1,260
\$43,001 - \$44,000	1,290
\$44,001 - \$45,000	1,320
\$45,001 - \$46,000	1,575
\$46,001 - \$47,000	1,610
\$47,001 - \$48,000	1,645
\$48,001 - \$49,000	1,680
\$49,001 - \$50,000	1,715
Over \$50,000	Not Eligible

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

Copayments

At the pharmacy, Fee Plan and Deductible Plan seniors present both their EPIC and any other drug insurance cards, including Medicare Part D. The EPIC co-payment is based on the cost of the prescription remaining after being billed to the Part D or other drug plan. For seniors in the **Fee Plan**, EPIC will pay the deductible or co-payment required by their Part D or other drug plan, and the senior will only pay the EPIC co-payment. Seniors in the **Deductible Plan** will pay the deductible or co-payment required by their Part D or other drug plan, which is automatically credited toward their EPIC deductible. After the EPIC deductible is met, EPIC will pay the deductible or co-payment required by their other plan, and the senior will only pay the EPIC co-payment.

For Each Prescription Costing	Enrollees Pay
Up to \$ 15	\$ 3
\$ 15.01 to \$ 35	\$ 7
\$ 35.01 to \$ 55	\$ 15
Over \$ 55	\$ 20

What drugs are covered?

Almost all prescription medicines are covered, as well as insulin, and insulin syringes and needles. Both brand name and generic drugs are included. Quantities allowed depend on what Part D or other primary drug coverage the EPIC member has. The dispensing limits under the primary coverage apply. For members without Part D or other coverage, EPIC allows prescriptions up to a 30-day supply or 100 tablets or capsules, whichever is greater. For all other drug forms (such as patches, liquids, creams, injectibles, etc.) the maximum is a 30-day supply.

What pharmacies can be used?

Most pharmacies in New York State are enrolled as EPIC providers, allowing seniors full access to EPIC benefits. However, EPIC cannot be used at pharmacies located outside of New York State, including mail order pharmacies. When traveling outside New York State, enrollees should plan to have an adequate supply of their medications with them. They can also make arrangements with their pharmacy in New York to have their prescriptions mailed or delivered to them on a short-term basis or in emergency situations.

How can EPIC be used with other prescription drug coverage including Medicare Part D?

EPIC supplements other prescription coverage for greater benefits and savings. When purchasing prescription drugs, the enrollee shows both EPIC and other insurance cards at the pharmacy. Any drug costs that are not covered by the other prescription coverage, including deductibles, co-insurance/co-payments and coverage gap, can be submitted to EPIC. This results in the lowest possible co-payment, and is often less than if EPIC or the other coverage is used alone. For example, if an EPIC enrollee also has other prescription drug coverage that requires a \$25 co-payment on a brand-name drug that costs \$100, the \$25 co-payment will be covered by EPIC and the enrollee would pay only a \$7 EPIC co-payment. In this example, if the senior did not use EPIC, \$25 would have been paid. If they used EPIC alone, they would have paid a \$20 EPIC co-payment. By using both plans together, they paid a much lower co-payment.

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

How does a senior apply for Extra Help?

EPIC seniors who are income eligible for Extra Help from Medicare are required to complete a Request for Additional Information (RAI) form (PDF, 231KB, 4pg.) to enable EPIC to apply for this federal benefit on their behalf. Extra Help comes in two levels – full and partial. If approved for Extra Help, seniors pay lower co-payments. Those approved for full Extra Help from Medicare do not have to pay any EPIC fees.

How to Apply

1-800-332-3742 from 8:30am until 5:00pm, Monday through Friday. The TTY number for the hearing impaired is **1-800-290-9138**. Language service lines are also available.

*The information for this fact sheet was taken from the NYS Health Department website:
www.health.state.ny.us/health_care/epic/index.htm*

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Program Description

Medicare prescription drug coverage is insurance run by an insurance company or other private company approved by Medicare. Medicare offers prescription drug coverage to everyone with Medicare*. Even if you don't take a lot of prescriptions now, you should still consider joining a Medicare drug plan. To get Medicare prescription drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other credible prescription drug coverage, you will likely pay a late enrollment penalty.

Two types of plans offer Medicare prescription drug coverage:

Medicare Prescription Drug Plans. These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.

Medicare Advantage Plans (like an HMO or PPO) are other Medicare health plans that offer Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called "MA-PDs."

* Medicare is the federal health insurance program for elderly (age 65+) and disabled individuals

Benefits

Since Part D is provided through private plans, the coverage varies widely from plan to plan.

Each plan has its own list of covered drugs (called a "formulary") and will not cover other drugs unless your doctor asks for an "exception". Some drugs can't be covered by Part D plans, and plans can impose restrictions on access to drugs that are covered under Part D. For instance, plans may require that you to get special permission to obtain a drug (prior authorization) or require you to try other cheaper drugs before they pay for a more expensive brand-name drug (step therapy), or impose limits on the amount of a drug they will cover (quantity limits).

Costs

There are several different types of cost associated with Part D for the typical beneficiary. Every plan has a **premium, deductible, co-payments, coverage gap, and catastrophic coverage.**

There is a special subsidy called **Extra Help** which makes Part D coverage much more affordable for beneficiaries with limited means.

While the various plans differ in some details, there are some general similarities between the plans, most required by Federal law. The following explanation is for a fictional "basic plan," which will give you a sense of what to expect. All companies offering Part D plans must provide at least one that is actuarially equivalent to the basic benefit structure discussed below. However, they may also offer **enhanced plans**, which may cover a larger list of drugs, or reduced out-of-pocket costs; these generally have higher premium. This section is limited to a discussion of standalone PDPs.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Premium

All PDPs have a monthly premium. The 2011 premiums in New York range from \$14.80/mo. to \$107.80/mo. The average premium for a PDP with basic coverage is \$38.84/mo. There are eleven PDPs in 2011 that will have \$0 premiums for people with Full Extra Help.

One new change for 2011 is that Part D will be subject to a means-tested premium similar to Part B. Medicare beneficiaries with annual income over \$85,000 (or for couples, \$170,000) will have to pay an additional surcharge above whatever premium they owe to their Part D plan. This surcharge is paid directly to the Federal government, not to the Part D plan. Affected individuals will have to pay their Part D premium to their plan, and then will pay the means-tested surcharge by whatever means their Part B premium is paid (usually by deduction from the Social Security check). The Social Security Administration uses the same method of determining income as for the Part B means-tested premium (i.e., Modified Adjusted Gross Income, or MAGI). The amount of the surcharge is determined by a sliding scale shown below.

If your monthly income and assets are limited, you may qualify for Extra Help—the federal program that helps pay most of the costs of prescription drug coverage. If you have Extra Help, the benefit works differently.

Means-Tested Premium for Part D

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount
Under \$85,000	Under \$170,000	\$0.00
Between \$85,000 and \$107,000	Between \$170,000 and \$214,000	\$12.00
Between \$107,000 and \$160,000	Between \$214,000 and \$320,000	\$31.10
Between \$160,000 and \$214,000	Between \$320,000 and \$428,000	\$50.10
Over 214,000	Over \$428,000	\$69.10

Deductible

Some PDPs have an annual deductible, where the beneficiary must pay the full cost of their drugs until their drug costs (including what the plan pays) reach a certain threshold. The maximum deductible a PDP may have in 2011 is \$310, but some plans have a reduced deductible, and ten have no deductible.

Co-payments

After meeting the deductible, beneficiaries enter the **Initial Coverage Period**, when are responsible for co-payments or coinsurance. This means that they will have to pay a certain amount towards the cost of their drugs, and the plan pays the rest (this balance should come out to about 25% beneficiary, 75% plan). Most plans have **tiered co-payments**, meaning that they have divided up their drug list into different tiers based on cost. For example, cheap generic drugs might be in the lowest tier, followed by brand-name drugs in the second tier, more expensive brand-name drugs in the third tier and very expensive, specialty, drugs in a fourth tier. The higher the tier, the higher the co-payment. Some plans use coinsurance instead of a fixed co-payment for certain tiers.

Coverage Gap

All plans have something called a coverage gap (aka “donut hole”), which is like a second deductible that must be met once your drug costs reach a certain threshold. In 2011, a beneficiary will reach the coverage gap once their drug costs (including the amount paid by the plan) reach \$2,840. In prior years, once a beneficiary reached the coverage gap, he or she was responsible for 100% of the cost of their drugs. Some plans provided very limited coverage during the gap, but most beneficiaries complained of major problems affording the cost of their drugs during the gap.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

One of the changes brought by Federal Health Reform (i.e., the Patient Protection and Affordable Care Act, or PPACA) is a gradual phasing out of the donut hole by 2020. In 2010, any Part D member who reached the donut hole should automatically have received a \$250 rebate check from the Federal government. In 2011, there will be a discount on drugs purchased during the donut hole. Beneficiaries will save approximately 50% on all brand-name drugs, and approximately 7% on all generic drugs. The full cost of brand-name drugs (but not generics) will continue to count towards TrOOP (i.e., towards getting the member out of the donut hole and into catastrophic coverage). Beneficiaries will still have to pay a small dispensing fee for drugs in the coverage gap that will not be discounted, so the actual cost to the beneficiary may be a little more than 50%.

Catastrophic Coverage

Once the beneficiary's drug costs for the year (including the amount paid by the plan) reach \$6,447.50, then they enter catastrophic coverage. From this point onward (until next January), the beneficiary is responsible for only about 5% of the cost of their drugs, and the plan pays the rest.

2011 Standard Benefit (for people without extra help)

Deductible: You pay the first \$310
Initial Benefit Period: You pay 25% of the next \$2,530 in drug costs or \$633
Donut Hole/Coverage Gap: You pay 50% of the next \$3,608 in drug costs.
Catastrophic Coverage: You pay 5% of drug cost OR \$2.50 (generic)/\$6.30 (brand), whichever is higher

Extra Help for persons with limited income and/or resources

Extra Help, also known as the **Low- or Limited-Income Subsidy (LIS)**, is a Federal subsidy administered by the Centers for Medicare and Medicaid Services (CMS) that helps Medicare beneficiaries with limited income and/or resources to pay for some or most of the costs of Medicare prescription drug coverage. Some of the costs covered in full or in part by Extra Help include the monthly premiums, annual deductible, co-payments, and the coverage gap.

There are two types of Extra Help, **Full** and **Partial**, which differ in terms of eligibility and how much of a subsidy they provide.

Eligibility

There are two different ways of becoming eligible for Extra Help: being deemed eligible by receiving certain other public benefits, or by applying to the Social Security Administration (SSA).

Deemed Eligible

Some people are "deemed" eligible for Extra Help and will be automatically enrolled in Extra Help. They do not need to file an Extra Help application.

Individuals are **deemed eligible** who:

- Are entitled to benefits under Medicare Part A (hospital insurance) or enrolled in Medicare Part B (supplementary medical insurance) or both; AND
- Are enrolled in one of the following:
 - **Supplemental Security Income (SSI)** benefits or
 - **Medicaid** with prescription drug coverage, or
 - **Medicare Savings Program (MSP)** such as **Qualified Medicare Beneficiaries (QMB)**, **Specified Low-Income Medicare Beneficiaries (SLMB)**, or **Qualifying Individuals (QI-1)**

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Dual Eligibles

Those who receive Medicaid and Medicare are called dual eligibles. They are deemed eligible for Full Extra Help.

All dual eligibles are deemed eligible for Full Extra Help. When CMS identifies a dual eligible without Part D coverage, they will automatically enroll them in a standalone PDP chosen at random from among the available plans that are free for people with Full Extra Help.

This includes Medicaid recipients with a spend-down. Anyone who meets the spend-down in any month from August to December of the current year should be automatically enrolled in Extra Help for all of the next year. This is true even if they were cut off Medicaid later in the current year or will be cut off next year.

Application for Extra Help

Those individuals who are not automatically deemed eligible for Extra Help may still be eligible based on their income and resources, but these people must submit an application to Social Security. Unlike the rest of the Part D program, which is administered by CMS, applications for Extra Help are administered by the Social Security Administration (SSA). New York State Departments of Social Services (i.e., HRA in NYC) may also begin accepting applications for Extra Help.

To be eligible for Extra Help via application, the individual must:

- Be entitled to benefits under Medicare Part A (hospital insurance) or enrolled in Medicare Part B (supplementary medical insurance) or both;
- Be in a Part D or Medicare Advantage enrollment period or already enrolled with a PDP or MA-PD (although SSA will not deny a subsidy application solely because the individual files outside of an enrollment period);
- Reside in one of the 50 states or the District of Columbia;
- Have countable income and resources within specified limits (see chart below); and
- File an application with SSA online⁵⁴, at Social Security office, or by mail

Not everything you own or earn is counted in determining Extra Help eligibility. Common disregards include your home, a burial fund, Holocaust reparations, and funds received or conserved to pay for medical and/or social services.

There are two new disregards thanks to the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). In-kind support and maintenance (e.g., someone else pays your rent for you or buys you groceries) will no longer count as income. In addition, the cash surrender value of life insurance policies will no longer be counted as a resource. These two changes take effect only for applications submitted after January 1, 2010. However, if an applicant was denied Extra Help any time since 2006, CMS will send them a new Extra Help application in 2010 to determine whether they would now be eligible in light of the new disregards.

Backdoor to Full Extra Help

The chart on the next page shows that the income limit for QI-1 and for obtaining Full Extra Help by application to SSA is identical: 135% FPL (which comes out to \$1,218/mo. for a single applicant based on 2010 figures). However, QI-1 (like SLMB and QMB) has no asset test. As a result, QI-1 provides a way for clients with low income but more than \$8,100 of savings to obtain Full Extra Help. In addition, if a client has income even lower than 135% FPL, but assets over the Full Extra Help asset limit, then they can use SLMB or QMB to get Full Extra Help. This is why we sometimes call the MSPs a “backdoor” to Extra Help eligibility.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

2010 Monthly Income and Asset Limits for Extra Help

Household Size:	One		Two	
	Income	Assets	Income	Assets
Full Extra Help				
<i>Deemed Eligible</i>				
QI-1	\$1,219	NO LIMIT	\$1,640	NO LIMIT
SLMB	\$1,083	NO LIMIT	\$1,457	NO LIMIT
QMB	\$ 903	NO LIMIT	\$1,215	NO LIMIT
Medicaid	\$ 787	\$13,800	\$1,117	\$20,100
<i>By Application to SSA</i>	\$1,219	\$ 8,100	\$1,640	\$12,910
Partial Extra Help	\$1,354	\$12,510	\$1,822	\$25,010

Enrollment

There are two types of enrollment involved in Part D: enrollment in a drug plan and enrollment in Extra Help. This section is just about enrolling in a drug plan.

Initial Enrollment Period (IEP)

When someone first becomes eligible for Medicare, because they have either turned 65 or received Social Security Disability Insurance (SSDI) for 2 years, they have an Initial Enrollment Period for Part D identical to the Initial Enrollment Period for Part B. They have a 7-month period to enroll in a drug plan. The period begins 3 months before and ends 3 months after the month of either (a) their 65th birthday, or (b) the month they begin to receive Medicare based on disability (the second anniversary of receiving SSDI).

Annual Coordinated Election Period (ACEP)

Anyone can enroll or change plans during Annual Coordinated Election Period (ACEP) which is from November 15 - December 31 of each year, with the change taking effect on January 1 of the following year.

Those who didn't enroll during their IEP, but who waited until the ACEP, may have to pay a Late Enrollment Penalty when they do enroll, unless an exception applies.

In 2011, for plan year 2012, the ACEP will be moving. The new ACEP from 2011 onward will be from October 15 to December 7, with the enrollment taking effect January 1.

Special Enrollment Periods (SEPs)

Special Enrollment Periods are opportunities for certain Medicare beneficiaries to make certain enrollment decisions outside of the IEP and ACEP. There are at least 35 different SEPs. Each SEP corresponds to a different circumstance. Due to the large number of SEPs, the following list is not exhaustive, but includes the most common SEPs.

Involuntary Loss of Creditable Coverage

If an individual loses prescription drug coverage that is creditable, through no fault of their own, then they will have a SEP ending two months after the loss, or after they receive notice of the loss, whichever is later.

Extra Help

All Extra Help recipients – dual eligibles, MSP participants, and people with Full or Partial Extra Help through Social Security – have a perpetual SEP that allows them to change plans once a month. Those who lose their Extra Help have a three-month SEP to change plans or disenroll from Part D.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Plan Moves or Terminates

Those whose PDP or MA plan ceases operating in their area or whose contract is terminated by the plan or CMS mid-year have a three-month SEP.

Beneficiary Moves

People who move outside the coverage area of their PDP can change plans once during an SEP that runs from one month before the month of their move to two months after the month of their move.

Material Contract Violation

People whose PDP substantially violated a material provision of its contract, such as by failing to provide benefits on a timely basis or in accordance with applicable quality standards, or by materially misrepresenting the plan's provisions in marketing the plan to the person.

Exceptional Circumstances

People who “meet other exceptional circumstances as CMS may provide.” A few common examples:

- “For individuals enrolling in employer/union group-sponsored Part D plans, for individuals to disenroll from a Part D plan to take employer/union-sponsored coverage of any kind, and for individuals disenrolling from employer/union-sponsored coverage (including COBRA coverage) to enroll in a Part D plan.” Thus, those who leave their job but cannot afford to pay the high COBRA premiums will be able to enroll in Part D upon losing their COBRA coverage.
- Anyone who moves into, resides in, or moves out of a variety of institutional settings, including Skilled Nursing Facilities and Nursing Facilities. The SEP upon moving out is for 2 months.
- Individuals enrolled in a State Pharmaceutical Assistance Program (SPAP), such as EPIC, have an SEP to make one enrollment choice by the end of the calendar year.

Since July 1, 2007, EPIC has required almost all of its members to join a Part D plan. When EPIC sees that one of its members does not have Part D coverage, EPIC will automatically enroll them in a plan. EPIC makes this enrollment using the SPAP SEP. As a result, the beneficiary themselves cannot use the SEP in that year. However, they can use the “loss of creditable coverage” SEP to switch from the plan EPIC assigned them, because once EPIC becomes secondary to Part D it is no longer considered “creditable coverage.”

Those EPIC members who already have Part D plans still have the use of their SPAP SEP, because EPIC never used it for them.

- Individuals who enrolled in Medicare Advantage plans “based on misleading or incorrect information provided by plan employees, agents or brokers.” To use this SEP, it is best to select the new plan first, then call 1-800-MEDICARE and explain the facts. The customer service representatives have authority to decide whether this SEP applies on a case-by-case basis. It has been relatively easy for people to disenroll prospectively, but it may require more advocacy for your client to be disenrolled retroactively.

Annual Disenrollment Period (ADP)

In years past an additional enrollment period relating to changes to beneficiaries’ Medicare Advantage enrollment, called the Open Enrollment Period. Effective 2011, this enrollment period has been eliminated. In its place, there is now a new, shorter, more limited enrollment period, known as the Annual Disenrollment Period.

Technically, this is a “disenrollment period,” not an enrollment period. This period runs from January 1 to February 14. The only thing you can do during this time is disenroll from a Medicare Advantage plan and return to Original Medicare. Beneficiaries cannot switch from one Medicare Advantage plan to another, nor can they switch from Original Medicare to a Medicare Advantage plan. However, beneficiaries who disenroll from their Medicare Advantage plan (with or without drug coverage) may enroll in a standalone PDP to accompany their Original Medicare.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Changing Plans

Generally, people can only change Part D plans during the ACEP from November 15 to December 31 of each year, with an effective date of January 1 of the next year.

EXAMPLE: Lourdes became eligible for Medicare in March 2010. She can use her Initial Enrollment Period to enroll in a Part D plan as late as June 30, 2010. **HOWEVER**, if she waits until then to enroll, she won't be able to change plans until the ACEP from 10/15/2011 to 12/7/2011.

Beneficiaries get to make one enrollment choice during a given enrollment period. This means that if someone wants to switch plans, they should not disenroll from the old plan. They should just use their enrollment period to enroll in a new plan, and they will be automatically disenrolled from the old one.

In general, a beneficiary may make ANY enrollment choice during an enrollment period (either enroll for the first time, disenroll, or switch plans). However, there are some SEPs where only certain changes can be made.

Lock-In

If a Medicare beneficiary enrolls in a PDP or MA plan during their IEP or ACEP, they generally are locked in to that plan until the next ACEP. Only if they are covered by a SEP, or if they want to make one of the changes available during the OEP for Medicare Advantage, can they switch plans between ACEPs.

How do you enroll in a Part D plan?

There are several different ways to enroll in a Part D plan (assuming you have an enrollment period that allows you to enroll). The fastest way is probably to call the customer service number of the plan in which you want to enroll. However, you might need to call 1-800-MEDICARE to invoke your rights under a SEP.

- Call the plan
- Call 1-800-MEDICARE
- Use the Plan Finder website at <http://medicare.gov/MPDPF>

When is the enrollment effective?

All enrollments or plan changes made during the Annual Coordinated Election Period (ACEP) – between November 15 and December 31 – will have an effective date of January 1.

Note, however, that as a practical matter, enrollments made after December 7 are not guaranteed to be effective at the pharmacy counter January 1 (this is one of the reasons the ACEP was moved effective 2011). Although beneficiaries may seek reimbursement from the plan for their out-of-pocket costs should their new plan not pick up in time, it is better to enroll/change early and have a seamless transition.

Enrollments during the IEP, ADP, or a SEP will have different effective dates, depending upon the enrollment period used.

Automatic deduction of the premium

A plan may offer to deduct automatically a member's premium from his Social Security check each month. This is similar to the way in which many people have their Part B premiums deducted.

This seems convenient for people who don't want another monthly bill; however, due to the many problems with this feature in 2006 and 2007, CMS has recommended that people not activate the deduction from their Social Security checks.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Best option: Set up an auto-debit from a checking account or an automatic monthly charge to a credit card.

Alternately, opt to receive a book of premium coupons, which must be sent in each month along with a check for the premium.

Late Enrollment Penalty (LEP)

Although the Part D prescription drug benefit is “voluntary,” there is a penalty for not enrolling in it as soon as you’re eligible. A Part D-eligible person is subject to the penalty when she waits more than 63 days after losing creditable coverage to enroll in Part D. (This includes those who were eligible for Part D by May 2006 and didn’t sign up, even though they didn’t have any creditable coverage to lose.) The penalty is added to the person’s Part D monthly premium for as long as the person stays on Part D. There are some exceptions.

Creditable Coverage

There is NO penalty for delay (up to 63 days) as long as the beneficiary has drug coverage that is “creditable.” This is drug coverage that is as good as or better than the standard basic Part D benefit. The only way to know whether drug coverage is creditable is to get a written notice from the insurer; it’s not up to the beneficiary to decide whether their coverage is as good as Medicare’s.

NOTICE – Employers, unions, Medigap and other health insurers are required to send notices to their members (employees, retirees, etc.) each Fall as to whether or not their coverage is considered “creditable” by Medicare. Beneficiaries should be urged to request these notices if they don’t have them, and to keep them in a safe place.

Once you lose “creditable coverage,” you have 63 days to sign up for Part D. If you do this, there will be no penalty when you do join.

Examples of creditable coverage

- VA coverage and Tricare (military) coverage is creditable.
- EPIC coverage is only considered creditable if you are exempt from the mandatory enrollment of EPIC enrollees into Part D.

Examples of non-creditable coverage

- ADAP, unfortunately, does not count as “creditable” coverage.
- Medigap policies H, I, and J, which cover some prescription drug costs, are not creditable. Some old Medigap policies bought before 1992 may be creditable. Those with Medigap plans that cover drugs may keep these plans – they will not expire. The LEP only applies if they choose to leave the Medigap plan and join Part D, which they may reasonably decide never to do.
- Employer, retiree, union, and other health insurance may or may not be creditable. It has to be pretty bad to NOT be as good as Part D!
 - **WARNING ABOUT RETIREE BENEFITS:** Retirees who receive notice that their retiree coverage is creditable do not have to join a Part D plan to avoid a penalty. But if they join one anyway, they risk losing their entire retirement health package, not just their drug coverage.
 - People should NOT sign up for Part D if they or their spouse has “creditable” retiree coverage without verifying that the retiree plan will not cut off their or their dependent’s health coverage.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

How much is the penalty?

The beneficiary's monthly premium is increased by 1% of the current year's "base beneficiary premium" per month of delay. The base beneficiary premium for 2011 will be \$32.34. The beneficiary will have to pay this penalty for as long as he's enrolled in Part D. The amount of the premium changes each year based upon changes in the base beneficiary premium.

Extra Help wipes out the penalty

If a beneficiary has Full or Partial Extra Help, there is NO LEP. If someone with a LEP gets Extra Help, their LEP will be wiped out permanently, even if they subsequently lose Extra Help.

Automatic Enrollment

Once a Medicare beneficiary is approved for Extra Help, she will be automatically enrolled into a Part D plan.

Medicaid – Once somebody becomes a dual eligible, she will be required to join a Part D plan as a condition of Medicaid eligibility. If she does not select a plan by a certain date, then CMS will automatically assign her to a basic Part D plan.

MSP, Full or Partial Extra Help – Those with Extra Help but who are not on Medicaid will also be automatically enrolled in a Part D plan if they have not selected one on their own.

This automatic assignment is RANDOM. In 2011, the assignment will be to one of eleven benchmark plans. The assignment takes no account of the individual's actual needs - whether the plan covers their medications or includes their local pharmacies.

The only Extra Help beneficiaries not assigned randomly are those already enrolled in Medicare Advantage (MA). They will be assigned to the Medicare Advantage plan's drug plan (MA-PD).

Because Extra Help recipients have a continuous SEP to change plans, they can always switch out of the plan into which they were auto-assigned, effective the first of the following month.

For More Information

- **New York State Health Insurance Information and Counseling Program (HIICAP)**
1-800-701-0501
- **Medicare**
1-800-MEDICARE
www.medicare.gov
- **Social Security Administration**
1-800-772-1213
www.ssa.gov
- **Medicare Rights Center**
800-333-4114 (General consumer Medicare hotline)
877-794-3570 (Professional Part D technical assistance hotline)
888-466-9050 (Part D appeals hotline)
www.medicarerights.org

The material in this fact sheet was drawn from a number of sources but drew most heavily on the work of Self-help Community Service, Inc.'s Evelyn Frank Legal Resources Program (EFLRP) in collaboration with the Empire Justice Center and The Legal Aid Society.

2011 Helping Hands Tool Kit

Cash Assistance

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Program Descriptions

In New York State, there are two basic assistance programs: **Family Assistance (FA)** and **Safety Net Assistance (SNA)**. FA operates under federal Temporary Assistance for Needy Families (TANF) guidelines and State Law and regulations. SNA is generally State and locally funded (though there is a federal TANF-funded SNA for FA eligible families which contain an adult that has been identified to have alcohol or substance abuse problem).

Eligibility

Eligibility for FA and SNA is based on needs, income and assets, family composition, and various other requirements. Please note that eligibility and benefit level determinations are on a case-by-case basis.

Family Assistance (FA): Family Assistance (FA) provides assistance to needy families that include a minor child living with parent(s) /caretaker relative(s)

There is a 60-month *lifetime* limit on the receipt of Family Assistance benefits, including federal TANF assistance received in other States. This means that each individual month in which TANF-funded benefits are received, whether or not they are consecutive months, count toward this limit. Families may continue to receive assistance from the Safety Net Assistance Program when FA eligibility ends or, in some cases, may be exempt from the 60 month FA time limit.

Eligibility Requirements for Family Assistance:

- ✓ Household must meet gross and net income tests, asset, work and other requirements
- ✓ Household must include a child under the age of 18 OR a full-time student under age 19 (must be regularly attending a secondary school or an equivalent level of vocational/technical training)
- ✓ Household members must be US citizens or have a satisfactory immigration status
- ✓ If applicant is an unmarried pregnant or minor parent under the age of 18, he/she must reside with a parent, legal guardian or other relative over the age of 18 *unless*:
 - The minor does not have a living parent/legal guardian whose whereabouts are known
 - The parent/legal guardian will not allow the minor to reside with him/her
 - The minor is/has been subjected to abuse or evidence exists of imminent or serious harm if the minor resides in the residence with the parent/legal guardian
 - The social services district determines that it is in the minor's best interest to waive such requirement
- ✓ Parents and other adult relatives who can work must be working or involved in work activities
- ✓ Parents must cooperate with the local department of social services to locate any absent parent and to obtain a child support order. Non-cooperation without good cause could result in lower benefits

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Safety Net Assistance (SNA): Single adults, childless couples, children living apart from any adult relative, certain immigrant families, families with adults unable to work due to substance abuse problems, and those who have exceeded the 60-month limit on assistance may be eligible for Safety Net Assistance.

Eligibility Requirements for Safety Net Assistance:

- ✓ Households moving from FA to SNA due to the 60-month lifetime limit must continue to meet the eligibility requirements listed in the FA section above
- ✓ Household must meet income, asset, work and other requirements unless found work-exempt due to disability
- ✓ Household members must be US citizens or have a satisfactory immigration status

Benefits

The amount of benefits received under FA and SNA depend on family size, county of residence, shelter and heating expenses and income. The benefit includes a monthly cash allowance for regular monthly expenses; monthly home energy payments, a supplemental home energy payment, a monthly shelter allowance (varies by county and family size), and a heating allowance (varies by type of fuel, county and family size). To receive a heating allowance, the applicant must be both the tenant and customer of record (have the bill in their name). The shelter allowance covers the amount actually paid *up to* the county maximum.

SNA includes both a cash and non-cash component. Once an SNA participant has received cash SNA for two years, the local social services district will provide a two-party check or a direct check to the landlord and/or utility company. The participant will then receive the balance of the SNA benefit in cash.

Monthly Allowances by Household Size Before Shelter Allowance
(These amounts are subject to change – for the most up-to-date figures, see myBenefits.ny.gov)

Household Size	1	2	3	4	5	6	Each Additional Person
Monthly Allowance	\$141	\$225	\$300	\$386	\$477	\$551	\$75
Monthly Home Energy Allowance	\$14.10	\$22.50	\$30.00	\$38.70	\$47.70	\$55.20	\$7.50
Monthly Supplemental Home Energy Allowance	\$11	\$17	\$23	\$30	\$37	\$42	\$5
Total Needs Before Shelter/Other Allowance*	\$166.10	\$264.50	\$353.00	\$454.70	\$561.70	\$648.20	\$87.50

** The maximum monthly shelter allowance varies widely and has different levels depending on county of residence and whether the family includes children.*

Emergency Benefits

Some households experiencing an emergency situation may qualify for emergency assistance. An emergency is an urgent need or situation that has to be taken care of right away, such as: homelessness; pending eviction; little or no food; no fuel for heat in a cold weather period; utilities are or will soon be shut off; household member has been beaten, abused or threatened with violence by a husband, wife, partner or other household member. Examples of emergency assistance include, but are not limited to: payment of shelter arrears; security deposits and broker’s fees; payment of utility arrears; security deposits and broker’s fees; payment of fuel and/or cost of fuel delivery; payment of domestic violence or other shelter (hotel/motel) costs; and furnace, stove or refrigerator repair or replacement.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

How to Apply

Outside of New York City, call or visit your local department of social services to obtain an application package (contact list in this Tool Kit). In New York City, call or visit your local Income Support (Welfare) Center or Job Center.

You must fill out the application form and may turn it in the same day. If your household is facing an emergency, be sure to say so at the time of application. If there is a household emergency, the social services office *must interview you on the same day that you apply* and provide you with a written decision regarding your emergency need on that date. If the emergency is determined to be one that must be dealt with right away, the office must initiate appropriate action to meet the immediate need. If no household emergency exists, the office must conduct an interview with the applicant within 7 working days of receiving the application. At the interview, households must provide information and documentation to determine eligibility, including social security numbers, birth certificates, proof of housing and utility costs, proof of income, etc.

Thanks to the NYS Office of Temporary and Disability Assistance for their help in preparing this material.

2011 Helping Hands Tool Kit

Child Care Assistance

SUBSIDIZED CHILD CARE: Helping Make Work Possible

Program Description

Child care subsidies are provided by social services districts to enable a parent or caretaker to work or engage in other approved activities. Child care subsidies helps parent(s)/caretaker(s) to pay some or all of the cost of child care services. Social services districts can pay the cost of care up to the market rate.

Eligibility

There are three main categories of eligibility for receiving child care subsidies:

Category I – Guaranteed Child Care

- Temporary Assistance applicants and recipients, who need child care assistance for a child under 13 years of age to participate in activities required by the social service district.
- Families who are applying for and found eligible for Temporary Assistance and need child care to work and who choose child care in lieu of Temporary Assistance.
- Families who were receiving Temporary Assistance, but became ineligible when their income increased due to employment or child support and have received Temporary Assistance in three of the six months prior to their case closing are eligible for transitional child care for up to 12 months.

Category II – Families that are Eligible for Child Care When Funds Available in the Social Services District

- Temporary Assistance family needing care for a child 13 and older who has special needs or is under court supervision, so that the parent/caretaker can work.
- Temporary Assistance family that need child care to enable a teen parent to attend high school; or for the child to be protected because the child's parent is unable to care for the child due to physical or mental incapacity or has family duties away from home.
- Low income family, with a child under 13 years of age. (Family has an income up to 200% of the State income standard)

Category III - Families that are Eligible When Funds Available and Included in the Social Services District Child and Family Services Plan

- Temporary Assistance family with an eligible child participating in an approved activity in addition to their required activity.
- Temporary Assistance family with an eligible child and the sanctioned parent is participating in unsubsidized employment earning at least minimum wage.
- Families with open child protective services case when child care is needed to protect the eligible child.
- Temporary Assistance families and families with income up to 200% of the State income standard with an eligible child, attending various types of educational programs. Check with your local services district for a complete list of educational programs and eligible families.
- There are other categories of families that are eligible for child care subsidies when funds are available and included in the social services district Child and Family Services Plan. Check with your social services district for complete list of eligible families.

There are other categories of families that are eligible for child care subsidies when funds are available. Other categories of eligible families are selected by each social service district and listed in Appendix G-2 of the Social Services District Child Care Services Plan which is available at:

www.ocfs.state.ny.us/main/childcare/plans/plans.asp

SUBSIDIZED CHILD CARE: Helping Make Work Possible

Financial Eligibility

Financial Eligibility for child care subsidies is based on the family size and the family's gross annual income.

Income Guidelines *

Family Size	Maximum Income Ceiling (Annual)	Maximum Income Ceiling (Monthly)
1	\$ 21,660	\$ 1,805
2	\$ 29,140	\$ 2,428
3	\$ 36,620	\$ 3,052
4	\$ 44,100	\$ 3,675
5	\$ 51,580	\$ 4,298
6	\$ 59,060	\$ 4,922
each additional member	add \$ 7,480	add \$ 623

**These are 2010 figures – the eligibility levels are adjusted in June each year.*

Because of limited funding, many counties set their income eligibility levels below these figures. Additionally, several counties have special funding pay for child care for families over the income levels in this chart.

Benefits

Child care assistance helps families become self sufficient. Some parent/caretakers fall under the child care guarantee. A child care guarantee means that if the parent/caretaker meets the eligibility requirements, the social services district must pay an eligible child care provider for the child care. This guarantee applies only to the hours the parent/caretaker works and a reasonable amount of time to get to and from work and to the child care provider. The following families are eligible for the child care guarantee:

Families that are on Temporary Assistance

If you are receiving Temporary Assistance and participating in your required work activity you are guaranteed child care assistance. This program has a 60-month life time limit.

Child Care in Lieu of (Instead of) Temporary Assistance

This program helps working families who are financially eligible to receive Temporary Assistance and need child care to work, but choose to receive child care assistance instead of Temporary Assistance. If you are eligible for Temporary Assistance, but choose not to continue receiving Temporary Assistance, then you may be eligible for child care in lieu of Temporary Assistance. To be eligible for child care in lieu of Temporary Assistance you must meet the following requirements:

- If you are a single parent household you must earn the State minimum wage (\$7.25 per hour) or if you are self-employed you must earn at least \$127 per week or \$550 a month;
- If you are a single parent household working in a job exempt from the State minimum wage rules and paying less than minimum wage per hour you must work at least 17.5 hours per week;

SUBSIDIZED CHILD CARE: Helping Make Work Possible

- If you are a two-parent household with both parents earning the State minimum wage or more or, who are self-employed you must earn at least \$181 per week or \$784 per month;
- If you are a two-parent household where both parents are employed in a job exempt from minimum wage rules and paying less than minimum wage you must work at least 25 hours per week; or
- If you are a two-parent household and one parent is employed earning minimum wage or more per hour or self employed and the other parent is in a job exempt from minimum wage rules and paying less than minimum wage per hour one parent must earn a minimum of \$127 per week or \$550 per month and the other parent must work a minimum of 7.5 hours per week

This program does not have a time limit. Families may receive Child Care In Lieu of Temporary Assistance for as long as they remain eligible. You will be required to pay part of the cost of child care. This is called your family share. The amount you will pay depends on your income and the size of your family.

Transitional Child Care (TCC)

This program helps working families who are no longer financially eligible to receive Temporary Assistance and need child care in order to work. If your family is receiving Temporary Assistance, but your Temporary Assistance case is closing due to an increase in earned income or child support, or you have voluntarily closed your Temporary Assistance case, you may be eligible for TCC. If your family is receiving Child Care in Lieu of Temporary Assistance you may also be eligible for TCC when you become financially ineligible for Temporary Assistance. To be eligible for TCC, families must have been receiving Temporary Assistance (or Child Care in Lieu of Temporary Assistance), for 3 of the past 6 months. Families may be eligible for assistance through TCC for up to 12 months after the family becomes ineligible for Temporary Assistance.

For all other families, eligibility is set at 200% of poverty. However, because funds are limited, counties have the right to set priorities about who they will serve, leaving some eligible families without access to subsidized child care. All special eligibility rules for child care programs, are set forth in the social services district's Child and Family Services Plan, which you can obtain by visiting the Office of Children and Family Services website.

The amount to be paid for child care is the actual cost of care up to the market rate. The market rate is set by the State. If your provider charges more than the market rate you will have to pay the difference. Social services districts provide child care subsidy assistance through purchase of service contracts or through cash, vouchers or reimbursement. Families in receipt of child care subsidies are required to pay a family share towards the cost of the child care. The family share is calculated on a sliding scale with the family's share based on an income based formula with a percentage applied to the income above poverty chosen by the county. Families on Temporary Assistance are not required to pay a family share.

Under the New York State Child Care Block Grant, parents have the right to choose their own child care provider. If the provider has a contract with the social service district, parents do not have to pay any more than their family share, regardless of the rate charged to non-subsidized parents. If the provider does not have a contract with the social service district and the provider charges more than the market rate the parent must pay the difference.

SUBSIDIZED CHILD CARE: Helping Make Work Possible

How to Apply

Applications for child care subsidy and information about eligibility may be obtained by contacting your local social services district. If you live in New York City and you are on Temporary Assistance or applying for Temporary Assistance, call or visit your local Job Center. If you are applying only for child care assistance, call the New York City information helpline at 311 and they will direct you where to call. You must complete the application package and turn it in either in person or by mail.

Information on the availability of child care providers can be obtained through the Office of Children and Family Services website at www.ocfs.state.ny.us or the Child Care Resource and Referral (CCR&R) agency in your county.

Contact information for Departments of Social Services and CCR&Rs are provided at the end of this Tool Kit.

LDSS contact information is also available online at: www.otda.state.ny.us/main/workingfamilies/dss.asp

CCR&R contact information is also available on the New York State Early Care and Learning Council website: www.earlycareandlearning.org/resources/documents/AffiliateDirectory2010FallEdition.pdf

The material on this fact sheet is drawn from the Office of Temporary and Disability Assistance website section on Resources for Working Families.

2011 Helping Hands Tool Kit

Food/Nutrition Programs

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP/FOOD STAMP PROGRAM)

Program Description

The Supplemental Nutrition Assistance Program (Food Stamp Program) is a federal program to help families and individuals, both working and unemployed, or receiving Social Security, SSI benefits or a pension to meet their food needs. SNAP/Food Stamp benefits are provided to participants and accessed through an electronic benefits transfer (EBT) card which works like a debit card and can be used like money at most supermarkets, small groceries, fruit and vegetable markets, and even farmer's markets.

Eligibility

Any U.S. citizen and certain categories of legal immigrants may receive SNAP/Food Stamps. If your income is less than or equal to the amounts in the charts below (based on your family size), you may be eligible for Food Stamps. Income means your household's total gross monthly income *before taxes* and any household expenses are subtracted. Benefits from other programs such as Unemployment Insurance, welfare, Social Security or SSI, count as income. **Most households applying for SNAP/food stamp benefits no longer have to pass a savings/resource test in order to receive benefits.** This means having money in a savings, checking or retirement account, or having other resources, will not keep you from being eligible for food stamp benefits, as long as you meet the income guidelines below.

Income Guidelines*

Family Size	130% of Poverty Monthly GROSS Income <i>For Households without an elderly or disabled member</i>	200% of Poverty Monthly GROSS Income <i>For Households with an elderly or disabled member or with out-of-pocket child/dependent care expenses</i>
1	\$1,174	\$1,805
2	\$1,579	\$2,428
3	\$1,984	\$3,052
4	\$2,389	\$3,675
5	\$2,794	\$4,298
6	\$3,200	\$4,921
7	\$3,605	\$5,544
8	\$4,010	\$6,167
Each Additional Person	+ \$406	+ \$623

*These figures apply from October 1, 2010 through September 30, 2011.

(Note: There is no resource test unless someone in the household has been sanctioned from food stamps – then the household's countable resources must not exceed \$2000 or \$3000 for a household with any members who are age 60 or older or disabled.)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP/FOOD STAMP PROGRAM)

Eligibility continued:

Resources

Senior (60+)/disabled households with gross income above 200% of poverty MAY STILL QUALIFY but are subject to a resource/asset test. In these cases the household's net income would need to fall at or below 100% of poverty (see net income column in chart) and their resources must be \$3000 or less.

The 2008 Farm Bill excluded "Tax Preferred" Retirement Accounts such as Keogh Plans, IRAs, Simplified Employer Plans, Profit Sharing Plans and Cash Balance Plans from countable resources for any household subject to the resource limits. It also excluded "Tax Preferred" educational accounts such as 529s and Coverdell educational savings accounts from countable resources for any household subject to the resource limits.

Citizenship/Immigrant Status

Beyond meeting income requirements, to be eligible for SNAP/Food Stamps, you must be a U. S. citizen or an immigrant who:

- Entered the U.S. as a refugee, asylee, trafficking victim, Cuban/Haitian entrant, Amerasian, or person whose deportation has been withheld; or
- Is an immigrant with "qualified alien" status (either lawful permanent resident *or* battered spouse *or* child of a U. S. citizen *or* lawful permanent resident (LPR) *or* person to whom parole of one year or more than one year was granted who:
 - is a child under 18, or
 - is receiving disability based benefits, or
 - is an LPR who can be credited with 40 qualifying quarters of work, or
 - is an active duty service member or honorably discharged veteran or spouse of such individual, or, if none of the above,
 - has been in a qualified status for at least 5 years,
 - is an individual whose deportation has been withheld.

In addition, the following non-citizens are also eligible for SNAP/Food Stamps:

- Native Americans who cross the Canadian or Mexican borders.
- Certain Hmong and Highland Laotians and their spouses and children.
- Individuals from Iraq and Afghanistan granted "special immigrant" status.

Even if some members of the household are not eligible, an ineligible household member may file an application on behalf of other household members who are eligible, for example, an undocumented parent on behalf of citizen children.

Benefits

SNAP/Food Stamp benefits are provided in the form of an electronic benefits card that can be used to purchase food at authorized vendors. The amount of benefits for which your family will be eligible depends on your household's income, your deductible expenses and the size of your household. Of course, not all households will get the maximum benefit.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP/FOOD STAMP PROGRAM)

Benefits continued:

Food Stamp Maximum Benefits

Family Size	Maximum Monthly Food Stamp Allotment
1	\$ 200
2	\$ 367
3	\$ 526
4	\$ 668
5	\$ 793
6	\$ 952
7	\$ 1,052
8	\$ 1,202
Each additional person	\$ 150

How to Apply

Application forms are available at local Department of Social Services (see the contact list in this Tool Kit). You must be given or mailed an application form the first time you ask for it. All applications must be screened by the eligibility worker the day they are submitted to see if you are eligible for “expedited Food Stamps”. You can file your application on the day you get it, but may need to wait to do a full eligibility interview. You can request to be interviewed by phone. Even if you don't fill out the entire application form right away, you can file your application as long as the form has your name, address, and signature. If you don't have an address, you are still entitled to apply. It is important to file your application as soon as possible because **once your application is approved you will receive benefits from the date you submitted the form.** For your eligibility interview, bring proof of identity for all household members; housing and childcare expenses; income sources and amounts; citizenship status; and information about any child support payments you receive. After the interview, you will be notified in writing of your acceptance or denial for SNAP/Food Stamp benefits.

The New York State Office of Temporary and Disability Assistance (OTDA) has created a new website called myBenefits (www.mybenefits.ny.gov/selfservice/). The myBenefits site contains a screening tool that can be used to assess likely eligibility for food stamps and a variety of other programs. If you are a resident of New York State, you also can apply on-line anytime at ‘myBenefits’.

Additionally, in many locations throughout New York State, there are community organizations that can help you get and complete an application for the Food Stamp Program. In some of these locations, you also may be able to apply electronically through an on-line myBenefits electronic food stamp application. To find a list of these locations, visit the OTDA website or call the OTDA hotline at 1-800-342-3009.

Please Note: New York provides 5 months of transitional Food Stamp benefits for families with children leaving welfare for work or other means of support. This means that most people should continue to get Food Stamps for 5 months at least at the same level as when they were getting cash assistance. When you decide to go off cash assistance, you should be sure to tell the case worker why, to prevent any problems with your Food Stamp case. If you get food stamp benefits and your circumstances change and you think you now should get more, you should tell your local social services office about the change and ask that a case worker calculate a new benefit.

*Thanks to the NYS Office of Temporary and Disability Assistance for their help in developing this material.
For an eligibility prescreening guide, visit www.nutritionconsortium.org*

SCHOOL MEAL PROGRAMS

Program Description

The School Breakfast Program (SBP) and National School Lunch Program (NSLP) are federal programs that provide meals to children in participating schools throughout the state.

Eligibility

All public, non-profit private schools and residential child care institutions are eligible to operate the SBP and/or NSLP. All children attending schools that offer these programs may participate. Depending on the household's size and income, some children qualify for free or reduced-price meals. The chart below presents the income level for the different meal categories. Students from households that do not meet income guidelines pay various prices for meals depending on the school district. Schools are not permitted to publically identify which students receive free or reduced-price meals.

**Monthly Income Eligibility Guidelines
(2010-2011 School Year)**

Family Size	Free	Reduced-Price
1	\$ 1,174	\$ 1,670
2	1,579	2,247
3	1,984	2,823
4	2,289	3,400
5	2,794	3,976
6	3,200	4,553
7	3,605	5,130
8	4,010	5,706
For each add'l family member, add	406	577

Benefits

Schools that operate the SBP and/or the NSLP receive a per-meal federal and state reimbursement to prepare and serve meals to children. All meals served must meet nutritional guidelines determined by the US Department of Agriculture. Meal components include combinations of the following: milk, fruit/vegetable servings, and bread/grains, and meat/protein sources. As long as nutritional guidelines are met, schools have discretion to create their own menus. Regardless of payment category, all students in the school are served the same meal. As long as meals served meet these nutritional guidelines, schools receive reimbursement for the number of meals served.

How to Apply

To apply for free and reduce-price school meals, households need to submit an application to the school. Applications are distributed to households prior to the start of the school year and are available at the school administrative offices. For applications in over 25 languages, please visit the USDA's website: www.fns.usda.gov/cnd/FRP/frp.process.htm. In New York City, households are able to apply for free or reduced-price meals online at: https://a858-ihss.nyc.gov/ihss1/en_US/IHSS_languageSelectionPage.do

Students from households receiving Temporary Assistance to Needy Families and/or SNAP/food stamps do not need to fill out an application. Instead, they automatically qualify for free meals upon submitting a 'direct certification letter' to the school (these letters are mailed to households prior to the school year by the Office for Temporary and Disability Assistance).

Schools wishing to operate the SBP/NSLP must apply through the NYS Education Department and call (518) 473-8781.

Thanks to the Nutrition Consortium of NYS for information in preparing this material.

SUMMER FOOD SERVICE PROGRAM (SFSP)

Program Description

The SFSP provides free meals to children in low-income areas during the summer months. Summer meals may be served at schools, camps, housing authorities, parks, public pools, and other similar locations.

Eligibility

Sponsor and Site Eligibility: Schools, non-profits, camps, and local government agencies may operate/sponsor the SFSP. Sponsors that operate the SFSP are responsible for the administrative aspects of the program. SFSP sites, where meals are served to children, must meet the following criteria:

- Open sites: Meals are served at places located within school districts where school meal application data shows that at least 50% of children qualify for free/reduced-price meals --OR-- located within neighborhoods where Census data shows that at least 50% of households have incomes below 185% of poverty. A majority of all SFSP sites in NYS are open sites.
- Closed/Enrolled sites: These areas do not meet the open site requirement. Closed/enrolled sites must possess income verification that at least 50% of children served have household incomes below 185% of poverty.

Child Eligibility: Children and teenagers are 18 or younger (21 and younger for those with disabilities) are eligible to eat summer meals. At open sites, documentation of income/application is not required to eat. However, at closed/enrolled sites, documentation of income/application is required to eat.

Benefits

SFSP sponsors receive per-meal federal and state reimbursement to prepare and serve summer meals. In order to receive reimbursement, all meals must meet USDA nutritional guidelines. Meal components include combinations of the following: milk, fruits/vegetables, bread/grains, and meat/protein sources. As long as nutritional guidelines are met, summer food sponsors/sites have discretion to create their own menus. Programs most commonly provide free lunch, but may also provide breakfasts, snacks and/or supper to children.

How to Apply

Organizations interested in becoming a program sponsor and/or site should contact the NYS Education Department at (518) 432-5068.

To find open sites in your neighborhood, call 1-800-522-5006. For children to eat at open sites, there is no application or action required. However, closed/enrolled sites may require children to sign-in and/or require family income statements from participating children.

Thanks to the Nutrition Consortium of NYS for information in preparing this material.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Program Description

The Child and Adult Care Food Program (CACFP) provides meals and snacks to children at family day care homes, child care centers, homeless shelters, and after-school programs, and to older or functionally impaired adults at adult day care centers.

Eligibility

Program participants receive benefits under this program through their participation in a variety of care settings, such as those listed below.

- **Child Care Centers**

Eligible public or private non-profit child care centers, outside-school-hours care centers, Head Start programs, and other institutions which are licensed or approved to provide day care services may participate in CACFP, independently or as sponsored centers. For-profit centers must receive title XX funds for at least 25 percent of enrolled children or licensed capacity (whichever is less) or at least 25 percent of the children in care must be eligible for free/reduced-price meals. Meals served to children are reimbursed at rates based upon a child's eligibility for free, reduced-price, or paid meals (income guidelines are identical to those for the School Breakfast and School Lunch programs).

- **Day Care Homes**

A family or group day care home must sign an agreement with a sponsoring organization to participate in CACFP. Day care homes must be licensed or approved to provide day care services.

- **"At-Risk" After School Snacks and Suppers**

Community-based programs that offer enrichment activities for at-risk children and teenagers, after the regular school day ends, can provide free snacks through CACFP. Programs must be offered in areas where at least 50% of the children are eligible for free and reduced price meals based upon school data. Reimbursable suppers are also available to children in eligible after school care programs.

- **Emergency Shelters**

Public or private nonprofit emergency shelters which provide residential and food services to homeless children may participate in CACFP. Eligible shelters may receive reimbursement for serving up to three meals each day to homeless children, through age 18, who reside there. Unlike most other CACFP facilities, a shelter does not have to be licensed to provide day care. However, it must meet any health and safety codes that are required by state or local law.

- **Adult Day Care Centers**

Public or private nonprofit adult day care facilities which provide structured, comprehensive services to nonresidential adults who are functionally impaired, or aged 60 and older, may participate in CACFP as independent or sponsored centers. For profit centers may be eligible for CACFP if at least 25 percent of their participants receive benefits under title XIX or title XX.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Benefits

CACFP sponsors receive per-meal federal reimbursement to prepare and serve free meals in care settings. In order to receive reimbursement, all meals served must meet nutritional guidelines determined by the US Department of Agriculture. Meal components include combinations of the following: milk, fruit/vegetable servings, and bread/grains, and meat/protein sources. As long as nutritional guidelines are met, day care centers have discretion to create their own menus.

As long as meals served meet nutritional guidelines, participating agencies receive reimbursement for the number of meals served. Meal reimbursement rates vary according to the type of day care center.

How to Apply

For more information about the CACFP in New York State, please visit www.health.ny.gov/prevention/nutrition/cacfp/

Non-participating agencies and programs may apply for CACFP at any time during the year by contacting the NYS Department of Health at 1-800-942-3858. All participating day care programs must reapply annually.

*Thanks to the Nutrition Consortium of NYS and the NYS Department of Health
for information in preparing this material.*

WIC (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

Program Description

The WIC Program is a supplemental nutrition program for pregnant and postpartum women, infants and children who are at nutritional risk. It provides low-income participants with access to nutritious foods, nutrition education and health care with the goal of ensuring a healthy outcome of a pregnancy and adequate nutrition to infants and children.

As an adjunct to health care, health clinics, hospitals, and community-based organizations throughout the state sponsor and operate the WIC program. These ‘WIC local agencies’ are responsible for enrolling eligible participants.

Eligibility

In New York State, applicants must meet four eligibility requirements:

1. **Residency:** Must live in New York State. Immigration status is not a factor in determining eligibility
2. **Categorical:**
 - Women – pregnant, postpartum (up to 6 months after birth or pregnancy ends), or breastfeeding (up to infant’s first birthday)
 - Infants – up to infant’s first birthday
 - Children – up to child’s fifth birthday
3. **Income Requirement:** Participants must meet income guidelines below. Households participating in low-income Head Start programs and/or receiving Temporary Assistance to Needy Families (TANF), SNAP/food stamps, Medicaid, or free or reduced-price school meals, automatically meet WIC income criteria.
4. **Nutritional Risk:** WIC clinic or other health professional must certify that the individual is at nutritional risk, either for a medical reason (e.g. anemia, underweight), dietary reason (e.g. poor diet) or has inadequate nutrition due to migration or homelessness.

WIC Income Eligibility Guidelines (Effective from July 1, 2010 to June 30, 2011)

	Annual	Monthly	Weekly
1	\$ 20,036	\$ 1,670	\$ 386
2	\$ 26,955	\$ 2,247	\$ 519
3	\$ 33,874	\$ 2,823	\$ 652
4	\$ 40,793	\$ 3,400	\$ 785
5	\$ 47,712	\$ 3,976	\$ 918
6	\$ 54,631	\$ 4,553	\$ 1,051
7	\$ 61,550	\$ 5,130	\$ 1,184
8	\$ 68,469	\$ 5,706	\$ 1,317
Each Add'l Member Add	\$ 6,919	\$ 577	\$ 134

WIC (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

Benefits

Participants receive vouchers (WIC checks) that are redeemable at participating stores – supermarkets, small groceries, bodegas and pharmacies – and at some farmer’s markets around the state. Vouchers list the specific foods and quantities that are obtainable. These include milk, juice, eggs, cereal, and infant formula, among other healthy foods. In order to better meet the nutritional needs of WIC participants, New York State implemented new food packages in January 2009 that include available options such as whole grains and tofu, jarred baby foods, and cash-value checks for vegetables and fruits. To learn more about the new food packages, visit the NYS Department of Health’s website at:

www.health.state.ny.us/prevention/nutrition/wic/

In addition to food vouchers, participants are provided with nutrition education and counseling; undergo health screenings and referrals; obtain breastfeeding information and support; and receive obesity prevention information.

How to Apply

Applicants must be seen by a health professional such as a physician, nurse, or nutritionist who must determine whether the individual is at nutritional risk. In many cases, this assessment can be done at the WIC clinic at no cost to the applicant. However, this information can be obtained from another health professional such as the applicant’s physician.

People interested in WIC can be pre-screened by phone and are encouraged to call the local WIC agency. To find your nearest WIC agency, call 1-800-522-5006.

2011 Helping Hands Tool Kit

Health/Medical Programs

CHILD HEALTH PLUS (CHP)

Program Description

Child Health Plus is a health insurance plan for uninsured children up to age 19 who are not eligible for Medicaid. Coverage includes a variety of services ranging from well-child care and immunizations to emergency care offered through a variety of health plans throughout the state. The program is available to all New York State residents who meet the eligibility guidelines, regardless of income level, employment or immigration status. Families with income at or below 400% of poverty receive subsidized coverage on a sliding scale, and those with income below 160% of poverty pay no premiums at all.

Eligibility

To be eligible for Child Health Plus, a child must:

- Be under the age of 19;
- Be a New York State resident*;
- Not be eligible for Medicaid; and
- Not be eligible for coverage under the public employees' state health benefits plan;
- Not have any other health insurance coverage

* CHPlus is available to all children who otherwise qualify, regardless of immigration status

Benefits

You are given a choice of health plans in your region. Once you make your selection of a health plan, you will be given a list of providers near you. The provider may be a single doctor, a group practice of several doctors, or a community health center. If it is a group practice, you may be asked to choose a doctor for your child. Either way, you will be getting the personal health care that your child needs.

Services provided to CHP participants include the following*:

- Well-child care
- Physical exams
- Immunizations
- Diagnosis and treatment of illness or injury
- X-rays and lab tests
- Outpatient surgery
- Emergency care
- Prescription and non-prescription drugs, if ordered by a physician
- Inpatient hospital medical and surgical care
- Short-term therapeutic outpatient services (chemotherapy, hemodialysis)
- Limited inpatient and outpatient treatment for alcoholism, substance abuse, and mental health
- Dental care
- Vision care
- Speech and hearing services
- Durable medical equipment
- Emergency ambulance transportation to a hospital
- Hospice

*Child Health Plus will not pay for long-term care or non-emergency transportation or medical supplies

CHILD HEALTH PLUS (CHP)

Family Costs

There are NO CO-PAYMENTS for services or benefits received. Depending on gross family income, families may have to make a monthly contribution/payment to enroll in Child Health Plus. Use the chart below to determine whether a family contribution is required.

**Child Health Plus
Family Contributions by Income and Household Size**
(Effective for applications received on or after 7/1/2009)**

Family Contributions	Monthly Income by Family Size*								Each Add'l Person, Add:
	1	2	3	4	5	6	7	8	
Free Insurance	\$1,443	\$1,942	\$2,441	\$2,939	\$3,438	\$3,937	\$4,435	\$4,934	\$499
\$9 per Child per Month (Maximum of \$27 per family)	\$2,004	\$2,696	\$3,388	\$4,080	\$4,772	\$5,464	\$6,155	\$6,847	\$692
\$15 per Child per Month (Maximum of \$45 per family)	\$2,257	\$3,036	\$3,815	\$4,594	\$5,373	\$6,153	\$6,932	\$7,711	\$780
\$30 per Child per Month (Maximum of \$90 per family)	\$2,708	\$3,643	\$4,578	\$5,513	\$6,448	\$7,383	\$8,318	\$9,253	\$935
\$45 per Child per Month (Maximum of \$135 per family)	\$3,159	\$4,250	\$5,341	\$6,432	\$7,523	\$8,613	\$9,704	\$10,795	\$1091
\$60 per Child per Month (Maximum of \$180 per family)	\$3,610	\$4,857	\$6,104	\$7,350	\$8,597	\$9,844	\$11,090	\$12,337	\$1247
Full Premium per Child per Month	Over \$3,610	Over \$4,857	Over \$6,104	Over \$7,350	Over \$8,597	Over \$9,844	Over \$11,090	Over \$12,337	

* Pregnant women count as two

** The income levels for family contribution are those applicable in 2010. These levels are updated every year on the NYSDOH website (the link is available below under “How to Apply”).

How to Apply

To find out if you or your children are eligible for Child Health Plus, call this toll-free number: 1-800-698-4KIDS (1-800-698-4543). (If you are hearing impaired, call the TTY number 1-877-898-5849).

Hotline staff will determine eligibility and provide information on CHP health plans in your region. Families then call the plan of their choice to complete the enrollment process. In addition, there are “facilitated enrollers”—community organizations funded to help families enroll their children—for every county in the state.

To find information on how to enroll in your county, go to:

www.nyhealth.gov/nysdoh/chplus/where_do_i_apply.htm

You can also enroll through your local department of social services. For your LDSS contact information, go to: www.health.state.ny.us/health_care/medicaid/ldss.htm. A list of local departments is listed at the end of this Tool Kit.

Information on Child Health Plus can also be obtained from the NYS Department of Health website at:

www.health.state.ny.us/nysdoh/chplus/what_is_chp.htm

FAMILY HEALTH PLUS

Program Description

Family Health Plus (FHPlus) is a health insurance plan for uninsured low-income adults who are age 19 through 64 and earn too much to qualify for Medicaid. FHPlus is provided through participating managed care plans in New York State, and covers primary, preventive, specialty, and inpatient care. Prescription coverage is provided separately through Medicaid. Dental coverage is optional, depending on the plan. The program is available to all New York State residents who meet the eligibility requirements. There is no cost to apply for Family Health Plus and there are no deductibles once you are enrolled. Once enrolled, *you may be asked to pay part of the costs of some medical care/services.*

Eligibility

Family Health Plus is available to single adults, couples without children, and parents with limited income who are:

- Between the ages of 19 and 64;
- Residents of New York State;
- United States citizens (or fall under one of many eligible immigration categories);
- Not covered by any other comprehensive health insurance plan; and
- Within the income guidelines listed below (these figures are effective for 2010 and are expected to change for 2011)

Family Size	Yearly Income	Monthly Income	Weekly Income
Single Adult	\$10,830	\$ 903	\$208
Couples with No Children	\$14,570	\$ 1,215	\$280
Family Size 2	\$21,855	\$1,822	\$420
Family Size 3	\$27,465	\$2,289	\$528
Family Size 4	\$33,075	\$2,757	\$636
Family Size 5	\$38,685	\$3,224	\$743
Family Size 6	\$44,295	\$3,692	\$851
Family Size 7	\$49,905	\$4,159	\$959
For each additional person add:	+\$ 5,610	+\$ 468	+\$ 107

FAMILY HEALTH PLUS

Benefits

Family Health Plus provides comprehensive health insurance coverage. When you choose a health plan, you will have a regular doctor, get regular checkups and see specialists as needed. Some plans also offer dental care.

Coverage includes:

- Physician services
- Inpatient and outpatient health care
- Prescription drugs* and smoking cessation products
- Lab tests and X-rays
- Vision, speech and hearing services
- Rehabilitative services (some limits apply)
- Durable medical equipment
- Emergency room and emergency ambulance services
- Behavioral health and chemical dependency services (which includes drug, alcohol and mental health treatment—some limits apply)
- Diabetic supplies and equipment
- Hospice care
- Radiation therapy, chemotherapy and hemodialysis
- Dental services, if offered by the health plan
- Family planning and reproductive health service

**The FHPlus prescription drug benefit is provided through regular Medicaid. Enrollees will be provided a separate NYS Benefit Identification Card to access these benefits and must use a pharmacy that accepts Medicaid.*

FHPlus will not pay for long-term care services for chronic illnesses, non-emergency transportation, and medical supplies.

Health care in the Family Health Plus program is provided through managed care plans. During the application process, you must select a participating health plan. Every effort will be made to help you pick a plan that includes your current physician. Coverage does not begin until the applicant is enrolled in a plan. Applicants join a FHPlus plan for a 12-month period. Enrollees may switch plans for any reason during the first 90 days of coverage. After that, they may only switch for good cause. Members of the same family do not have to join the same FHPlus plan.

How to Apply

To apply for Family Health Plus, you will need to complete the Access NY Health Care application from your Local DSS office or print a copy at <http://www.nyhealth.gov/forms/doh-4220all.pdf>, and provide proof of identity, citizenship (or immigration status), residence, and income. Applicants must also select a managed care plan. Applications can be mailed or dropped off at your local DSS office, or “facilitated enrollers”—community organizations funded to help families enroll in public health insurance programs. At your request, facilitator enrollers and the local DSS will provide application assistance, but a personal interview is not required. To find an enrollment facilitator near you, go to www.nyhealth.gov/nysdoh/fhplus/where.htm

Information on Family Health Plus can be obtained from the NYS Department of Health website www.nyhealth.gov/nysdoh/fhplus/ (the source of the information on this fact sheet)

HEALTHY NY

Program Description

The Healthy NY program is designed to assist small business owners in providing their employees and their employees' families with health insurance. In addition, uninsured sole proprietors and workers whose employers do not provide health insurance may also purchase comprehensive coverage directly through Healthy NY.

All HMOs in New York State offer the streamlined, yet comprehensive, Healthy NY health insurance benefit packages to eligible businesses and individuals. Healthy NY includes health benefits that cover essential health needs including inpatient and outpatient hospital services, physician services, maternity care, preventative health services, diagnostic and x-ray services, and emergency services. Applicants may now choose a benefit package with prescription drug benefit or a benefit package without a prescription drug benefit.

Benefits

Covered services include the following:

- Diagnostic screening for prostate cancer for men
- Home Health care for up to 40 post-hospital/post-surgical visits per calendar year
- Physical therapy for 30 post-hospital or post-surgical visits per calendar year
- Inpatient hospital services consisting of daily room and board, general nursing care, special diets and miscellaneous hospital services and supplies
- Outpatient hospital services consisting of diagnostic and treatment services
- Physician services consisting of diagnostic and treatment services, consultant and referral services, surgical services (including breast reconstruction surgery after a mastectomy), anesthesia services, second surgical opinion, and a second opinion for cancer treatment
- Outpatient surgical facility charges related to a covered surgical procedure
- Pre-admission testing
- Maternity care
- Adult preventive services consisting of mammography screening, cervical cytology screening, periodic physical examinations no more than once every three years, and adult immunizations
- Preventive and primary health care services for dependent children including routine well-child visits and necessary immunizations
- Equipment, supplies and self-management education for the treatment of diabetes
- Diagnostic X-ray and laboratory services
- Emergency services
- Therapeutic services consisting of radiological services, chemotherapy and hemodialysis
- Blood and blood products furnished in connection with surgery or inpatient hospital services
- Prescription drugs obtained at a participating pharmacy (\$3,000 maximum per person, per year) if the prescription drug benefit is selected

Note: Services not covered by Health NY include: mental health services, including treatment and medication for ADHD, depression, and anxiety; alcohol/substance abuse treatment; chiropractic care; Hospice care; ambulance; dental care; vision; durable medical equipment

Pre-Existing Conditions: Coverage under the Healthy NY program is **subject to a pre-existing condition waiting period**. This means that if the applicant has a medical condition that they have been either diagnosed with or treated for in the last six months, services for the treatment of that condition may be excluded from coverage for up to a year. However, if an applicant has had prior health insurance coverage and has not had a break in coverage that is longer than 63 days, the pre-existing condition limitation waiting period will be reduced or waived. Coverage for other services will still be available for all other covered conditions.

HEALTHY NY

Pregnancy is a pre-existing condition in individual contracts. It is not a pre-existing condition in contracts issued to sole proprietors or small employers. Applicants should check with their health plan **in advance** to determine how this waiting period would impact the initial coverage of any existing health conditions they may have.

Costs

Healthy New York participants must pay a premium which varies by county. Premium rates can be found on the Healthy New York website: www.ins.state.ny.us/website2/hny/english/hnyr.htm

Covered services are subject to a co-payment. The co-payment is an amount that you must pay at the time you receive services. Additionally, for prescription drugs, there is an annual \$100 deductible. The deductible is the amount you must spend each year before you are able to obtain benefits. The amounts of the co-payments and deductible are the same for each health plan.

The applicable co-payments are:

- Inpatient hospital services - \$500 co-pay
- Surgical services - 20% or \$200 co-pay, whichever is less
- Outpatient surgical facility - \$75 co-pay
- Emergency services - \$50, waived if admitted to the hospital
- Prescription drugs - Maximum benefit of \$3,000 per individual per year; \$100 deductible per calendar year; generic drugs have a \$10 copay; brand name drugs have a \$20 copay plus the difference in cost between the brand name drug and generic equivalent.
- Prenatal services - \$10 co-pay
- Well-child visits/immunizations - \$0 co-pay
- All other services - \$20 co-pay

Eligibility Criteria for Individuals and Sole Proprietors

Reduced-cost health insurance is available under the Healthy NY program to certain working uninsured individuals and eligible sole proprietors. Healthy NY defines a sole proprietor as the only employee and only owner of a business.

In order to participate, you must meet the following eligibility criteria:

- You must reside in New York State
- You or your spouse must either be currently employed or must have been employed with the past 12 months
- Your employer does not currently provide you with health insurance. (Some exceptions apply.)
- You have not had health insurance for twelve months prior to your Healthy NY application or have lost that coverage due to a specific event. Specific events include but are not limited to the following: loss of employment; death of a family member; change to a new employer; change of residence; discontinuation of a group health plan, termination or cancellation of COBRA coverage (if you are eligible for COBRA coverage or have COBRA coverage, you can still apply for the Healthy NY); termination of participation in a public health insurance program, including Family Health Plus, Child Health Plus or Medicaid; legal separation, divorce or annulment; loss of eligibility for group health insurance coverage; aging off of a parent's insurance policy

HEALTHY NY

- You must be ineligible for Medicare
- Your current gross (before taxes) household income meets the income guidelines of the program

The "Healthy NY Income Guidelines" table below displays amounts effective January 1, 2009. For purposes determining family size, pregnant women count as 2 people.

Healthy NY Income Guidelines¹

Family Size	Monthly Household Income
1	Up to \$2,269
2	Up to \$3,065
3	Up to \$3,861
4	Up to \$4,657
5	Up to \$5,453
Each Additional Person	Add \$796

¹ When calculating family size include the number of family members in your household whether they will be included on the Healthy NY policy or not.

Mid-year fluctuations in household income and employment status will not result in termination of your Healthy NY coverage. Proof of income will be required annually when an enrollee recertifies.

Eligibility Criteria for Small Employers

The Healthy NY program is designed to encourage small employers that do not currently provide comprehensive group health insurance coverage, to purchase reduced cost coverage for their employees.

In order to participate in the Healthy NY program for small employers, the business must meet the following eligibility criteria:

- The business must be located within New York State
- The small employer must have 50 or fewer eligible employees
- 30% of the employees must earn wages of \$40,000 or less

The small employer must not have provided group health insurance coverage to their employees within the last twelve months. A small employer is considered to have provided health insurance if the employer has BOTH arranged for and contributed more than \$50 (or \$75 if the business is located in the Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties) per employee per month toward health insurance.

HEALTHY NY

Small Employer Eligibility Continued:

If an eligible employer opts to enroll their business in Healthy NY they must assure that:

- 50% of the eligible employees will participate in the program and at least one participant earns annual wages of \$40,000 or less. A small employer may count employees who have health insurance coverage through another source, such as a spouse or another government program towards the 50% participation requirement for Healthy NY.
- The employer will contribute at least 50% of the premium for permanent, full-time employees.
- The employer will offer Healthy NY to all employees who are working 20 or more hours per week and earning \$40,000 or less. The employer does not have to offer coverage current or contribute to premiums for part-time or seasonal workers or dependents.

How to Apply

An important step in applying for Healthy NY is choosing the HMO which will provide your coverage. Healthy NY is offered by all HMOs in New York State, and the Healthy NY benefit packages are the same regardless of which HMO you choose.

You must apply for the Healthy NY coverage directly to the health plan you have chosen. To find the participating HMOs in your county, go to www.ins.state.ny.us

Please mail your application to the HMO at the address listed.

- You may complete an application form made available from the participating insurer OR
- You may fill out the standard application form found on this website

Eligible applicants who submit a **complete** application to an HMO which is received by the HMO by the 20th of that month may be enrolled in the program by the 1st of the following month. If you have questions about the application process, you may contact the HMO to which you applied.

For a list of Healthy NY HMO contact numbers in your county, please go to www.ins.state.ny.us/website2/hny/english/hnyhmop.htm

To download application forms, go to www.ins.state.ny.us/website2/hny/english/hnystapp.htm

HEALTHY NY

Health Savings Accounts (HSA)

What is a Health Savings Account (HSA)?

The HDHP was designed to work with a health savings account (HSA). An HSA is a savings account used to pay for medical expenses such as deductibles, co-payments and over-the-counter medication. Under Federal law, you can contribute up to \$3,050 into the account each year if you have single coverage or up to \$6,150 into the account each year if you have family coverage. These amounts are set annually by the Federal Government. You can take advantage of the full contribution amount, regardless of what month you opened the account. However, there may be a tax penalty if you end your HDHP coverage too soon. Please see the U.S. Department of the Treasury Web site for more information. You can put money into the account in one lump sum or at any frequency that is convenient for you.

Who can contribute to an HSA?

An adult with coverage under an HSA-qualified high deductible health plan who does not have other medical coverage (other than specified disease insurance, disability, accident, dental or vision care or long-term care insurance) can contribute to an HSA. To be eligible to contribute to an HSA, the adult cannot be Medicare-eligible or be declared as a dependent on someone else's tax return.

What are the tax advantages of an HSA?

HSAs have several tax advantages when they are used with an HDHP. The money that you put into the HSA is tax-deductible, and it can earn tax-free interest. As long as the money in the HSA is used for qualified medical expenses, it will never be taxed. You may also be able to make a one-time rollover of funds from your individual retirement account (IRA), flex spending account (FSA), or health reimbursement arrangement (HRA).

How is an HSA used?

Funds deposited into an HSA may be used for any "qualified medical expense" under federal law, including dental and vision care and over-the-counter drugs. The funds generally may not be used to pay for health insurance premiums, except for COBRA continuation coverage, long-term care insurance, and Medicare premiums and associated out-of-pocket expenses.

How can you open an HSA?

An HSA must be opened with a bank or other financial institution, and there may be fees associated with it. Your health plan may have some information on establishing an HSA.

For additional information on health savings accounts, please visit the U.S. Departments of the Treasury website at www.treasury.gov

HEALTHY NY

Healthy NY Program's High Deductible Health Plan Option

What is a High Deductible Health Plan (HDHP)?

A high deductible health plan (HDHP) is a health insurance policy that requires the enrollee to pay for most medical expenses up to a certain dollar amount before the insurance policy begins to cover them. The Healthy NY high deductible health plan's annual deductible is \$1,200 for individual coverage and \$2,400 for family coverage for 2010. There may be a small adjustment for 2011.

You can access certain preventative services before you have met the deductible. In the Healthy NY program, these benefits include well-child and routine prenatal care, prostate cancer screening, mammography, cervical cytology, and adult physicals and immunizations. Copayments will still apply to these services. Money spent on copayments for preventive services do not count towards the deductible.

Money spent on medical expenses that are not covered by the HDHP will not be counted towards the plan deductible.

Small employers must choose the same option, either the high deductible plan or standard plan, for all employees covered under Healthy NY.

*Information on Healthy NY can be obtained at
www.healthyny.com
(the source of the information on this fact sheet)*

MEDICAID

Program Description

Medicaid is a joint federal/state health insurance program for low-income individuals and families who cannot afford to pay for medical care. The program is available to New York State residents who meet certain income and citizenship requirements. Resource limits now only apply to SSI-related applicants (those over 65, or certified blind or disabled). Many legal immigrants are also eligible for Medicaid in New York.

Eligibility

In general, to be eligible for Medicaid, an applicant must be a New York State resident and meet income eligibility guidelines. Financial eligibility rules for Medicaid vary depending on the eligibility category to which you belong. The New York Medicaid program is large and very complex, with over 30 different eligibility categories providing coverage for a wide range of individuals and circumstances. The most common general eligibility categories consist of children under 21, parents and other caretaker adults, disabled persons of any age, and the elderly. The first chart on this fact sheet reflects 2010 Medicaid income eligibility criteria for single adults and couples without children and low income families. Criteria for pregnant women and children are set forth separately in the next chart.

Medicaid Income Eligibility Standard for Single Adults and Couples without Children & Low Income Families (Effective January 1, 2010)

Family Size	1	2	3	4	5	6	Each Additional Person, Add:
Monthly Income	\$767	\$1,117	\$1,285	\$1,452	\$1,620	\$1,787	\$168
Annual Income	\$9,204	\$13,404	\$15,402	\$17,424	\$19,440	\$21,444	\$2,016
Resource Level*	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$3,015

* The resource level only applies to persons 65 or older or SSI-related (person certified blind or disabled: can also be used to determine eligibility for families, parents, caretaker relatives and children).

Medicaid for Children or Pregnant Women* 2010 Income Eligibility Levels (Effective January 1, 2010) Monthly (M) and Annual (A) Incomes for Family Size

Family Size	1	2	3	4	5	6	7	8	Each Add'l Person, Add:
Children under 1 year; Pregnant Women*	\$1,805M \$21,660A	\$2,429M \$29,140A	\$3,052M \$36,620A	\$3,675M \$44,100A	\$4,299M \$51,580A	\$4,922M \$59,060A	\$5,545M \$66,540A	\$6,169M \$74,020A	\$624M \$7,400A
Children 1-5 Years	\$1,201M \$14,404A	\$1,615M \$19,379A	\$2,030M \$24,353A	\$2,444M \$29,327A	\$2,859M \$34,301A	\$3,273M \$39,275A	\$3,688M \$44,250A	\$4,102M \$49,223A	\$415M \$4,975A
Children 6-18 Years	\$903M \$10,830A	\$1,215M \$14,570A	\$1,526M \$18,310A	\$1,838M \$22,050A	\$2,150M \$25,790A	\$2,461M \$29,530A	\$2,773M \$33,270A	\$3,085M \$37,010A	\$312M \$3,740A

* Pregnant women are eligible for Medicaid regardless of immigration status. There are no asset limits for children or pregnant women.

MEDICAID

Benefits

Medicaid generally covers numerous services such as the following:

- smoking cessation agents
- treatment and preventative 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

How to Apply

You can receive an application form for Medicaid through the local Department of Social Services (DSS), or use the Access NY Health Care Application available on line at: www.health.state.ny.us/forms/doh-4220all.pdf. As of April 1, 2010, Medicaid applications no longer require an in-person interview. The completed application form may be mailed to or dropped off at the local DSS, or may be filed with the assistance of “facilitated enrollers”—community organizations funded to help families enroll in public health insurance programs. To find an enrollment facilitator near you, go to: www.nyhealth.gov/nysdoh/fhplus/where.htm. Federal law still requires all first-time applicants to submit original documentation of citizenship and identity. To avoid loss of original documents, applicants should go to a facilitated enroller or to the local DSS to present them. PLEASE NOTE: You do not need to apply for cash benefits when applying for Medicaid. In fact, you may be eligible for Medicaid even if you are not eligible for public assistance (TANF).

Pregnant women and children can apply at many clinics and hospitals. Call your local department of social services to find out where you can apply.

If You Have Left Welfare for Work

For families who have left welfare for work, Medicaid benefits should not automatically end when the welfare case is closed. In fact, transitional Medicaid benefits are meant to be automatically provided for 12 months, if certain criteria are met. Make sure your caseworker signs you up for transitional Medicaid when you leave welfare.

For further information, go to the NYS Health Department website (the source of much of the information on this fact sheet)
www.nyhealth.gov/health_care/medicaid/index.htm

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

Program Description

EPIC is a New York State sponsored prescription plan for senior citizens who need help paying for their prescriptions. Seniors with Medicare prescription coverage (“Part D”) may join EPIC to help pay drug costs not covered by their Part D plan.

Eligibility

New York State residents can join EPIC if they are 65 or older AND have annual income of \$35,000 or less (if single) or \$50,000 or less (if married). Seniors with full Medicaid benefits are not eligible for EPIC, but people with Medicaid spenddown can apply. Most seniors must also have a Medicare Part D, if they are eligible, unless they would lose their retiree or union health coverage by joining Part D. EPIC also requires eligible seniors to enroll in the Medicare Part D “Extra Help” program. EPIC will assist seniors in enrolling in Part D and Extra Help.

Benefits

EPIC is a cost sharing program. For members in the EPIC Fee Plan, EPIC pays the Part D premiums *up to* the average monthly cost of a basic drug plan. For those in the Deductible Plan, EPIC lowers the deductible to help pay for monthly Part D premiums.

Seniors with moderate incomes pay a low quarterly fee and participate in the **Fee Plan**. Seniors with higher incomes participate in the **Deductible Plan** and have to meet an annual deductible. Those required to pay a fee or meet a deductible also make a copayment at the pharmacy when purchasing prescriptions. For more detailed information on how EPIC works, go to www.health.state.ny.us/health_care/epic/your_guide_to_epic.htm

Fee Plan: Single seniors with income up to \$20,000 and married seniors with income up to \$26,000 are eligible. The cost to join is based on annual income and seniors may pay the annual fee in quarterly installments.

SINGLE	
Annual Income	Annual Fee
Up to \$ 6,000	\$ 8
\$ 6,001- \$ 7,000	16
\$ 7,001- \$ 8,000	22
\$ 8,001- \$ 9,000	28
\$ 9,001- \$10,000	36
\$10,001 - \$11,000	40
\$11,001 - \$12,000	46
\$12,001 - \$13,000	54
\$13,001 - \$14,000	60
\$14,001 - \$15,000	80
\$15,001 - \$16,000	110
\$16,001 - \$17,000	140
\$17,001 - \$18,000	170
\$18,001 - \$19,000	200
\$19,001 - \$20,000	230
Over \$20,000	See Deductible Plan

MARRIED	
Joint Annual Income	Annual Fee (Each Person)
Up to \$6,000	\$8
\$6,001 - \$7,000	12
\$7,001 - \$8,000	16
\$8,001 - \$9,000	20
\$9,001 - \$10,000	24
\$10,001 - \$11,000	28
\$11,001 - \$12,000	32
\$12,001 - \$13,000	36
\$13,001 - \$14,000	40
\$14,001 - \$15,000	40
\$15,001 - \$16,000	84
\$16,001 - \$17,000	106
\$17,001 - \$18,000	126
\$18,001 - \$19,000	150
\$19,001 - \$20,000	172
\$20,001 - \$21,000	194
\$21,001 - \$22,000	216
\$22,001 - \$23,000	238
\$23,001 - \$24,000	260
\$24,001 - \$25,000	275
\$25,001 - \$26,000	300
Over \$26,000	See Deductible Plan

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

Deductible Plan: The Deductible plan is available to single seniors with income between \$20,001 and \$35,000, and married seniors with income between \$26,001 and \$50,000. This plan is designed to help seniors with high drug costs. There is no fee to join the Deductible Plan. Those enrolled pay full price for their prescriptions until they meet an annual deductible (also based on income). There is no need to send in receipts – EPIC automatically keeps track of how much deductible enrollees have spent at the pharmacy. After the deductible is met, these enrollees save more than half on their prescription costs for the rest of the year.

SINGLE	
Annual Income	Deductible
Under \$20,000	Not Available
\$20,001 - \$21,000	\$ 530
\$21,001 - \$22,000	550
\$22,001 - \$23,000	580
\$23,001 - \$24,000	720
\$24,001 - \$25,000	750
\$25,001 - \$26,000	780
\$26,001 - \$27,000	810
\$27,001 - \$28,000	840
\$28,001 - \$29,000	870
\$29,001 - \$30,000	900
\$30,001 - \$31,000	930
\$31,001 - \$32,000	960
\$32,001 - \$33,000	1,160
\$33,001 - \$34,000	1,190
\$34,001 - \$35,000	1,230
Over \$35,000	Not Eligible

MARRIED	
Joint Annual Income	Deductible (Per Person)
Under \$26,000	Not Available
\$26,001 - \$27,000	\$ 650
\$27,001 - \$28,000	675
\$28,001 - \$29,000	700
\$29,001 - \$30,000	725
\$30,001 - \$31,000	900
\$31,001 - \$32,000	930
\$32,001 - \$33,000	960
\$33,001 - \$34,000	990
\$34,001 - \$35,000	1,020
\$35,001 - \$36,000	1,050
\$36,001 - \$37,000	1,080
\$37,001 - \$38,000	1,110
\$38,001 - \$39,000	1,140
\$39,001 - \$40,000	1,170
\$40,001 - \$41,000	1,200
\$41,001 - \$42,000	1,230
\$42,001 - \$43,000	1,260
\$43,001 - \$44,000	1,290
\$44,001 - \$45,000	1,320
\$45,001 - \$46,000	1,575
\$46,001 - \$47,000	1,610
\$47,001 - \$48,000	1,645
\$48,001 - \$49,000	1,680
\$49,001 - \$50,000	1,715
Over \$50,000	Not Eligible

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

Copayments

At the pharmacy, Fee Plan and Deductible Plan seniors present both their EPIC and any other drug insurance cards, including Medicare Part D. The EPIC co-payment is based on the cost of the prescription remaining after being billed to the Part D or other drug plan. For seniors in the **Fee Plan**, EPIC will pay the deductible or co-payment required by their Part D or other drug plan, and the senior will only pay the EPIC co-payment. Seniors in the **Deductible Plan** will pay the deductible or co-payment required by their Part D or other drug plan, which is automatically credited toward their EPIC deductible. After the EPIC deductible is met, EPIC will pay the deductible or co-payment required by their other plan, and the senior will only pay the EPIC co-payment.

For Each Prescription Costing	Enrollees Pay
Up to \$ 15	\$ 3
\$ 15.01 to \$ 35	\$ 7
\$ 35.01 to \$ 55	\$ 15
Over \$ 55	\$ 20

What drugs are covered?

Almost all prescription medicines are covered, as well as insulin, and insulin syringes and needles. Both brand name and generic drugs are included. Quantities allowed depend on what Part D or other primary drug coverage the EPIC member has. The dispensing limits under the primary coverage apply. For members without Part D or other coverage, EPIC allows prescriptions up to a 30-day supply or 100 tablets or capsules, whichever is greater. For all other drug forms (such as patches, liquids, creams, injectibles, etc.) the maximum is a 30-day supply.

What pharmacies can be used?

Most pharmacies in New York State are enrolled as EPIC providers, allowing seniors full access to EPIC benefits. However, EPIC cannot be used at pharmacies located outside of New York State, including mail order pharmacies. When traveling outside New York State, enrollees should plan to have an adequate supply of their medications with them. They can also make arrangements with their pharmacy in New York to have their prescriptions mailed or delivered to them on a short-term basis or in emergency situations.

How can EPIC be used with other prescription drug coverage including Medicare Part D?

EPIC supplements other prescription coverage for greater benefits and savings. When purchasing prescription drugs, the enrollee shows both EPIC and other insurance cards at the pharmacy. Any drug costs that are not covered by the other prescription coverage, including deductibles, co-insurance/co-payments and coverage gap, can be submitted to EPIC. This results in the lowest possible co-payment, and is often less than if EPIC or the other coverage is used alone. For example, if an EPIC enrollee also has other prescription drug coverage that requires a \$25 co-payment on a brand-name drug that costs \$100, the \$25 co-payment will be covered by EPIC and the enrollee would pay only a \$7 EPIC co-payment. In this example, if the senior did not use EPIC, \$25 would have been paid. If they used EPIC alone, they would have paid a \$20 EPIC co-payment. By using both plans together, they paid a much lower co-payment.

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC): Helping Seniors Pay for Medicine

How does a senior apply for Extra Help?

EPIC seniors who are income eligible for Extra Help from Medicare are required to complete a Request for Additional Information (RAI) form (PDF, 231KB, 4pg.) to enable EPIC to apply for this federal benefit on their behalf. Extra Help comes in two levels – full and partial. If approved for Extra Help, seniors pay lower co-payments. Those approved for full Extra Help from Medicare do not have to pay any EPIC fees.

How to Apply

1-800-332-3742 from 8:30am until 5:00pm, Monday through Friday. The TTY number for the hearing impaired is **1-800-290-9138**. Language service lines are also available.

*The information for this fact sheet was taken from the NYS Health Department website:
www.health.state.ny.us/health_care/epic/index.htm*

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Program Description

Medicare prescription drug coverage is insurance run by an insurance company or other private company approved by Medicare. Medicare offers prescription drug coverage to everyone with Medicare*. Even if you don't take a lot of prescriptions now, you should still consider joining a Medicare drug plan. To get Medicare prescription drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and drugs covered. If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other credible prescription drug coverage, you will likely pay a late enrollment penalty.

Two types of plans offer Medicare prescription drug coverage:

Medicare Prescription Drug Plans. These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.

Medicare Advantage Plans (like an HMO or PPO) are other Medicare health plans that offer Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called "MA-PDs."

* Medicare is the federal health insurance program for elderly (age 65+) and disabled individuals

Benefits

Since Part D is provided through private plans, the coverage varies widely from plan to plan.

Each plan has its own list of covered drugs (called a "formulary") and will not cover other drugs unless your doctor asks for an "exception". Some drugs can't be covered by Part D plans, and plans can impose restrictions on access to drugs that are covered under Part D. For instance, plans may require that you to get special permission to obtain a drug (prior authorization) or require you to try other cheaper drugs before they pay for a more expensive brand-name drug (step therapy), or impose limits on the amount of a drug they will cover (quantity limits).

Costs

There are several different types of cost associated with Part D for the typical beneficiary. Every plan has a **premium, deductible, co-payments, coverage gap, and catastrophic coverage.**

There is a special subsidy called **Extra Help** which makes Part D coverage much more affordable for beneficiaries with limited means.

While the various plans differ in some details, there are some general similarities between the plans, most required by Federal law. The following explanation is for a fictional "basic plan," which will give you a sense of what to expect. All companies offering Part D plans must provide at least one that is actuarially equivalent to the basic benefit structure discussed below. However, they may also offer **enhanced plans**, which may cover a larger list of drugs, or reduced out-of-pocket costs; these generally have higher premium. This section is limited to a discussion of standalone PDPs.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Premium

All PDPs have a monthly premium. The 2011 premiums in New York range from \$14.80/mo. to \$107.80/mo. The average premium for a PDP with basic coverage is \$38.84/mo. There are eleven PDPs in 2011 that will have \$0 premiums for people with Full Extra Help.

One new change for 2011 is that Part D will be subject to a means-tested premium similar to Part B. Medicare beneficiaries with annual income over \$85,000 (or for couples, \$170,000) will have to pay an additional surcharge above whatever premium they owe to their Part D plan. This surcharge is paid directly to the Federal government, not to the Part D plan. Affected individuals will have to pay their Part D premium to their plan, and then will pay the means-tested surcharge by whatever means their Part B premium is paid (usually by deduction from the Social Security check). The Social Security Administration uses the same method of determining income as for the Part B means-tested premium (i.e., Modified Adjusted Gross Income, or MAGI). The amount of the surcharge is determined by a sliding scale shown below.

If your monthly income and assets are limited, you may qualify for Extra Help—the federal program that helps pay most of the costs of prescription drug coverage. If you have Extra Help, the benefit works differently.

Means-Tested Premium for Part D

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount
Under \$85,000	Under \$170,000	\$0.00
Between \$85,000 and \$107,000	Between \$170,000 and \$214,000	\$12.00
Between \$107,000 and \$160,000	Between \$214,000 and \$320,000	\$31.10
Between \$160,000 and \$214,000	Between \$320,000 and \$428,000	\$50.10
Over 214,000	Over \$428,000	\$69.10

Deductible

Some PDPs have an annual deductible, where the beneficiary must pay the full cost of their drugs until their drug costs (including what the plan pays) reach a certain threshold. The maximum deductible a PDP may have in 2011 is \$310, but some plans have a reduced deductible, and ten have no deductible.

Co-payments

After meeting the deductible, beneficiaries enter the **Initial Coverage Period**, when are responsible for co-payments or coinsurance. This means that they will have to pay a certain amount towards the cost of their drugs, and the plan pays the rest (this balance should come out to about 25% beneficiary, 75% plan). Most plans have **tiered co-payments**, meaning that they have divided up their drug list into different tiers based on cost. For example, cheap generic drugs might be in the lowest tier, followed by brand-name drugs in the second tier, more expensive brand-name drugs in the third tier and very expensive, specialty, drugs in a fourth tier. The higher the tier, the higher the co-payment. Some plans use coinsurance instead of a fixed co-payment for certain tiers.

Coverage Gap

All plans have something called a coverage gap (aka “donut hole”), which is like a second deductible that must be met once your drug costs reach a certain threshold. In 2011, a beneficiary will reach the coverage gap once their drug costs (including the amount paid by the plan) reach \$2,840. In prior years, once a beneficiary reached the coverage gap, he or she was responsible for 100% of the cost of their drugs. Some plans provided very limited coverage during the gap, but most beneficiaries complained of major problems affording the cost of their drugs during the gap.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

One of the changes brought by Federal Health Reform (i.e., the Patient Protection and Affordable Care Act, or PPACA) is a gradual phasing out of the donut hole by 2020. In 2010, any Part D member who reached the donut hole should automatically have received a \$250 rebate check from the Federal government. In 2011, there will be a discount on drugs purchased during the donut hole. Beneficiaries will save approximately 50% on all brand-name drugs, and approximately 7% on all generic drugs. The full cost of brand-name drugs (but not generics) will continue to count towards TrOOP (i.e., towards getting the member out of the donut hole and into catastrophic coverage). Beneficiaries will still have to pay a small dispensing fee for drugs in the coverage gap that will not be discounted, so the actual cost to the beneficiary may be a little more than 50%.

Catastrophic Coverage

Once the beneficiary's drug costs for the year (including the amount paid by the plan) reach \$6,447.50, then they enter catastrophic coverage. From this point onward (until next January), the beneficiary is responsible for only about 5% of the cost of their drugs, and the plan pays the rest.

2011 Standard Benefit (for people without extra help)

Deductible: You pay the first \$310
Initial Benefit Period: You pay 25% of the next \$2,530 in drug costs or \$633
Donut Hole/Coverage Gap: You pay 50% of the next \$3,608 in drug costs.
Catastrophic Coverage: You pay 5% of drug cost OR \$2.50 (generic)/\$6.30 (brand), whichever is higher

Extra Help for persons with limited income and/or resources

Extra Help, also known as the **Low- or Limited-Income Subsidy (LIS)**, is a Federal subsidy administered by the Centers for Medicare and Medicaid Services (CMS) that helps Medicare beneficiaries with limited income and/or resources to pay for some or most of the costs of Medicare prescription drug coverage. Some of the costs covered in full or in part by Extra Help include the monthly premiums, annual deductible, co-payments, and the coverage gap.

There are two types of Extra Help, **Full** and **Partial**, which differ in terms of eligibility and how much of a subsidy they provide.

Eligibility

There are two different ways of becoming eligible for Extra Help: being deemed eligible by receiving certain other public benefits, or by applying to the Social Security Administration (SSA).

Deemed Eligible

Some people are "deemed" eligible for Extra Help and will be automatically enrolled in Extra Help. They do not need to file an Extra Help application.

Individuals are **deemed eligible** who:

- Are entitled to benefits under Medicare Part A (hospital insurance) or enrolled in Medicare Part B (supplementary medical insurance) or both; AND
- Are enrolled in one of the following:
 - **Supplemental Security Income (SSI)** benefits or
 - **Medicaid** with prescription drug coverage, or
 - **Medicare Savings Program (MSP)** such as **Qualified Medicare Beneficiaries (QMB)**, **Specified Low-Income Medicare Beneficiaries (SLMB)**, or **Qualifying Individuals (QI-1)**

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Dual Eligibles

Those who receive Medicaid and Medicare are called dual eligibles. They are deemed eligible for Full Extra Help.

All dual eligibles are deemed eligible for Full Extra Help. When CMS identifies a dual eligible without Part D coverage, they will automatically enroll them in a standalone PDP chosen at random from among the available plans that are free for people with Full Extra Help.

This includes Medicaid recipients with a spend-down. Anyone who meets the spend-down in any month from August to December of the current year should be automatically enrolled in Extra Help for all of the next year. This is true even if they were cut off Medicaid later in the current year or will be cut off next year.

Application for Extra Help

Those individuals who are not automatically deemed eligible for Extra Help may still be eligible based on their income and resources, but these people must submit an application to Social Security. Unlike the rest of the Part D program, which is administered by CMS, applications for Extra Help are administered by the Social Security Administration (SSA). New York State Departments of Social Services (i.e., HRA in NYC) may also begin accepting applications for Extra Help.

To be eligible for Extra Help via application, the individual must:

- Be entitled to benefits under Medicare Part A (hospital insurance) or enrolled in Medicare Part B (supplementary medical insurance) or both;
- Be in a Part D or Medicare Advantage enrollment period or already enrolled with a PDP or MA-PD (although SSA will not deny a subsidy application solely because the individual files outside of an enrollment period);
- Reside in one of the 50 states or the District of Columbia;
- Have countable income and resources within specified limits (see chart below); and
- File an application with SSA online⁵⁴, at Social Security office, or by mail

Not everything you own or earn is counted in determining Extra Help eligibility. Common disregards include your home, a burial fund, Holocaust reparations, and funds received or conserved to pay for medical and/or social services.

There are two new disregards thanks to the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). In-kind support and maintenance (e.g., someone else pays your rent for you or buys you groceries) will no longer count as income. In addition, the cash surrender value of life insurance policies will no longer be counted as a resource. These two changes take effect only for applications submitted after January 1, 2010. However, if an applicant was denied Extra Help any time since 2006, CMS will send them a new Extra Help application in 2010 to determine whether they would now be eligible in light of the new disregards.

Backdoor to Full Extra Help

The chart on the next page shows that the income limit for QI-1 and for obtaining Full Extra Help by application to SSA is identical: 135% FPL (which comes out to \$1,218/mo. for a single applicant based on 2010 figures). However, QI-1 (like SLMB and QMB) has no asset test. As a result, QI-1 provides a way for clients with low income but more than \$8,100 of savings to obtain Full Extra Help. In addition, if a client has income even lower than 135% FPL, but assets over the Full Extra Help asset limit, then they can use SLMB or QMB to get Full Extra Help. This is why we sometimes call the MSPs a “backdoor” to Extra Help eligibility.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

2010 Monthly Income and Asset Limits for Extra Help

Household Size:	One		Two	
	Income	Assets	Income	Assets
Full Extra Help				
<i>Deemed Eligible</i>				
QI-1	\$1,219	NO LIMIT	\$1,640	NO LIMIT
SLMB	\$1,083	NO LIMIT	\$1,457	NO LIMIT
QMB	\$ 903	NO LIMIT	\$1,215	NO LIMIT
Medicaid	\$ 787	\$13,800	\$1,117	\$20,100
<i>By Application to SSA</i>	\$1,219	\$ 8,100	\$1,640	\$12,910
Partial Extra Help	\$1,354	\$12,510	\$1,822	\$25,010

Enrollment

There are two types of enrollment involved in Part D: enrollment in a drug plan and enrollment in Extra Help. This section is just about enrolling in a drug plan.

Initial Enrollment Period (IEP)

When someone first becomes eligible for Medicare, because they have either turned 65 or received Social Security Disability Insurance (SSDI) for 2 years, they have an Initial Enrollment Period for Part D identical to the Initial Enrollment Period for Part B. They have a 7-month period to enroll in a drug plan. The period begins 3 months before and ends 3 months after the month of either (a) their 65th birthday, or (b) the month they begin to receive Medicare based on disability (the second anniversary of receiving SSDI).

Annual Coordinated Election Period (ACEP)

Anyone can enroll or change plans during Annual Coordinated Election Period (ACEP) which is from November 15 - December 31 of each year, with the change taking effect on January 1 of the following year.

Those who didn't enroll during their IEP, but who waited until the ACEP, may have to pay a Late Enrollment Penalty when they do enroll, unless an exception applies.

In 2011, for plan year 2012, the ACEP will be moving. The new ACEP from 2011 onward will be from October 15 to December 7, with the enrollment taking effect January 1.

Special Enrollment Periods (SEPs)

Special Enrollment Periods are opportunities for certain Medicare beneficiaries to make certain enrollment decisions outside of the IEP and ACEP. There are at least 35 different SEPs. Each SEP corresponds to a different circumstance. Due to the large number of SEPs, the following list is not exhaustive, but includes the most common SEPs.

Involuntary Loss of Creditable Coverage

If an individual loses prescription drug coverage that is creditable, through no fault of their own, then they will have a SEP ending two months after the loss, or after they receive notice of the loss, whichever is later.

Extra Help

All Extra Help recipients – dual eligibles, MSP participants, and people with Full or Partial Extra Help through Social Security – have a perpetual SEP that allows them to change plans once a month. Those who lose their Extra Help have a three-month SEP to change plans or disenroll from Part D.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Plan Moves or Terminates

Those whose PDP or MA plan ceases operating in their area or whose contract is terminated by the plan or CMS mid-year have a three-month SEP.

Beneficiary Moves

People who move outside the coverage area of their PDP can change plans once during an SEP that runs from one month before the month of their move to two months after the month of their move.

Material Contract Violation

People whose PDP substantially violated a material provision of its contract, such as by failing to provide benefits on a timely basis or in accordance with applicable quality standards, or by materially misrepresenting the plan's provisions in marketing the plan to the person.

Exceptional Circumstances

People who “meet other exceptional circumstances as CMS may provide.” A few common examples:

- “For individuals enrolling in employer/union group-sponsored Part D plans, for individuals to disenroll from a Part D plan to take employer/union-sponsored coverage of any kind, and for individuals disenrolling from employer/union-sponsored coverage (including COBRA coverage) to enroll in a Part D plan.” Thus, those who leave their job but cannot afford to pay the high COBRA premiums will be able to enroll in Part D upon losing their COBRA coverage.
- Anyone who moves into, resides in, or moves out of a variety of institutional settings, including Skilled Nursing Facilities and Nursing Facilities. The SEP upon moving out is for 2 months.
- Individuals enrolled in a State Pharmaceutical Assistance Program (SPAP), such as EPIC, have an SEP to make one enrollment choice by the end of the calendar year.

Since July 1, 2007, EPIC has required almost all of its members to join a Part D plan. When EPIC sees that one of its members does not have Part D coverage, EPIC will automatically enroll them in a plan. EPIC makes this enrollment using the SPAP SEP. As a result, the beneficiary themselves cannot use the SEP in that year. However, they can use the “loss of creditable coverage” SEP to switch from the plan EPIC assigned them, because once EPIC becomes secondary to Part D it is no longer considered “creditable coverage.”

Those EPIC members who already have Part D plans still have the use of their SPAP SEP, because EPIC never used it for them.

- Individuals who enrolled in Medicare Advantage plans “based on misleading or incorrect information provided by plan employees, agents or brokers.” To use this SEP, it is best to select the new plan first, then call 1-800-MEDICARE and explain the facts. The customer service representatives have authority to decide whether this SEP applies on a case-by-case basis. It has been relatively easy for people to disenroll prospectively, but it may require more advocacy for your client to be disenrolled retroactively.

Annual Disenrollment Period (ADP)

In years past an additional enrollment period relating to changes to beneficiaries’ Medicare Advantage enrollment, called the Open Enrollment Period. Effective 2011, this enrollment period has been eliminated. In its place, there is now a new, shorter, more limited enrollment period, known as the Annual Disenrollment Period.

Technically, this is a “disenrollment period,” not an enrollment period. This period runs from January 1 to February 14. The only thing you can do during this time is disenroll from a Medicare Advantage plan and return to Original Medicare. Beneficiaries cannot switch from one Medicare Advantage plan to another, nor can they switch from Original Medicare to a Medicare Advantage plan. However, beneficiaries who disenroll from their Medicare Advantage plan (with or without drug coverage) may enroll in a standalone PDP to accompany their Original Medicare.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Changing Plans

Generally, people can only change Part D plans during the ACEP from November 15 to December 31 of each year, with an effective date of January 1 of the next year.

EXAMPLE: Lourdes became eligible for Medicare in March 2010. She can use her Initial Enrollment Period to enroll in a Part D plan as late as June 30, 2010. HOWEVER, if she waits until then to enroll, she won't be able to change plans until the ACEP from 10/15/2011 to 12/7/2011.

Beneficiaries get to make one enrollment choice during a given enrollment period. This means that if someone wants to switch plans, they should not disenroll from the old plan. They should just use their enrollment period to enroll in a new plan, and they will be automatically disenrolled from the old one.

In general, a beneficiary may make ANY enrollment choice during an enrollment period (either enroll for the first time, disenroll, or switch plans). However, there are some SEPs where only certain changes can be made.

Lock-In

If a Medicare beneficiary enrolls in a PDP or MA plan during their IEP or ACEP, they generally are locked in to that plan until the next ACEP. Only if they are covered by a SEP, or if they want to make one of the changes available during the OEP for Medicare Advantage, can they switch plans between ACEPs.

How do you enroll in a Part D plan?

There are several different ways to enroll in a Part D plan (assuming you have an enrollment period that allows you to enroll). The fastest way is probably to call the customer service number of the plan in which you want to enroll. However, you might need to call 1-800-MEDICARE to invoke your rights under a SEP.

- Call the plan
- Call 1-800-MEDICARE
- Use the Plan Finder website at <http://medicare.gov/MPDPF>

When is the enrollment effective?

All enrollments or plan changes made during the Annual Coordinated Election Period (ACEP) – between November 15 and December 31 – will have an effective date of January 1.

Note, however, that as a practical matter, enrollments made after December 7 are not guaranteed to be effective at the pharmacy counter January 1 (this is one of the reasons the ACEP was moved effective 2011). Although beneficiaries may seek reimbursement from the plan for their out-of-pocket costs should their new plan not pick up in time, it is better to enroll/change early and have a seamless transition.

Enrollments during the IEP, ADP, or a SEP will have different effective dates, depending upon the enrollment period used.

Automatic deduction of the premium

A plan may offer to deduct automatically a member's premium from his Social Security check each month. This is similar to the way in which many people have their Part B premiums deducted.

This seems convenient for people who don't want another monthly bill; however, due to the many problems with this feature in 2006 and 2007, CMS has recommended that people not activate the deduction from their Social Security checks.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

Best option: Set up an auto-debit from a checking account or an automatic monthly charge to a credit card.

Alternately, opt to receive a book of premium coupons, which must be sent in each month along with a check for the premium.

Late Enrollment Penalty (LEP)

Although the Part D prescription drug benefit is “voluntary,” there is a penalty for not enrolling in it as soon as you’re eligible. A Part D-eligible person is subject to the penalty when she waits more than 63 days after losing creditable coverage to enroll in Part D. (This includes those who were eligible for Part D by May 2006 and didn’t sign up, even though they didn’t have any creditable coverage to lose.) The penalty is added to the person’s Part D monthly premium for as long as the person stays on Part D. There are some exceptions.

Creditable Coverage

There is NO penalty for delay (up to 63 days) as long as the beneficiary has drug coverage that is “creditable.” This is drug coverage that is as good as or better than the standard basic Part D benefit. The only way to know whether drug coverage is creditable is to get a written notice from the insurer; it’s not up to the beneficiary to decide whether their coverage is as good as Medicare’s.

NOTICE – Employers, unions, Medigap and other health insurers are required to send notices to their members (employees, retirees, etc.) each Fall as to whether or not their coverage is considered “creditable” by Medicare. Beneficiaries should be urged to request these notices if they don’t have them, and to keep them in a safe place.

Once you lose “creditable coverage,” you have 63 days to sign up for Part D. If you do this, there will be no penalty when you do join.

Examples of creditable coverage

- VA coverage and Tricare (military) coverage is creditable.
- EPIC coverage is only considered creditable if you are exempt from the mandatory enrollment of EPIC enrollees into Part D.

Examples of non-creditable coverage

- ADAP, unfortunately, does not count as “creditable” coverage.
- Medigap policies H, I, and J, which cover some prescription drug costs, are not creditable. Some old Medigap policies bought before 1992 may be creditable. Those with Medigap plans that cover drugs may keep these plans – they will not expire. The LEP only applies if they choose to leave the Medigap plan and join Part D, which they may reasonably decide never to do.
- Employer, retiree, union, and other health insurance may or may not be creditable. It has to be pretty bad to NOT be as good as Part D!
 - **WARNING ABOUT RETIREE BENEFITS:** Retirees who receive notice that their retiree coverage is creditable do not have to join a Part D plan to avoid a penalty. But if they join one anyway, they risk losing their entire retirement health package, not just their drug coverage.
 - People should NOT sign up for Part D if they or their spouse has “creditable” retiree coverage without verifying that the retiree plan will not cut off their or their dependent’s health coverage.

MEDICARE PART D: PRESCRIPTION DRUG BENEFIT

How much is the penalty?

The beneficiary's monthly premium is increased by 1% of the current year's "base beneficiary premium" per month of delay. The base beneficiary premium for 2011 will be \$32.34. The beneficiary will have to pay this penalty for as long as he's enrolled in Part D. The amount of the premium changes each year based upon changes in the base beneficiary premium.

Extra Help wipes out the penalty

If a beneficiary has Full or Partial Extra Help, there is NO LEP. If someone with a LEP gets Extra Help, their LEP will be wiped out permanently, even if they subsequently lose Extra Help.

Automatic Enrollment

Once a Medicare beneficiary is approved for Extra Help, she will be automatically enrolled into a Part D plan.

Medicaid – Once somebody becomes a dual eligible, she will be required to join a Part D plan as a condition of Medicaid eligibility. If she does not select a plan by a certain date, then CMS will automatically assign her to a basic Part D plan.

MSP, Full or Partial Extra Help – Those with Extra Help but who are not on Medicaid will also be automatically enrolled in a Part D plan if they have not selected one on their own.

This automatic assignment is RANDOM. In 2011, the assignment will be to one of eleven benchmark plans. The assignment takes no account of the individual's actual needs - whether the plan covers their medications or includes their local pharmacies.

The only Extra Help beneficiaries not assigned randomly are those already enrolled in Medicare Advantage (MA). They will be assigned to the Medicare Advantage plan's drug plan (MA-PD).

Because Extra Help recipients have a continuous SEP to change plans, they can always switch out of the plan into which they were auto-assigned, effective the first of the following month.

For More Information

- **New York State Health Insurance Information and Counseling Program (HIICAP)**
1-800-701-0501
- **Medicare**
1-800-MEDICARE
www.medicare.gov
- **Social Security Administration**
1-800-772-1213
www.ssa.gov
- **Medicare Rights Center**
800-333-4114 (General consumer Medicare hotline)
877-794-3570 (Professional Part D technical assistance hotline)
888-466-9050 (Part D appeals hotline)
www.medicarerights.org

The material in this fact sheet was drawn from a number of sources but drew most heavily on the work of Self-help Community Service, Inc.'s Evelyn Frank Legal Resources Program (EFLRP) in collaboration with the Empire Justice Center and The Legal Aid Society.

2011 Helping Hands Tool Kit

Home/Energy Assistance

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

Program Description

The Low-Income Home Energy Assistance Program (HEAP) is a federally funded program that was enacted to assist low-income households in paying for immediate home energy needs. It is administered by the New York State Office of Temporary and Disability Assistance (OTDA) and implemented by local Departments of Social Services.

Eligibility

To be eligible for regular HEAP* or emergency benefits:

- Total gross monthly income for household size must be at or below the following (effective 10/1/10 – 9/30/11):

Household Size	Monthly Income Limit
1	\$2,129
2	\$2,784
3	\$3,439
4	\$4,094
5	\$4,749
6	\$5,404
7	\$5,527
8	\$5,650
9	\$5,773
10	\$5,896
11	\$6,029
each add'l person	add \$ 468

- Applicant must live in an eligible housing situation. This generally means that you must either pay directly for heating costs or must pay rent that includes heating costs. Benefits are only provided to U.S. citizens or qualified aliens.

To be eligible for HEAP emergency benefits:

- The household's gross monthly income must not exceed the above amounts *and* the household's available resources must not exceed \$2,000 (\$3,000 if the household includes a member 60 or older). In addition, the household must be in an energy emergency situation, which is defined as having less than a quarter tank of fuel, less than a 10 day supply of wood, coal, pellets or having heat-related utility service terminated or scheduled for termination. *A household/applicant must be the customer of record and reside in the dwelling.*

** NOTE: Households receiving Temporary Assistance as of 9/09 or Food Stamps as of 9/09 and living in HEAP eligible housing situations were automatically issued regular HEAP benefits. No application was necessary.*

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

Benefits

New York's HEAP benefit program is structured in such a way that higher benefits are provided to those households containing a vulnerable individual and those with the lowest income.

New York's HEAP program consists of two components, **regular benefits** and **emergency benefits**.

The regular benefit of HEAP is available to assist low-income New Yorkers with an annual supplement for the cost of heating their homes.

Regular HEAP benefits are based on income, the primary fuel source, and your housing situation.

You may be eligible for a Regular Benefit if:

- You are a United States Citizen or qualified alien **AND**
 - Your income is at or below the current income guides for your household size as posted in the table above **OR**
 - You receive Food Stamps **OR**
 - You receive Temporary Assistance **OR**
 - You receive Code A Supplemental Security Income (SSI living alone)

Regular HEAP Benefit Amount

Benefit Amount	Living Situation
\$1	Eligible households that live in government subsidized housing or a group home setting with heat included in their rent.
\$40 or \$50	Eligible households responsible for their shelter costs but do not pay their vendor directly for heat based on their actual usage.
\$600 + applicable add-ons	Eligible households that pay their vendor directly for heat based on their actual usage with their main source of heat being oil, kerosene, wood, coal, pellets, corn, propane or other non-utility fuel.
\$400 + applicable add-ons	Eligible households that pay their vendor directly for heat based on their actual usage with their main source of heat being natural gas or electric heat

Regular HEAP Benefit Add-Ons:

+\$50 if the household's gross income is in the Tier 1 income range (e.g., at or below 130% of the Federal Poverty Level)

+\$50 if the household contains a vulnerable individual (i.e., household member who is age 60 or older, under age 6 or permanently disabled)

Emergency Benefit Component:

The emergency benefit of HEAP is available to low-income New Yorkers who are facing a heat or heat related energy emergency and do not have the available resources to meet their need.

Emergency HEAP benefits are based on income, available resources, the number of household members and the primary fuel type.

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

You may be eligible for an Emergency Benefit if:

- Your electricity is necessary for your heating system to work and is either shut-off or scheduled to be shut off or
- Your natural gas heat is off or scheduled to be shut-off or
- If you are out of or in danger of running out of fuel (oil, propane, wood, or coal) or
- If your essential applicant owned heating equipment is inoperable

AND

- Your income is at or below the current income guidelines as posted in the table on this fact sheet or you receive Family Assistance, Safety Net Assistance, Food Stamps or Code A Supplemental Security Income.
- The heating and/or electric *bill is in your name*; and
- Your available resources are less than \$2,000 (\$3,000 if the household includes a member 60 or older) or less than \$3000 if applying for heating equipment replacement.

Emergency HEAP Benefit Amounts

Category	Amount
Heat Related Domestic (electric service required to operate heating equipment)	\$160
Natural Gas Heat Only	\$400
Natural Gas combined with Heat Related Domestic	\$560
Electric Heat combined with Heat Related Domestic	\$560
Non-utility heating fuel (oil, kerosene, propane, wood, corn pellets, etc.)	\$600

How to Apply

Applications are available from, and should be filed with, local Department of Social Services (contact information in this Tool Kit). Applications are also available in printable format from the internet at: <http://otda.ny.gov/main/programs/applications/>

Residents of some counties may apply online via the Internet if they received benefits last year. For more information on filing online, go to <https://www.otda.state.ny.us/otdaheap/>

A HEAP pre-screening tool is available at www.mybenefits.ny.gov/selfservice/

Thanks to the NYS Office of Temporary and Disability Assistance for their help in preparing this fact sheet.

WEATHERIZATION ASSISTANCE PROGRAM

Program Description

The Weatherization Assistance Program (WAP) assists families and individuals by reducing their heating/cooling costs and improving the safety of their homes through energy efficiency measures. Energy efficiency measures performed through the program include air sealing (weather stripping, caulking), wall and ceiling insulation, heating system improvements or replacement, efficiency improvements in lighting, hot water tank and pipe insulation, and refrigerator replacements with highly efficient Energy Star rated units. Both single-family and multi-family buildings are assisted. Household energy use reductions and resultant energy cost savings are significant, with an average savings in excess of 20%.

Eligibility

Program services are available to both income-eligible homeowners and renters, with priority given to senior citizens, families with children and persons with disabilities.

Households with incomes at or below 60% of state median income are eligible for assistance. See chart below for the 2010 Income Eligibility Guidelines.

Income Eligibility Guidelines (as of October 1, 2010)

Household Size	Monthly	Annual
1	\$ 2,129	\$ 25,548
2	\$ 2,784	\$ 33,408
3	\$ 3,439	\$ 41,268
4	\$ 4,094	\$ 49,128
5	\$ 4,749	\$ 56,988
6	\$ 5,404	\$ 64,848
7	\$ 5,527	\$ 66,324
8	\$ 5,650	\$ 67,800
9	\$ 5,773	\$ 69,296
10	\$ 5,896	\$ 70,752
11	\$ 6,029	\$ 72,348
For each additional household member, add:	+ \$ 468	

Benefits

The maximum amount of assistance is limited to \$6,500 per unit. Weatherization services may include:

- Weather stripping and caulking around doors and windows
- Cleaning, testing, repairs or replacement of heating systems
- Replacement or repair of storm windows
- Replacement or repair of broken windows and/or outside doors
- Addition of insulation to walls or ceilings
- Minor repairs to ensure maximum efficiency

All services are provided without charge or obligation to the occupant of the home. However, owners of rental buildings are required to invest funds toward the cost of the Weatherization services.

WEATHERIZATION ASSISTANCE PROGRAM

How to Apply

To apply for weatherization services, individuals must complete an application with a local service provider to determine eligibility. Once an individual/household is deemed eligible, the service provider will conduct an energy audit of the home to identify specific needs. This often includes state-of-the-art blower door testing and infrared scanning.

To apply, contact your local service provider. A list of Weatherization Assistance Providers is in the last section of the Toolkit titled “Important Contact Lists”.

Thanks to the NYS Division of Housing and Community Renewal for their help in preparing this material.

2011 Helping Hands Tool Kit

Tax Credits for Low-Income Households

VOLUNTEER INCOME TAX ASSISTANCE (VITA)

The IRS Volunteer Income Tax Assistance Program (VITA) and the Tax Counseling for the Elderly (TCE) Programs offer free tax help for taxpayers who qualify. Trained community volunteers may help with special credits, such as Earned Income Tax Credit, Child Tax Credit, and Credit for the Elderly or the Disabled. In addition to free tax return preparation assistance, most sites also offer free electronic filing (e-filing). Individuals taking advantage of the e-file program will receive their refunds in half the time compared to returns filed on paper – even faster when tax refunds are deposited directly into one's bank account.

Volunteer Income Tax Assistance Program

The VITA Program offers free tax help to low- to moderate-income (generally, \$49,000 and below) people who cannot prepare their own tax returns. Certified volunteers sponsored by various organizations receive training to help prepare basic tax returns in communities across the country. VITA sites are generally located at community and neighborhood centers, libraries, schools, shopping malls, and other convenient locations. Most locations also offer free electronic filing. To locate the nearest VITA site, call 1-800-906-9887 or check this partial VITA site list online at www.irs.gov/individuals/article/0,,id=219171,00.html (This list does not include every VITA site.)

Tax Counseling for the Elderly

The Tax Counseling for the Elderly Program provides free tax help to people aged 60 and older. Trained volunteers from non-profit organizations provide free tax counseling and basic income tax return preparation for senior citizens. Volunteers who provide tax counseling are often retired individuals associated with non-profit organizations that receive grants from the IRS.

As part of the IRS-sponsored TCE Program, AARP offers the Tax-Aide counseling program at more than 7,000 sites nationwide during the filing season. Trained and certified AARP Tax-Aide volunteer counselors help people of low-to-middle income with special attention to those ages 60 and older.

For more information on TCE, call 1-800-829-1040. To locate the nearest AARP Tax-Aide site, call 1-888-227-7669 or visit www.aarp.org/money/taxes/info-2004/about_aarp_taxaide.html

Military Personnel and Their Families Get Free Tax Help

The military also has a strong Volunteer Income Tax Assistance (VITA) Program. The Armed Forces Tax Council (AFTC) consists of the tax program coordinators for the Army, Air Force, Navy, Marine Corps, and Coast Guard. The AFTC oversees the operation of the military tax programs worldwide, and serves as the main conduit for outreach by the IRS to military personnel and their families.

Airmen, soldiers, sailors, marines, guardsmen, and their families worldwide receive free tax preparation assistance at offices within their installations. These VITA sites provide free tax advice, tax preparation, and assistance to military members and their families. They are trained and equipped to address military specific tax issues, such as combat zone tax benefits and the effect of the new Earned Income Tax Credit (EITC) guidelines.

Most service members file their tax returns electronically at their tax centers and, by selecting direct deposit, receive their refunds in as little as one week. This combined effort ensures that service members receive free tax assistance from well-trained and equipped military tax preparers.

VOLUNTEER INCOME TAX ASSISTANCE (VITA)

Items You Need to Bring to the VITA/TCE Sites to Have Your Tax Returns Prepared

- Proof of identification
- Social Security Cards for you, your spouse and dependents and/or a Social Security Number verification letter issued by the Social Security Administration
- Birth dates for you, your spouse and dependents on the tax return
- Current year's tax package if you received one
- Wage and earning statement(s) Form W-2, W-2G, 1099-R, from all employers
- Interest and dividend statements from banks (Forms 1099)
- A copy of last year's federal and state returns if available
- Bank routing numbers and account numbers for Direct Deposit
- Total paid for daycare provider and the daycare provider's tax identifying number (the provider's Social Security Number or the provider's business Employer Identification Number)
- To file taxes electronically on a married-filing-joint tax return, both spouses must be present to sign the required forms

It is extremely important that each person use the correct Social Security Number. The most accurate information is usually located on your original Social Security card. Each year hundreds of thousands of returns are delayed in processing, or credit/deductions are disallowed because names and Social Security Numbers do not match Social Security Administration records. To prevent processing delays in paper returns and rejected electronically filed returns, volunteers check the accuracy of each Social Security Number, as well as the spelling of the name associated with the number. If you do not have an SSN for you or a dependent, you should complete Form SS-5, Social Security Number Application. This form should be submitted to the nearest Social Security Administration Office. For contact information go to: www.ssa.gov/pgm/reach.htm

If you or your dependent is not eligible to get a Social Security Number, you may need an Individual Taxpayer Identification Number (ITIN). More information can be found at: www.irs.gov/individuals/article/0,,id=96287,00.html

There are payment options available when using IRS e-file

If you owe, you can make a payment (by April 15) by authorizing an electronic funds withdrawal (direct debit) from a checking or savings account, paying by credit (Discover Card®, American Express®, MasterCard® or VISA® Card), or by check or money order (payable to the United States Treasury) using Form 1040-V, Payment Voucher.

EARNED INCOME TAX CREDIT (EITC) AND MAKING WORK PAY CREDIT

Program Description

The Earned Income Tax Credit (EITC) is a tax benefit offered by the federal government. New York has its own EITC set at 30% of a qualifying taxpayer's federal EITC. The federal and State EITC are for working people who earn low or moderate incomes. The federal and State EITC are refundable, which means that any amount of the credit exceeding a family's tax liability is returned in the form of a refund check. New York City full and part-year residents may also claim a New York City Earned Income Credit.

In 2009 and 2010 many taxpayers may also claim the Federal Making Work Pay Credit that can provide you with up to an additional \$ 400 (\$ 800 if married, filing jointly) if you have earned income from work. This credit is only available on your Federal tax return.

Eligibility

To be eligible for the EITC, you must:

- Have worked full- or part-time at some point in 2010
- Meet income guidelines:
 - Have a 2010 income below \$35,535--for unmarried families with one child
 - Have a 2010 income below \$40,545--for married families with one child
 - Have a 2010 income below \$40,363--for unmarried families with two children
 - Have a 2010 income below \$45,373--for married families with two children
 - Have a 2010 income below \$43,352--for unmarried families with three or more children
 - Have a 2010 income below \$48,362--for married families with three or more children
 - A smaller EITC is available to childless **unmarried** workers between 25 and 65 with 2010 income below \$13,460
 - A smaller EITC is also available to childless **married** workers between 25 and 65 with 2010 income below \$18,470
- Have no more than \$ 3,100 of investment income
- Be a single or married person with "qualifying" dependents living with you for more than half of the year. This includes those under age 19 at the end of the year, those of any age who are permanently and totally disabled, and those who are full-time students under age 24 who are: sons/daughters; stepchildren; brothers/sisters; stepsiblings; half-brothers/sisters; adopted children; grandchildren; nephews/nieces; some foster children

Note: There is an Alternative State EITC for **non-custodial parents** in New York State. To be eligible, they must meet **all** of the following qualifications: are a full-year New York State resident; at least 18 years of age; a parent of a minor child who was under age 18 on December 31, 2010 they do live with and have been required, for at least half the year, to pay child support through Support Collection Unit; current with all child support payments.

For help in determining if you are eligible for the EITC, go to www.irs.gov/individuals/article/0,,id=96406,00.html

Workers who qualify for the EITC and file federal and State tax returns can get back some or all of the income tax that was taken out of their pay during the year. **They may also get extra cash back from the IRS and from New York State if their EITC is worth more than their tax liability.** Even workers whose earnings are too small to have paid taxes can get the EITC.

To be eligible for the **Making Work Pay credit**, you must have earned wages in 2010. The maximum credit amount is reached when income reaches \$6,451 (\$12,903 if married filing jointly). You cannot take the credit if the amount you enter on line 38 of form *1040* is \$95,000 (\$190,000 if married filing jointly) or more, you are a nonresident alien, or you can be claimed as dependent on someone else's return.

EARNED INCOME TAX CREDIT (EITC) AND MAKING WORK PAY CREDIT

EITC Benefits

The size of the EITC depends on family earnings.

Maximum Federal and State EITC by Family Size

	Maximum Federal EITC	Maximum State EITC*	Maximum total EITC
Family with one child	\$ 3,050	\$ 915	\$ 3,965
Family with two children	\$ 5,036	\$ 1,511	\$ 6,547
Family with three or more children	\$ 5,666	\$ 1,700	\$ 7,366
Family with no children	\$ 457	\$ 137	\$ 594

* Maximum amounts before any Household Credit offset.

- The noncustodial EITC is equal to the **greater** of 20% of the federal one-child EITC that would have been allowed if the child had been considered a “qualifying child” as defined above **or** 2.5 times the federal “no-child” EITC. Taxpayers may not claim both the noncustodial parent EITC and the existing New York State EITC.

City of New York Earned Income Credit

An Earned Income Credit allowable against City of New York income tax is available to City of New York residents and part-year residents. For a City of New York resident, the credit is equal to 5% of the federal Earned Income Credit allowed for the same tax year. For a part-year resident, the credit is equal to 5% of the federal Earned Income Credit allowed for the same tax year multiplied by a fraction, (calculated as the taxpayer’s City of New York adjusted gross income for the period of residence divided by their total New York State Adjusted Gross Income). This credit is in addition to any New York State credits. (Note: Because of the differences in computation methods, if the taxpayer meets the conditions for qualifying for the City of New York Earned Income Credit, the taxpayer may receive a City of New York Earned Income Credit even if the taxpayer doesn’t receive a State credit.)

Making Work Pay Credit

The credit is worth up to \$ 400 (\$ 800 if married, filing jointly). It is reduced if your income is above \$ 75,000 (\$ 150,000 if married, filing jointly) **or** if either of the following statements is true: you (or your spouse, if filing jointly) received a \$250 economic recovery payment during 2010 or you take the government retiree credit. Incomes above \$ 95,000 (\$ 190,000 if married, filing jointly) are not eligible for the credit.

Claiming the EITC

- Workers raising children in 2010 must file either federal *Form 1040* or *1040A* and must fill out and attach *Schedule EIC*. **Workers with children cannot get the federal EITC if they file *Form 1040EZ* or fail to attach *Schedule EIC*.** Married workers must file a joint return to get the EITC.
- Workers who were not raising children in 2010 can file any tax form — including the *1040EZ*. These workers write "EIC" (or the dollar amount of their credit) on the Earned Income Credit line on the tax form. They do not file *Schedule EIC*.
- Workers claiming the State EITC must have filed for the federal EITC. They must also complete New York State's form *IT-215, Claim for Earned Income Credit* and attach it to their State income tax return.
- To claim the NYS noncustodial parent EITC, file form *IT-209 claim for noncustodial parent New York State Earned Income Credit* with your original NYS tax return.

EARNED INCOME TAX CREDIT (EITC) AND MAKING WORK PAY CREDIT

- A correct name and Social Security Number must be provided for every person listed on the tax return and Schedule EIC. If this information is incorrect or missing, the IRS will delay the refund.
- Workers don't have to calculate their own EITC. If they choose, both the IRS and the New York State Department of Taxation and Finance will do it for them.
- Workers can get FREE help filing their tax forms.
- Backclaiming: You have the right to amend your tax returns for the past three years. If you believe you were eligible for the EITC in one of the past three tax years (2007, 2008, or 2009), you may file an amended return and receive the EITC for those tax years. You may also file an amended New York State return and get the State EITC you were entitled to for the tax years for which you filed an amended federal return.

Low-income workers can get FREE help with federal tax preparation through a program called VITA (Volunteer Income Tax Assistance). To find a site near you, call 1-800-829-1040. If you're preparing your own taxes, help is available for federal EITC through **1-800-TAX-1040** and for State EITC through **518-457-5181**. For in-state callers without free long distance, call **1-800-225-5829**.

Claiming the Making Work Pay Credit

To claim the credit, you must file form *1040* or *1040A*, along with *Schedule M*. Taxpayers filing form *1040-EZ* can claim the credit, but do not have to file *Schedule M*.

Does the EITC affect welfare benefits?

In most cases, the EITC does not affect eligibility for benefits like TANF (Temporary Assistance to Needy Families), Medicaid, Food Stamps, SSI, or public or subsidized housing.

Examples of How the EITC Works

- **Eligible workers can get checks from the IRS and New York State.** Mr. and Mrs. Anderson have two children and earned \$29,000 in 2010. Their federal income tax liability for the year was \$300. They are eligible for a Federal EITC of \$3,443. They also qualify for a New York State EITC of \$997 (their tentative state EITC of \$1,032 less their state household credit of \$35) for a total EITC of \$4,440. The Making Work Pay Credit will add another \$ 800.
- **Eligible workers who don't owe income taxes can get a check.** Ms. Lewis is single and has three children. She earned \$14,872 in 2010. She has no income tax liability and will receive a refundable federal EITC of \$5,666 and a State EITC of \$1,645 (her tentative state EITC of \$1,700 minus her used household credit of \$55) for a total EITC of \$7,311. She will also get \$400 from the Making Work Pay Credit.
- **Eligible single workers can also get a check.** Mr. Smith has no children. He worked part time in 2010 earning \$5,300. Because of his low earnings he had no income tax taken out of his paycheck and owes no taxes. His earnings entitle him to a federal EITC check for \$404 and a State EITC check for \$121 for a total EITC of \$525. He will also get a \$329 Making work Pay Credit.
- **Other eligible workers will pay less in taxes.** Those workers qualifying at higher income levels may not get a refund, but the EITC will reduce their tax liability.

For more detailed information on the federal EITC, you can also contact the Center on Budget and Policy Priorities (820 First Street, NE, Suite 510, Washington, DC 20032. Telephone: 202-408-1080).

Thanks to the New York State Department of Taxation and Finance for their assistance in preparing this material.

FEDERAL AND NEW YORK STATE CHILD TAX CREDITS: Reducing Your Family Tax Bill

Program Description

The Child Tax Credit (CTC) is a tax benefit offered by the federal government for taxpayers raising dependent children under the age of 17. It is designed to reduce or eliminate a taxpayer's federal income tax liability and may provide a refund of any CTC remaining after the taxpayer's liability has been met through the Additional CTC.

New York's Empire State Child Credit

The Empire State Child Credit is a refundable credit for full-year New York state residents that: 1) have a federal child tax credit or a federal additional child tax credit and a qualifying child, or 2) meet certain income thresholds and have a qualifying child. A qualifying child is a child who qualifies for the federal child tax credit and is at least four years old. For low and moderate income taxpayers, the credit equals the greater of \$100 per qualifying child or 33 percent of the taxpayer's allowed federal CTC and Additional CTC.

Eligibility

All taxpayers who have qualifying children and meet income threshold guidelines are eligible for the Child Tax Credit, though the amount of the credit depends on the parent's income and tax liability.

For the purposes of determining eligibility for the CTC, "qualifying children" are:

- Children, grandchildren, stepchildren, and adopted children
- Brothers, sisters, stepbrothers, stepsisters, as well as descendants of such relatives
- Foster children who are placed with the worker by an authorized private or governmental placement agency.

A child claimed for the CTC must be under age 17 at the end of 2010. The child must live with the worker for more than half the year in the U. S. and must be either a citizen or resident alien. The child must have either a Social Security Number or an Individual Taxpayer Identification Number (ITIN).

Benefits

Workers eligible for the Child Tax Credit will receive it as a refund of some or all of the income tax withheld from their pay during the year, **or** as a reduction of income tax they otherwise would have to pay to the IRS with their tax return. Workers earning above \$3,000 in 2010 may also receive an Additional Child Tax Credit.

- The Credit is worth up to \$1,000 for each dependent child under 17 claimed on the family's tax return. The CTC is first used to reduce or eliminate a family's income tax liability. Families may be able to get all or part of any remaining CTC as a refund through the Additional Child Tax Credit
- The Additional CTC is based on the amount by which the income of a worker (and spouse, if married) exceeds \$3,000. Families with CTC remaining after their income tax liability has been eliminated may receive a refund in the lesser of two amounts: (1) the amount of the family's CTC that remains, or (2) 15% of the family's earned income over \$3,000.
- The maximum CTC amount of \$1,000 per child is available to single parents with incomes up to \$75,000, married parents filing separately with an income up to \$55,000 and married parents filing jointly with combined incomes up to \$110,000. The credit gets smaller as income increases beyond these levels.

FEDERAL AND NEW YORK STATE CHILD TAX CREDITS: Reducing Your Family Tax Bill

The Child Tax Credit does not affect the taxpayer's eligibility for the Earned Income Tax Credit or the Child and Dependent Care Credit. But, because the federal Child and Dependent Care Tax Credit is counted before figuring the Child Tax Credit and may completely eliminate any income tax liability, that may affect the size of the CTC received by the family.

How To Claim the Federal CTC and the Empire State Child Credit

To get the Child Tax Credit, workers must file either federal *Form 1040* or *1040A* and fill out the *Child Tax Credit Worksheet* to determine how much of the income tax they owe is reduced or eliminated by the \$1,000 per child CTC and enter that amount on the form. If the CTC eliminates their income tax, the *Worksheet* instructions direct workers to then complete *Form 8812, "Additional Child Tax Credit,"* to determine if they qualify for an additional refund. If so, that amount is also entered on their tax form. The *Form 8812 must also be attached to the tax return to claim the additional refund amount.* Low-income workers can get free help with federal tax preparation through a program called VITA (Volunteer Income Tax Assistance). For information, call 1-800-TAX-1040 (1-800-829-1040).

To claim New York's Empire State Child Credit, taxpayers must fill out and submit the form *IT-213 Claim for the Empire State Child Credit* with their tax return.

Example: Sam and Barbara are married workers raising four children over age 4 but under age 17. They earned \$25,000 in 2010, and have no federal income tax liability. As a result, their maximum CTC is \$4,000, (4 children X \$1,000). However, because the couple has no federal income tax liability, none of their CTC is used - the full \$4,000 remains. Since this is more than 15% of their earnings above \$3,000, Sam and Barbara receive an Additional CTC of \$3,300 ($\$25,000 - \$3,000 \times 15\% = \$3,300$). They also qualify for Empire State Child Credits of \$1,089 (33% of the \$3,300 federal CTC). They also qualify for a federal EITC of \$4,915 and a state EITC of \$1,375. This brings their total refundable credits to \$10,679.

For additional information on the federal Child Tax Credit see www.irs.gov/pub/irs-pdf/f8812.pdf

For the Empire State Child Credit go to:

www.tax.ny.gov/pdf/2010/killin/inc/it213_2010_fill_in.pdf

Thanks to the New York State Department of Taxation and Finance for the Information provided in developing this fact sheet.

FEDERAL CHILD AND DEPENDENT CARE CREDIT

Program Description

The federal Child and Dependent Care Credit is a tax benefit available to working families who have paid federal income tax during the year. Those that qualify for the credit may get back some or all of the federal income tax taken out of their paychecks throughout the course of the year.

Workers who qualify for the federal Child and Dependent Care Credit also qualify for the New York State Child and Dependent Care Credit. See the New York State Child and Dependent Care Fact Sheet in this Tool Kit for more information.

Eligibility

Families earning too little to pay federal income tax cannot claim this credit. Also, those who do not pay for any out-of-pocket childcare costs are not eligible for the credit.

Those that meet *all* of the following guidelines are eligible for the federal Child and Dependent Care Credit:

- Gainfully employed with income earned during the year for which tax return is filed*
- Paid out-of-pocket for child and/or dependent care in order to work (The cost of free childcare, such as that received through a state-subsidized program, cannot be used toward qualifying for the credit.)
Allowable child and/or dependent care costs include:
 - Care provided by an agency with an Employer Identification Number or by an individual with a Social Security Number. This includes care provided at a childcare center, a summer day camp, a family daycare home, a church, and a neighbor or relative aged 18 or over who is *not* a household member or dependent
 - Care for a child or children under the age of 13 whom you claim as a dependent
 - Care for a disabled spouse with whom you have lived for more than half of the year
 - Care for a disabled household member with whom you have lived AND whom you can claim as a dependent on your federal tax return (or could have claimed as a dependent except that the individual had received \$3,650 or more in gross income or had filed a joint return)
- Amount paid for child and/or dependent care must be less than income in the year for which tax return is filed. *If filing a joint return*, the amount paid for care must be less than the income of the spouse with the lowest income. Thus, if one spouse is not working, no credit generally is allowed.
- File both federal and state tax return

* Some full-time students, persons looking for work or disabled spouses may also be eligible.

NOTE: Eligibility guidelines differ for divorced or separated individuals. See “Special Rules for Children of Divorced or Separated Parents” on the instructions for IRS Form 2441.

FEDERAL CHILD AND DEPENDENT CARE CREDIT

Benefits

A taxpayer may claim the Federal Child and Dependent Care Credit for up to 35% of a limited amount of qualifying child/dependent care expenses. Eligible families with one qualifying dependent can claim up to \$1,050 (35% of \$3,000) as a credit against their federal tax liability, and eligible families with two or more qualifying dependents can claim up to \$2,100 (35% of \$6,000) against their federal tax liability. The federal credit can only be used to offset actual federal tax liability, even if the family would otherwise be eligible for a larger credit.

Taxpayers with annual adjusted gross income up to \$15,000 can claim 35% of their allowable expenses as a credit. Above \$15,000 of adjusted gross income, the percentage of allowable expenses that can be claimed as a credit phases down to 20% (decreasing by 1% for every \$2,000 of income). Eligible employment related child and dependent care expenses are limited to \$3,000 for one qualifying dependent and \$6,000 if there are two or more qualifying dependents. Expenses that may be taken into account in computing the credit generally may not exceed an individual's earned income or, in the case of married taxpayers, the earned income of the spouse with the lesser earnings.

How to Claim the Credits

In order to get either the federal or state credit, families **must file federal and state tax returns.**

To get the federal credit, workers raising children or other qualifying dependents in 2009 must file either federal *Form 1040* or *Form 1040A* and fill out and attach *Form 2441*. To get the state and city credits, you must file *Form IT-216* along with your state tax return. *Form IT-216* is fairly straightforward and walks a family through the necessary calculations to determine the size of the state and city credits.

Example: A single mother with one child under age 13 earned \$18,000 in 2010 and had qualifying expenses of \$3,000* that enabled her to work. She would be eligible for a federal Child and Dependent Care Credit of \$990 or 33% of her allowable expenses of \$3,000, as calculated on line 9 of *IRS Form 2441*. Her federal income tax liability is \$230 but because the federal credit is not refundable, the actual federal credit received will be smaller than the amount for which the family is eligible. The federal credit can be no larger than the actual tax liability before refundable credits, in this case \$230.

But, New York State's Child and Dependent Care Credit is based on a percentage of the federal credit for which the family would have been eligible and not a percentage of the actual federal credit received. In this example, the state Child and Dependent Care Credit is worth \$1,089 (110% of the \$990 federal credit for which this working mother would be eligible as calculated on line 9 of *IRS Form 2441, Child and Dependent Care Expenses*).

**Because the Child and Dependent Care Credit you receive reflects your actual out-of-pocket expenses, if you received a child care subsidy that reduced your qualifying expenses, that will affect the size of the credit you can claim.*

For more information on federal credit see www.irs.gov/pub/irs-pdf/f2441.pdf

For New York State and New York City credits, go to:

www.tax.ny.gov/pdf/2010/killin/inc/it216_2010_fill_in.pdf

Thanks to the New York State Department of Taxation and Finance for their assistance in preparing this material.

NEW YORK STATE CHILD AND DEPENDENT CARE CREDIT

Program Description

New York's Child and Dependent Care Credit helps more low-income families because, unlike the federal credit, *it is refundable*. Eligible families will get cash back from New York State if their Child and Dependent Care Credit is worth more than the state taxes they owe, even if they do not owe any state taxes.

New York's Child and Dependent Care Credit is calculated as a percentage of the federal Child and Dependent Care Credit for which a family would be eligible (see example on this fact sheet). Even workers whose earnings are too low to owe state taxes can get the New York State Child and Dependent Care Credit. What's more, the New York State credit reduces any additional taxes workers may owe.

Workers who qualify for the federal Child and Dependent Care Credit also qualify for the New York State Child and Dependent Care Credit. The New York State Child and Dependent Care Credit is most beneficial to families earning \$50,000 or less but all families with out-of-pocket expenses for childcare benefit from the credit. In order to get either the federal or state credit, families **must file federal and state tax returns**.

New York City also offers a refundable credit for lower-income taxpayers who are full or part-year New York City residents.

Eligibility

Those that meet *all* of the following guidelines are eligible for the federal Child and Dependent Care Credit:

- Gainfully employed with income earned during the year for which tax return is filed*
- Paid out-of-pocket for child and/or dependent care in order to work (The cost of free childcare, such as that received through a state-subsidized program, cannot be used toward qualifying for the credit.) Allowable child and/or dependent care costs include:
 - Care provided by an agency with an Employer Identification Number or by an individual with a Social Security Number. This includes care provided at a childcare center, a summer day camp, a family daycare home, a church, and a neighbor or relative aged 18 or over who is *not* a household member or dependent
 - Care for a child or children under the age of 13 whom you claim as a dependent
 - Care for a disabled spouse with whom you have lived for more than half of the year
 - Care for a disabled household member with whom you have lived AND whom you can claim as a dependent on your federal tax return (or could have claimed as a dependent except that the individual had received \$3,650 or more in gross income or had filed a joint return)
- Amount paid for child and/or dependent care must be less than income in the year for which tax return is filed. *If filing a joint return*, the amount paid for care must be less than the income of the spouse with the lowest income. Thus, if one spouse is not working, no credit generally is allowed.
- File both federal and state tax return

* Some full-time students, persons looking for work or disabled spouses may also be eligible

NOTE: Eligibility guidelines differ for divorced or separated individuals. See "Special Rules for Children of Divorced or Separated Parents" on the instructions for IRS Form 2441.

NEW YORK STATE CHILD AND DEPENDENT CARE CREDIT

Benefits

The value of New York's Child and Dependent Care Credit is calculated as a percentage of the federal credit for which a family is eligible. **Because New York State's Child and Dependent Care Credit is refundable, if the amount of the allowable credit exceeds the amount of state tax liability, the balance will come back to the taxpayer in a check from the NYS Department of Tax and Finance.** Eligible families with lower incomes receive a higher percentage of the federal Dependent Care Credit for which they are eligible on their state tax return and, therefore, a larger state credit as follows:

- Families with incomes up to \$25,000 can claim, on their state tax return, an amount equal to 110% of the federal credit for which they are eligible
- Families with incomes between \$25,000 and \$40,000 can claim between 110% and 100% of the federal credit for which they are eligible
- Families with incomes between \$40,000 and \$50,000 can claim 100% of the federal credit for which they are eligible
- Families with incomes between \$50,000 and \$65,000 can claim between 100% and 20% of the federal credit for which they are eligible
- Families with incomes above \$65,000 can claim 20% of the federal credit for which they are eligible

New York City's Benefit: Full-year and part-year residents of New York City who qualify for the NYS credit and with a federal adjusted gross income of \$30,000 or less who paid childcare expenses for children below the age of four may be eligible for a New York City Child and Dependent Care Credit. For 2010, the New York City Child and Dependent Care Credit can be as much as 75% of the New York State Child and Dependent Care Credit depending on the amount of the filer's federal adjusted gross income.

How to Claim the Credits

To get the state and city credits, you must file *Form IT-216* along with your state tax return. *Form IT-216* is fairly straightforward and walks a family through the necessary calculations to determine the size of the state and city credits.

Example: A single mother with one child under age 13 earned \$18,000 in 2010 and had qualifying expenses of \$3,000* that enabled her to work. She would be eligible for a federal Child and Dependent Care Credit of \$990 or 33% of her allowable expenses of \$3,000, as calculated on line 9 of *IRS Form 2441* or on *IRS Schedule 2(form 1040A)*. Her federal income tax liability is \$230 but because the federal credit is not refundable, the actual federal credit received will be smaller than the amount for which the family is eligible. The federal credit can be no larger than the actual tax liability before refundable credits, in this case \$230.

But, New York State's Child and Dependent Care Credit is based on a percentage of the federal credit for which the family would have been eligible and not a percentage of the actual federal credit received. In this example, the state Child and Dependent Care Credit is worth \$1,089 (110% of the \$990 federal credit for which this working mother would be eligible as calculated on either line 9 of *IRS Form 2441* or on *IRS Schedule 2 (form 1040A)*, *Child and Dependent Care Expenses*). If the qualifying child was below the age of four and the taxpayer was a New York City resident, she would qualify for an additional credit of \$817.

**Because the Child and Dependent Care Credit you receive reflects your actual out-of-pocket expenses, if you received a child care subsidy that reduced your qualifying expenses, that will affect the size of the credit you can claim.*

For New York State & New York City credits, go to www.tax.ny.gov/pdf/2010/fillin/inc/it216_2010_fill_in.pdf

Thanks to the New York State Department of Taxation and Finance for their assistance in preparing this material.

FEDERAL EDUCATION TAX CREDITS:

Helping Pay for Higher Education

Program Description

There are two federal tax credits to help pay for higher education: the **American Opportunity Credit** and the **Lifetime Learning Credit**. These credits are based on qualified education expenses paid to an eligible postsecondary educational institution*.

American Opportunity Credit (formerly the Hope Credit): You may be able to take a credit of up to \$2,500 for qualified education expenses (see below) paid for each student who qualifies for the American Opportunity Credit. The American Opportunity Credit equals 100% of the first \$2,000 and 25% of the next \$2,000 of qualified expenses paid for each eligible student. You can take the American Opportunity Credit for a student if all of the following apply.

- As of the beginning of 2010, the student had not completed the first 4 years of postsecondary education (generally, the freshman through senior years of college), as determined by the eligible educational institution. For this purpose, do not include academic credit awarded solely because of the student's performance on proficiency examinations.
- The student was enrolled in 2010 in a program that leads to a degree, certificate, or other recognized educational credential.
- The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2010.
- The student has not been convicted of a felony for possessing or distributing a controlled substance.

Lifetime Learning Credit: The maximum lifetime learning credit you can claim on your return for the year is \$2,000, regardless of the number of students for whom you are claiming the credit.

Eligibility

You may be able to take the credits if you, your spouse, or a dependent you claim on your tax return was a student enrolled at or attending an eligible educational institution. The credits are based on the amount of qualified education expenses paid for the student in 2009 for academic periods beginning in 2010 and the first 3 months of 2011. But, you **cannot** take the *American Opportunity Credit* and the *Lifetime Learning Credit* for the **same student** in the same year.

Generally, qualified education expenses paid on behalf of the student by someone other than the student (such as a relative) are treated as paid by the student. Also, qualified education expenses paid (or treated as paid) by a student who is claimed as a dependent on your tax return are treated as paid by you. Therefore, you are treated as having paid expenses that were paid from your dependent student's earnings, gifts, inheritances, savings, etc

You cannot take the education credits if any of the following apply.

- Your filing status is married filing separately.
- Your modified adjusted gross income is (a) American Opportunity Credit - \$180,000 or more if married filing jointly, or \$90,000 or more if single, head of household, or qualifying widow(er); or (b) Lifetime Learning Credit - \$120,000 or more if married filing jointly, or \$60,000 or more if single, head of household, or qualifying widow(er).
- Forty percent of the American Opportunity Credit may be refundable. This means that you can get a refund for a portion of the credit that is more than your total tax liability. The credit is not refundable if the student is under age 24 and meets certain other conditions.
- You are claimed as a dependent on another person's tax return, such as your parent's return.
- You (or your spouse) were a nonresident alien for any part of 2009 and the nonresident alien did not elect to be treated as a resident alien.

FEDERAL EDUCATION TAX CREDITS:

Helping Pay for Higher Education

Qualified Education Expenses

Generally, qualified education expenses are amounts paid in 2010 for tuition and fees required for the student's enrollment or attendance at an eligible educational institution*. It does not matter whether the expenses were paid in cash, by check, by credit card, or with borrowed funds.

Only certain expenses for course-related books, supplies, and equipment qualify:

- **American Opportunity Credit** – Qualified education expenses include amounts spent on books, supplies, and equipment needed for a course of study, whether or not the materials are purchased from the educational institution as a condition of enrollment or attendance.
- **Lifetime Learning Credit** – Qualified education expenses include **only** amounts for books, supplies, and equipment required to be paid to the institution as a condition of enrollment or attendance.

Qualified education expenses do not include amounts paid for:

- Room and board, insurance, medical expenses (including student health fees), transportation, or other similar personal, living, or family expenses.
- Any course or other education involving sports, games, or hobbies, or any noncredit course, unless such course or other education is part of the student's degree program or (for the lifetime learning credit only) helps the student to acquire or improve job skills.
- Nonacademic fees, such as student activity fees, athletic fees, insurance expenses, or other expenses unrelated to the academic course of instruction.

If you or the student takes a deduction for higher education expenses, you cannot use those expenses in figuring credits.

How to Claim the Credit

Use Form 8863 *Education Credits (American Opportunity, Hope and Lifetime Learning Credits)* to figure and claim your education credits.

Tax-Free Educational Assistance and Refunds of Qualified Education Expenses

You must reduce the total of your qualified education expenses by any tax-free educational assistance and by any refunds of your expenses. If the refund or tax-free assistance is received in the same year in which the expenses were paid or in the following year before you file your tax return, reduce your qualified education expenses by the amount received and figure your education credits using the reduced amount of qualified expenses. If the refund or tax-free assistance is received after you file your return for the year in which the expenses were paid, you must figure the amount by which your education credits would have been reduced if the refund or tax-free assistance had been received in the year for which you claimed the education credits. Include that amount as an additional tax for the year the refund or tax-free assistance was received.

Example: You paid \$8,000 tuition and fees in December 2009, and your child began college in January 2010. You filed your 2009 tax return on February 2, 2010, and claimed a lifetime learning credit of \$1,600. After you filed your return, your child dropped two courses and you received a refund of \$1,400. You must refigure your 2009 lifetime learning credit using \$6,600 of qualified expenses instead of \$8,000. The refigured credit is \$1,320. You must include the difference of \$280 on your 2010 Form 1040, line 44, or Form 1040A, line 28. Also, enter "\$280" and "ECR" on the dotted line next to line 44 (if filing Form 1040) or line 28 (Form 1040A).

For further information, go to www.irs.gov/pub/irs-pdf/f8863.pdf

* *Eligible Education Institution:* An eligible educational institution is generally any accredited public, nonprofit, or proprietary (private) college, university, vocational school, or other postsecondary institution. Also, the institution must be eligible to participate in a student aid program administered by the Department of Education. Virtually all accredited postsecondary institutions meet this definition.

NEW YORK STATE COLLEGE TUITION CREDIT/ COLLEGE TUITION ITEMIZED DEDUCTION

Program Description

The *College Tuition Credit* is a refundable tax credit available to full-year New York State residents who paid qualified college tuition expenses to an institution of higher education on their own behalf or on behalf of an eligible student. For those who itemize deductions on their federal tax return, greater benefit may be obtained from the *College Tuition Itemized Deduction*. This allows for the deduction of some college tuition costs from taxable income when calculating personal income tax liability.

Eligibility

Eligible student/s:

- Must be full-year New York State residents (part-time residents and nonresident New York State taxpayers may be eligible for the College Tuition Itemized Deduction)
- May be the taxpayer, the taxpayer's spouse, or the taxpayer's dependent (for whom an exemption for federal income tax purposes is allowed)
- Those who attended an institution of higher education*. The eligible student does not have to be enrolled in a degree program or attend full-time to qualify for the College Tuition Credit or to claim the College Tuition Itemized Deduction. However, only undergraduate enrollment or attendance qualifies. Tuition payments required for enrollment or attendance in a course of study leading to the granting of a post-baccalaureate or other graduate degree do not qualify.

** An institution of higher education means any institution of higher education or business, trade, technical or other occupational school, located in or out of New York State, that is recognized and approved by either the Regents of the University of New York or a nationally recognized accrediting agency or association accepted by the Regents. The institution/school must provide a course of study leading to the granting of a post-secondary degree/certificate/diploma.*

Qualified college tuition expenses*:

- Tuition required for the enrollment or attendance at an institution of higher education, paid by cash, check, credit card, or with borrowed funds. Tuition paid through the receipt of scholarships or financial aid is excluded from the qualified college tuition expenses.
- Qualified college tuition expenses paid on behalf of an eligible student from a qualified state tuition program (such as the New York State College Choice Tuition Savings program). If the student can be claimed as a dependent on your tax return, these payments are also treated as paid by you.

** Qualified tuition expenses do not include tuition paid through the receipt of scholarships or financial aid (for this purpose, financial aid does not mean student loans or loans/grants that must be repaid); do not include amounts paid for room and board, insurance, medical expenses (including student health fees), transportation, or other similar personal living/family expenses; and do not include fees for course-related books, supplies, equipment, and non-academic activities.*

NEW YORK STATE COLLEGE TUITION CREDIT/ COLLEGE TUITION ITEMIZED DEDUCTION

Benefits

Individuals may only claim *either* the College Tuition Credit *OR* the College Tuition Itemized Deduction. Part-time residents and nonresident New York State taxpayers may only claim the College Tuition Itemized Deduction.

College Tuition Credit

The College Tuition Credit is a refundable tax credit which means that you may claim a refund of any College Tuition Credit that is in excess of your New York State tax liability. The maximum amount of qualified college tuition expenses allowed for each eligible student is \$10,000, and there is no limit on the number of eligible students for whom you may claim a credit.

The maximum credit is \$400 for students with qualified college tuition expenses of \$5,000 or more, with the credit equal to 4% of qualified tuition expenses up to \$10,000 per eligible student. For those whose expenses are less than \$5,000, the maximum credit is \$200.

College Tuition Itemized Deduction

Those who itemize deductions on their federal tax return may choose to claim the New York State College Tuition Itemized Deduction. This allows individuals to deduct some college tuition costs from taxable income when calculating personal income tax liability.

To determine if you will receive a greater tax benefit from the credit or deduction, you should compute both. The steps below can help you determine whether claiming the College Tuition Itemized Deduction is the best option for you:

- (1) First, complete any of the following forms that apply to you:
 - Form IT-213 – Claim for Empire State Child Credit;
 - Form IT-214 – Claim for Real Property Tax Credit;
 - Form IT-215 – Claim for Earned Income Credit or IT-209- Claim for Non-custodial Parent NYS Earned Income Credit;
 - Form IT-216 – Claim for Child and Dependent Care Credit
- (2) After that, in most cases you should fill out the Worksheet on page 3 of the instructions.

Information on these tax benefits can be found in New York State Department of Taxation and Finance Publication 10-W, FAQs: New York State College Tuition Credit and Itemized Deduction – For Tax Year 2010.

How to Claim the Credit

To claim this credit, you must complete *Form IT-272 – Claim for College Tuition Credit for New York State Residents* and attach it to your *Form IT-150* or *Form IT-201*.

If an eligible student is claimed as a dependent on another person's tax return, only the person who can claim the student as a dependent may claim the credit. If spouses are filing separately, each can claim their own credit or deduction, but each must separately compute the credit/deduction based only on the amount of qualified college tuition expenses paid by each.

For more information on these programs, see www.tax.ny.gov/pdf/2010/inc/it272i_2010.pdf

Thanks to the New York State Department of Taxation and Finance for the information.

REAL PROPERTY TAX CREDIT FOR HOMEOWNERS AND RENTERS

Program Description

New York offers a refundable property tax credit designed to assist low and moderate income taxpayers, particularly the elderly, to offset property tax costs by allowing a credit against their personal income tax liability for a portion of these costs. The credit is available to renters as well as homeowners and is refundable if it exceeds the taxpayer's personal income tax liability.

Eligibility

You may be entitled to this credit if you meet the conditions below for tax year 2010.

- Your household gross income is \$18,000 or less.
- You occupied the same New York residence for six months or more.
- You were a New York State resident for all of 2010.
- You could not be claimed as a dependent on another taxpayer's federal income tax return.
- Your residence was not completely exempted from real property taxes.
- The current market value of all real property you owned, such as houses, garages, and land, was \$85,000 or less.
- You must also meet all the conditions listed under **either** *Homeowners* or *Renters* below:

Homeowners:

- You or your spouse paid real property taxes.
- Any rent you received for nonresidential use of your residence was 20% or less of the total rent you received.

Renters:

- You or a member of your household paid rent for your residence.
- The average monthly rent you and other members of your household paid was \$450 or less, not counting charges for heat, gas, electricity, furnishings or board.

Benefits

The maximum credit is \$375 for households with at least one person over 65 and \$75 for other taxpayers.

How to Apply

To claim the credit, you must complete New York State tax form *IT-214*. You may file the *IT-214* even if you do not have to file a state tax return due to lack of earned income or any other reason.

For more information, see www.tax.ny.gov/pdf/2010/killin/inc/it214_2010_fill_in.pdf

Thanks to the New York State Department of Taxation and Finance for their assistance in compiling this fact sheet.

SOLAR ENERGY SYSTEM EQUIPMENT CREDIT

Program Description

The non-refundable Solar Energy System Equipment Credit allows a credit for the purchase and installation of an eligible solar energy system. Subject to certain limits, the credit is 25% of the qualified solar energy system equipment expenditures for the purchase and installation of a system that uses solar radiation to produce energy for heating, cooling, hot water, or electricity for residential use. The equipment must be installed and used at the taxpayer's principal residence in New York State and must be placed in service on or after January 1, 2006.

If the solar energy system equipment produces electricity, you must enter into a net energy metering contract with your electric corporation or comply with the electric corporation's net energy metering schedule before you can qualify for the credit. The completed solar energy system equipment must also be connected to the electric corporation's transmission and distribution facility. Other conditions and limitations set by the electric company may also apply. You should contact your electric company for more information before you purchase your equipment.

Benefits

The Solar Energy System Equipment Credit reimburses 25% of the purchase price of an approved system up to a maximum of \$5,000. While the credit is non-refundable, and, therefore, not eligible to provide a refund beyond any tax liability you have, unused portions of the credit can be applied to tax liabilities for up to five years after the tax year in which the credit is first claimed.

How to Claim the Credit

Complete *Form IT-255 - Claim for Solar Energy System Equipment Credit* and submit it with your tax return.

For more information, see www.tax.ny.gov/pdf/2010/fillin/inc/it255_2010_fill_in.pdf

Thanks to the New York State Department of Taxation and Finance for the information they provided in developing this fact sheet.

2011 Helping Hands Tool Kit

Education/Tuition Assistance

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

Student loans, unlike scholarships, grants and work study, are borrowed money that *must* be repaid, with interest, just like car loans and mortgages. These loans cannot be canceled because the student was not satisfied with their educational experience, did not obtain a job in their field of study, or is having financial difficulties. Education loans come in three major categories: *student loans* (e.g., Stafford and Perkins loans), *parent loans* (e.g., PLUS loans) and *private student loans* (also called alternative student loans). A fourth type of education loan, the *consolidation loan*, allows the borrower to lump all of their loans into one loan for simplified payment. A recent innovation is *peer-to-peer education loans*. More than \$100 billion in federal education loans and \$10 billion in private student loans are originated each year.

Since July 1, 2010, all new federal education loans have been made through the Direct Loan program. The loans are made through the college's financial aid office with funds provided by the US Department of Education. This includes the Federal Parent PLUS loan in addition to student loans. The terms of the Federal Stafford, PLUS and Consolidation loans are similar to the terms of the federal education loans previously available through the federally-guaranteed student loan programs. However, the interest rate on the Federal Direct PLUS loan is lower (7.9% vs. 8.5%) and the approval rate is higher.

Student Loans

Stafford Loan

The main federal loan for students is called the Stafford Loan and has two variations:

- Federal Family Education Loan Program (FFELP) loans are provided by private lenders, such as banks, credit unions and savings & loan associations. These loans are guaranteed against default by the federal government.
- Federal Direct Student Loan Program (FDSLPL) loans or "Direct Loans", administered by "Direct Lending Schools", are provided by the US government directly to students and their parents.

All Stafford Loans are either subsidized (the government pays the interest while you're in school) or unsubsidized (you pay all the interest, although you can have the payments deferred until after graduation). To receive a subsidized Stafford Loan, you must be able to demonstrate financial need. About 2/3 of subsidized Stafford loans are awarded to students with family Adjusted Gross Income (AGI) of under \$50,000, 1/4 to students with family AGI of \$50,000 to \$100,000, and a little less than 10% to students with family AGI over \$100,000.

With the unsubsidized Stafford loan, you can defer the payments until after graduation by capitalizing the interest. This adds the interest payments to the loan balance, increasing the size and cost of the loan. All students, regardless of need, are eligible for the unsubsidized Stafford Loan.

Repayment begins six months after the student graduates or drops below half-time enrollment. The standard repayment term is 10 years, although one can get access to alternate repayment terms (extended, graduated and income contingent repayment) by consolidating the loans.

Stafford Loan Limits

The following chart illustrates that annual and aggregate loan limits for the subsidized and unsubsidized Stafford loans first disbursed on or after July 1, 2008.

The limits may be a little confusing because there are two sets of limits for the Stafford loan: a combined base limit for the subsidized and unsubsidized Stafford loan, and an additional limit for just the unsubsidized Stafford loan. In effect, the subsidized Stafford loan is limited to the amounts in the "Combined Base Limit" column and the unsubsidized Stafford loan is limited to the amounts in the "Total Limit" column minus the amount of any subsidized Stafford loans.

Many students combine subsidized loans with unsubsidized loans to borrow the maximum amount permitted each year. Note also that there are separate limits for dependent undergraduate students, independent undergraduate

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

students, graduate and professional students, and medical school students. Dependent undergraduate students whose parents have been denied a Parent PLUS loan are eligible for the higher unsubsidized Stafford loan limits available to independent undergraduate students.

Annual Loan Limits - Stafford Loan			
Dependent Students (whose parents were not denied a PLUS loan)	Combined Base Limit for Subsidized and Unsubsidized Loans	Additional Limit for Unsubsidized Loans	Total Limit for Unsubsidized Loans (minus subsidized amounts)
First-Year Undergraduate (Freshman)	\$3,500	\$2,000	\$5,500
Second-Year Undergraduate (Sophomore)	\$4,500	\$2,000	\$6,500
Third-Year and Beyond Undergraduate (Junior, Senior)	\$5,500	\$2,000	\$7,500
Preparatory Coursework (for enrollment in an undergraduate program)	\$2,625	\$0	\$2,625
Preparatory Coursework (for enrollment in a graduate or professional program)	\$5,500	\$0	\$5,500
Teacher Certification Coursework	\$5,500	\$0	\$5,500
Independent Students (and dependent students whose parents were denied a PLUS loan)	Combined Base Limit for Subsidized and Unsubsidized Loans	Additional Limit for Unsubsidized Loans	Total Limit for Unsubsidized Loans (minus subsidized amounts)
First-Year Undergraduate (Freshman)	\$3,500	\$6,000	\$9,500
Second-Year Undergraduate (Sophomore)	\$4,500	\$6,000	\$10,500
Third-Year and Beyond Undergraduate (Junior, Senior)	\$5,500	\$7,000	\$12,500
Preparatory Coursework (for enrollment in an undergraduate program)	\$2,625	\$6,000	\$8,625
Preparatory Coursework (for enrollment in a graduate or professional program)	\$5,500	\$7,000	\$12,500
Teacher Certification Coursework	\$5,500	\$7,000	\$12,500
Graduate and Professional Students	Combined Base Limit for Subsidized and Unsubsidized Loans	Additional Limit for Unsubsidized Loans	Total Limit for Unsubsidized Loans (minus subsidized amounts)
Graduate and Professional Students	\$8,500	\$12,000	\$20,500
Medical School Students	\$8,500	\$32,000	\$40,500

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

Aggregate Loan Limits - Stafford Loan			
	Combined Base Limit for Subsidized and Unsubsidized Loans	Additional Limit for Unsubsidized Loans	Total Limit for Unsubsidized Loans (minus subsidized amounts)
Dependent Undergraduate Students (whose parents were not denied a PLUS loan)	\$23,000	\$8,000	\$31,000
Independent Undergraduate Students (and dependent students whose parents were denied a PLUS loan)	\$23,000	\$34,500	\$57,500
Graduate and Professional Students	\$65,500 (including undergraduate Stafford loans)	\$73,000	\$138,500
Medical School Students	\$65,500 (including undergraduate Stafford loans)	\$158,500	\$224,000

Stafford Loan Interest Rates and Fees

Stafford Loans have a fixed interest rate of 6.8% for loans with a first disbursement after July 1, 2006. (Previously, Stafford Loans had variable interest rates.) All lenders offer the same rate for the Stafford Loan, although some give discounts for on-time and electronic payment.

The College Cost Reduction and Access Act of 2007 reduced the interest rates on subsidized Stafford loans for undergraduate students starting July 1, 2008. These reductions are available only to undergraduate students, not graduate students, and only for subsidized Stafford loans, not unsubsidized Stafford loans. The interest rates are illustrated in the following table.

Phased-in Cuts in Interest Rates on Subsidized Stafford Loans for Undergraduate Students		
Year	Interest Rate Subsidized Stafford Loans (Undergraduate Students)	Interest Rate Other Stafford Loans (Graduate or Unsubsidized)
2007-08	6.8%	6.8%
2008-09	6.0%	6.8%
2009-10	5.6%	6.8%
2010-11	4.5%	6.8%
2011-12	3.4%	6.8%
2012-13	6.8%	6.8%

Stafford Loans have loan fees of 4%, which are deducted from the disbursement check. These fees consist of a 3% origination fee and a 1% default fee (previously “guarantee fee”).

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

Applying for a Stafford Loan

To apply for a Stafford Loan, you must submit the Free Application for Federal Student Aid (FAFSA), which can be obtained at www.finaid.org/fafsa. Even though the unsubsidized Stafford Loan is available to all students regardless of financial need, you must still submit the FAFSA to be eligible. You can receive a subsidized loan and an unsubsidized loan for the same period.

You may use the Lender Codes Database (www.finaid.org/loans/lenderscodesdb.phtml) to obtain the lender codes of participating student loan providers. FinAid also maintains a list of education lenders who offer federal and private student loans. If you are a student attending a school that participates in the Federal Direct Student Loan Program you will obtain your federal student loan funds directly from the U.S. government, not from private lenders.

Perkins Loan

The Perkins Loan is awarded to undergraduate and graduate students with exceptional financial need. This is a campus-based loan program, with the school acting as the lender using a limited pool of funds provided by the federal government. The Perkins Loan is the best student loan available. It is a subsidized loan, with the interest being paid by the federal government during the in-school and 9-month grace periods. There are no origination or default fees, and the interest rate is 5%. There is a 10-year repayment period.

The amount of Perkins Loan received is determined by the school's financial aid office. The program limits are \$5,500 per year for undergraduate students and \$8,000 per year for graduate students, with cumulative limits of \$27,500 for undergraduate loans and \$60,000 for undergraduate and graduate loans combined.

The Perkins Loan also offers better cancellation provisions than the Stafford or PLUS loans.

Parent Loans

Parents of dependent students can take out loans to supplement their children's aid packages. The federal Parent Loan for Undergraduate Students (PLUS) lets parents borrow money to cover any costs not already covered by the student's financial aid package, up to the full cost of attendance. There is no cumulative limit. Since July 1, 2010, all new PLUS loans, like the Stafford loans, have been made through the Direct Loan program (funds provided by the government).

Parent PLUS loans are the financial responsibility of the parents, not the student. If the student agrees to make payments on the PLUS loan, but fails to make the payments on time, the parents will be held responsible.

Since July 1, 2006, graduate and professional students have been able to borrow money through the PLUS Loan program to pay for their own education.

These days the PLUS loan is referred to as either the Parent PLUS or Grad PLUS loan. The original name, Parent Loan for Undergraduate Students, is no longer used, not even in the Higher Education Act.

Switch from FFELP to Direct PLUS Loans

The Health Care and Education Reconciliation Act of 2010 ended the FFEL program, where loan funds were provided by private lenders such as banks and other financial institutions. The lenders still hold their existing FFEL program loans, but are no longer involved in making new loans. Since July 1, 2010 all new federal education loans are made through the Direct Loan program, where the federal government provides the funds for the loans through the colleges.

This change includes the PLUS loans, not just Stafford and Consolidation loans, so parents who want a Parent PLUS loan should contact the financial aid office at their child's college.

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

Interest Rates and Fees

PLUS loans through the Direct Loan program have a fixed interest rate of 7.9%. This rate has been in effect since July 1, 2006. (Previously, PLUS loans had variable interest rates capped at 9%.)

The 7.9% interest rate on the Direct PLUS loan is a lower interest rate than the interest rate that was available through the FFEL program, which had a fixed rate of 8.5%. (Some lenders offered discounts for on-time and electronic payment.) So the switch to Direct Loans will save parents some money on new Parent PLUS loans.

Note that existing FFEL program PLUS loans will continue to have the same 8.5% interest rate as they did before July 1, 2010. The switch to the Direct Loan program does not affect existing loans.

The interest on the PLUS loan is not subsidized while the student is in school, unlike the subsidized Stafford and Perkins loans. The PLUS loan charges loan fees of 4%, deducted from each disbursement check.

Repayment

Repayment begins 60 days after the funds are fully disbursed, and the repayment term is up to 10 years. Graduate students may defer repayment on Grad PLUS loans while they are in school. However, there is no six-month grace period as there is with the Stafford Loan program.

Parents have the option of deferring repayment on Parent PLUS loans while the undergraduate student on whose behalf they borrowed the PLUS loan is in-school and for a six-month grace period after the student graduates or drops below full-time enrollment. This change was enacted by the Ensuring Continued Access to Student Loans Act of 2008 (PL 110-227), ECASLA, and is effective for Parent PLUS loans first disbursed on or after July 1, 2008. (Payments can also be deferred if the parents are themselves enrolled in college. They will need to submit an application for an in-school deferment.)

(Before ECASLA added the deferment option on the Parent PLUS loan, some lenders allowed parents to defer payments on the PLUS loan while the student is in school by granting one of several types of forbearances. In each case the forbearance allows a full or partial suspension of payments for up to a year at a time. The discretionary forbearance can be renewed each year; the economic hardship deferment and excess debt burden forbearances each have a three-year time limit. The deferments and forbearances are still available for all Parent PLUS loans, especially the ones originated before July 1, 2008.)

Note that since the interest on the PLUS loan is not subsidized, it continues to accrue while deferred or in forbearance and is capitalized when the loan enters repayment.

Consolidating PLUS Loans

PLUS loans can be consolidated just like Stafford and Perkins Loans, although a parent's PLUS loan cannot be consolidated with the student's Stafford and Perkins Loans, since the borrowers are different. But parents who have their own Stafford loans can consolidate them together with any PLUS loans they have borrowed to pay for their children's education.

Consolidating PLUS loans provides access to alternate repayment terms, such as extended repayment, graduated repayment, and income contingent repayment. (Income contingent repayment is available for Direct Grad PLUS loans but not Direct Parent PLUS loans.)

Note that since the consolidation loan has an interest rate that is capped at 8.25%, consolidating a FFELP PLUS loans can reduce the interest rate by 0.25%. It is best to consolidate PLUS loans separately from Stafford and Perkins Loans to maximize the benefit of this interest rate reduction. However, one should also consider the impact of consolidation on available education loan discounts.

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

Eligibility

Eligibility for the PLUS loan depends on a modest credit check that determines whether the parent as an adverse credit history. An adverse credit history is defined as being 90 or more days late on any debt or having any Title IV debt (including a debt due to grant overpayment) within the past five years subjected to default determination, bankruptcy discharge, foreclosure, repossession, tax lien, wage garnishment, or write-off. The Ensuring Continued Access to Student Loans Act of 2008 extended the 90 days late threshold to 180 days for mortgage payments and medical bill payments during calendar years 2007 through 2009.

If a dependent student's parents are denied a PLUS loan, or the college financial aid administrator determines that the parents are likely to be denied a PLUS loan, the student becomes eligible for increased unsubsidized Stafford Loan limits, the same limits as are available to independent students. Only one parent needs to apply for and be denied a PLUS loan. However, if one parent is denied a PLUS loan and the other is approved for a PLUS loan, the student is not eligible for increased Stafford Loan limits.

It is generally a good idea for parents who think they might be denied a PLUS loan or have other exceptional circumstances that prevent them from using the PLUS loan program to talk to the school before applying for a PLUS loan. If they happen to obtain a PLUS loan approval it makes it much more difficult for the school to grant the student the additional unsubsidized Stafford loan eligibility.

Applying for a PLUS loan

Graduate and professional students who are applying for a PLUS loan must submit the Free Application for Federal Student Aid (FAFSA) and sign a master promissory note.

Parents who are applying for a Parent PLUS loan are, strictly speaking, not required to have the student file a FAFSA. However, it is generally advisable to do so in order to avoid missing out on other federal student aid. But if they wish to apply for a Parent PLUS loan without submitting a FAFSA, they will need to submit a loan application and sign a master promissory note.

Starting in 2011-2012, the FAFSA will be required for the Parent PLUS loan. Currently about 98% of families borrowing from the Parent PLUS loan already file the FAFSA.

(The usual requirements for student and parent eligibility still apply. For example, the student must be enrolled at least half-time and be eligible for federal student aid. Both the parent borrower and the student must be US citizens, nationals or eligible noncitizens. Neither the student nor the parent borrower can have a federal government judgment lien on his or her property. The parent cannot owe an overpayment on a federal education grant or be in default on a previous federal education loan unless he or she has made satisfactory arrangements to repay the grant overpayment or loan. The student is required to be registered with Selective Service, but the parents are not. Colleges are required to determine eligibility for both the dependent student and the parent before certifying a Parent PLUS loan. Besides obtaining the student's complete financial aid history, the school may also have supplemental forms for the parent to complete, such as signing a statement of educational purpose.)

If the student's parents are divorced, both the custodial parent and the noncustodial parent are eligible to borrow from the PLUS loan program, provided that the combined amounts borrowed do not exceed the cost-of-attendance minus aid received cap. A stepparent who has not adopted the student can only borrow from the PLUS loan program for as long as he or she is married to the custodial parent (i.e., the stepparent's income and assets would be considered when calculating the dependent student's expected family contribution). A stepparent who is married to the dependent student's non-custodial parent is not eligible to borrow from the PLUS loan program. Legal guardians are not eligible to borrow from the PLUS loan program, nor are aunts, uncles and grandparents.

FEDERAL STUDENT LOANS TO PAY FOR COLLEGE

Borrow the Stafford Loan First

The Federal Stafford loan has a lower interest rate than the Parent PLUS loan (6.8% or less, compared with 7.9%) so families should exhaust Stafford loan eligibility before turning to the Parent PLUS loan. The unsubsidized Stafford loan is available without regard to financial need, just like the Parent PLUS loan, so you do not need to be poor to qualify for this loan.

Unfortunately, many families do not take full advantage of the Stafford loan. In 2007-08, 8.2% of students whose parents borrowed from the Parent PLUS loan program did not borrow from the Stafford loan program, and 33.2% borrowed less than the maximum total amount available from the Stafford loan program. Nothing prevents parents from helping their children with the payments on their Stafford loans, and the lower interest rate will save money, so it is best to borrow the Stafford loan first.

Finding a PLUS Loan Lender

As noted above, since July 1, 2010 all new federal education loans, including the PLUS loan, are made through the Direct Loan program. To obtain a Parent PLUS loan, contact the college's financial aid office.

The PLUS loan borrower will need to sign a Master Promissory Note (MPN), which covers a period of continuous enrollment. Annual borrowing is capped at the cost of attendance minus other aid. The college will draw down the funds from the Common Origination and Disbursement (COD) system and deposit them into the student's account. After the funds are applied to tuition and fees (and with the family's permission, room and board), any remaining funds will be disbursed to the student to pay for textbooks and other college-related costs.

(Lenders that participated in the FFEL program can be found in the Lender Codes Database. FinAid also maintains a list of education lenders who offered federal and private education loans, including PLUS loans.)

Material for this fact sheet is from FinAid: www.finaid.org/loans/

PELL GRANTS

A Federal Pell Grant, unlike a loan, does not have to be repaid. Pell Grants are awarded usually only to undergraduate students who have not earned a bachelor's or a professional degree. (In some cases, however, a student enrolled in a post-baccalaureate teacher certification program may receive a Pell Grant.) Pell Grants are considered a foundation of federal financial aid, to which aid from other federal and non-federal sources might be added.

Grant Awards

The maximum Pell Grant award for the 2010-11 award year (July 1, 2010 to June 30, 2011) is \$5,500. The maximum can change each award year and depends on available program funding. The amount awarded to a student depends not only on financial need but also on the costs of attending school, status as a full- or part-time student, and whether the student plans to attend school for a full academic year or less.

If a student is deemed eligible for a Pell Grant, the school can apply Pell Grant funds to the student's school costs, pay him/her directly (usually by check), or combine these methods. The school must tell the student in writing how much the award will be, as well as how and when it will be paid. Schools must disburse funds at least once per term (semester, trimester, or quarter). Schools that do not use semesters, trimesters, or quarters must disburse funds at least twice per academic year.

How to Apply for a Pell Grant

To apply for a Pell Grant, applicants must complete the Free Application for Federal Student Aid (FAFSA). The applications are available through school counselors' offices or financial aid office.

NEW YORK STATE TUITION ASSISTANCE PROGRAM (TAP)

Program Description

The New York State Tuition Assistance Program (TAP) is a grant program that helps eligible New York residents pay tuition at approved schools in New York State. Since the 2007-08 academic year, TAP has been available for students attending SUNY, CUNY and not-for-profit independent degree-granting colleges on either a full- or part-time basis. Since it is a grant, the TAP award amount does not have to be repaid by the student.

Eligibility

To be eligible for TAP grant, the student must meet all of the following guidelines:

- ✓ Be a United States citizen or eligible noncitizen
- ✓ Be a legal resident of New York State
- ✓ Study at an approved postsecondary institution in New York State
- ✓ Have graduated from high school in the United States --OR-- earned a GED --OR-- passed a federally approved "Ability to Benefit" test as defined by the Commissioner of the State Education Department
- ✓ Be enrolled as a full-time student taking 12 or more credits per semester --OR-- be a part-time student who had been a first-time freshman in the 2006-07 academic year or thereafter, earning 12 credits or more in each of two consecutive semesters with at least a "C" average.
- ✓ Be matriculated in an approved program of study and be in good academic standing
- ✓ Have declared a major no later than within 30 days from the end of the add/drop period:
 - In the first term of your sophomore year in an approved two-year program; or
 - In the first term of your junior year in an approved four-year program
- ✓ Meet good academic standing requirements
- ✓ Be charged at least \$200 in tuition per year
- ✓ Not be in default on a student loan guaranteed by NYS Higher Education Services Corporation or on any repayment of state awards
- ✓ Fulfill income eligibility rules below:

Undergraduate Student Income Eligibility Rules

- Dependent student or students with tax dependents – net annual NYS taxable income less than \$80,000
- Independent, married students with no tax dependents– net annual NYS taxable income less than \$40,000
- Single independent student, no dependents – net annual NYS taxable income less than \$10,000

Graduate Student Income Eligibility Rules

For 2010-2011, the enacted NYS Budget does not provide TAP funding for graduate students.

- Dependent student or independent, married student or independent student with tax dependents – net annual NYS taxable income less than \$20,000
- Single independent student, no dependents – net annual NYS taxable income less than \$5,666

NEW YORK STATE TUITION ASSISTANCE PROGRAM (TAP)

Benefits: Award Amounts

Maximum TAP Award amounts are below. Awards will be the lesser of either total tuition or the maximum award. Award amounts are determined by: the academic year in which first payment of TAP or any state award is received; the type of postsecondary institution and the tuition charged; combined family NYS net taxable income; financial/tax status (dependent or independent); and whether other family members are enrolled in college.

Undergraduate Students at Degree-Granting and Not-For-Profit Institutions: Undergraduate students enrolled in four-year programs may receive up to four years of assistance for full-time study, and up to five years of assistance for study in an approved specialized program.

Dependent Students or Independent Students Who are Married or Have Tax Dependents or Independent Students Who Are Single With No Tax Dependents	
<i>First Year in Which Student Received an Award</i>	<i>Award Range</i>
2000 - 2001 and thereafter	\$500 - \$5,000
1994 - 1995 through 1999 - 2000	\$500 - \$4,125
All years prior to 1994 - 1995	\$500 - \$3,575

Independent Students Who are Married and Have No Other Tax Dependents	
<i>First Year in Which Student Received an Award</i>	<i>Award Range</i>
Applicable to students who receive awards in any school year	\$500 - \$3,025

Independent Students Who are Single With No Tax Dependents	
<i>First Year in Which Student Received an Award</i>	<i>Award Range</i>
All years since 1994 - 1995	\$500 - \$3,025
1992 - 1993 and 1993 - 1994	\$500 - \$2,575
All years prior to 1992 - 1993	\$500 - \$2,450

Students at Proprietary Registered Non-Degree Private Business Schools: Awards range from \$100 to \$800 for dependent students or independent students who are married and/or have tax dependents. For single independent students without tax dependents, awards range from \$100 to \$640.

Graduate Students: Awards range from \$75 to \$550. Eligible students can receive a maximum of eight years of combined undergraduate/graduate assistance. Graduate or professional students may also receive an additional four years of TAP.

NEW YORK STATE TUITION ASSISTANCE PROGRAM (TAP)

How to Apply

- 1) Apply for Financial Aid - The TAP application process begins with the Free Application for Federal Student Aid (FAFSA). You have to apply for aid and TAP each year you are in college. If you filled out the FAFSA last year, you may be able to use the shorter Renewal FAFSA and TAP application. Apply well before the May 1st deadline.
 - Obtain a paper application for your high school counselor, local library or college financial aid office OR apply online
 - To apply for federal and New York State financial aid electronically, you and your parents must get a Federal Student Aid Personal Identification Number (PIN) at www.pin.ed.gov. The U.S. Department of Education will mail or e-mail the secure PIN to you in about one week. You can use the PIN to "sign" your Free Application for Federal Student Aid (FAFSA) electronically.
- 2) Review your Student Aid Report (SAR) – the SAR summarizes your FAFSA and includes your Estimated Family Contribution
 - Review the SAR and make any corrections
- 3) Review your Award Letter
 - Consider the options outlined in the award letter including grants, scholarships, loans and work-study programs
 - Tell the financial aid office that you accept or reject all or part of the financial aid package.
 - Complete any other forms required by the school.
- 4) Apply for a loan if needed.
 - Contact the financial aid office to find out about the loan application procedure your school uses.
- 5) Complete your TAP application after completing the FAFSA – This may be done online once your FAFSA is complete OR you may obtain a paper application from the college financial aid office.

2011 Helping Hands Tool Kit

Important Contact Lists

County Departments of Social Services

Albany (518) 447-7300
162 Washington Ave
Albany, NY 12207
<http://www.albanycounty.com/dss/>

Allegany (585) 268-9622
7 Court St.
Belmont, NY 14813
http://www.alleganyco.com/default.asp?show=btn_dss

Broome (607) 778-8850
36-42 Main St.
Binghamton, NY 13905
<http://www.gobroomecounty.com/dss/>
Email: ajohnson@co.broome.ny.us

Cattaraugus (716) 373-8065
Cattaraugus County Building
1 Leo Moss Drive, Suite 600
Olean, NY 14760
<http://www.co.cattaraugus.ny.us/dss/index.asp>

Cayuga (315) 253-1451
County Office Building
160 Genesee St.
Auburn, NY 13021
<http://co.cayuga.ny.us/hhs/index.html>

Chautauqua (716) 753-4421
Hall R. Clothier Building
Mayville, NY 14757
<http://www.co.chautauqua.ny.us/departments/dss>

Chemung (607) 737-5309
Human Resource Center
425 Pennsylvania Ave. PO Box 588
Elmira, NY 14902
<http://www.chemungcounty.com/index.asp?pageId=266>
Email: lhuffner@co.chemung.ny.us

Chenango (607) 337-1500
5 Court St., PO Box 590
Norwich, NY 13815
<http://ccdss.peppytech.com/>
Email: http://ccdss.peppytech.com/index.php?option=com_contact&view=contact&id=25&Itemid=124

Clinton (518) 565-3300
13 Durkee St.
Plattsburgh, NY 12901
<http://www.clintoncountygov.com/Departments/DepartmentOfSocialServices/SocialServicesHomePage.html>
Email: DSS@co.clinton.ny.us

Columbia (518) 828-9411
25 Railroad Ave., PO Box 458
Hudson, NY 12534
No website

Cortland (607)-753-5248
60 Central Ave
Cortland, NY 13045
<http://www.cortland-co.org/dss/>

Delaware (607) 832-5300
111 Main St.
Delhi, NY 13753
<http://www.co.delaware.ny.us/departments/dss/dss.htm>

Dutchess (845) 486-3000
60 Market St.
Poughkeepsie, NY 12601
<http://www.co.dutchess.ny.us/CountyGov/Departments/SocialServices/SSIndex.htm>
Email: internetsupport1@co.dutchess.ny.us

Erie (716) 858-8000
95 Franklin St.
Buffalo, NY 14202
<http://www.erie.gov/depts/socialservices>

Essex (518) 873-3441
7551 Court St., PO Box 217
Elizabethtown, NY 12932
<http://www.co.essex.ny.us/DSSonline>

Franklin (518) 483-6770
355 West Main St.
Malone, NY 12953
No website

Fulton (518) 736-5640
4 Daisy Lane, PO Box 549
Johnstown, NY 12095
No website

Genesee (585) 344-2580
5130 East Main St.
Batavia, NY 14020
<http://www.co.genesee.ny.us/dpt/socialservices/index.html>

Greene (877) 794-9268
411 Main St., PO Box 528
Catskill, NY 12414
<http://www.greenegovernment.com/department/socialserv>
Email: dss@discovergreene.com

County Departments of Social Services

Hamilton (518) 648-6131
PO Box 725
White Birch Lane
Indian Lake, NY 12842
No website

Herkimer (315) 867-1291
301 North Washington St. Suite 2110
Herkimer, NY 133550
<http://www.herkimercounty.org/content/Departments/View/10?>

Jefferson..... (315) 782-9030
250 Arsenal St.
Watertown, NY 13601
<http://www.co.jefferson.ny.us/index.aspx?page=115>

Lewis (315) 376-5400
5274 Outer Stowe St., PO Box 193
Lowville, NY 13367
No website

Livingston (585) 243-7300
1 Murray Hill Dr.
Mt. Morris, NY 14510
<http://www.co.livingston.state.ny.us/dss.htm>
Email: sandra.wright@dfa.state.ny.us

Madison (315) 366-2211
Madison County Complex, Bldg. 1
133 North Court St., PO Box 637
Wampsville, NY 13163
<http://www.madisoncounty.org/DSS2/index.html>

Monroe..... (585) 753-6298
111 Westfall Rd.
Rochester, NY 14620
<http://www.monroecounty.gov/hs-index.php>
Email: mchhs@monroecounty.gov

Montgomery (518) 853-4646
County Office Building
PO Box 745
Fonda, NY 12068
No website

Nassau (516) 227-8000
Nassau County Department of Social Services Building
60 Charles Lindbergh Blvd.
Uniondale, NY 11553
<http://www.nassaucountyny.gov/agencies/dss/DSSHome.htm>

New York City – HRA.....(877) 472-8411
Human Resources Administration
Department of Social Services
180 Water St.
New York, NY 10038
<http://www.nyc.gov/html/hra/html/home/home.shtml>
Email: <http://www.nyc.gov/html/mail/html/mailhra.html>

Niagara(716) 439-7600
20 East Ave., PO Box 506
Lockport, NY 14095
<http://www.niagaracounty.com/socialservice/index.asp>

Oneida..... (315) 798-5700
Oneida County Office Building
800 Park Ave
Utica, NY 13501
<http://www.ocgov.net/oneida/socialservices>
Email: socialservices@ocgov.net

Onondaga(315) 435-2985
John H. Mulroy Civic Center
421 Montgomery St., 12th Floor
Syracuse, NY 13202
<http://www.ongov.net/dss/index.html>
Email: <http://www.ongov.net/dss/contact.html>

Ontario.....(585) 396-4130
3010 County Complex Dr.
Canandaigua, NY 14424
http://www.co.ontario.ny.us/social_services/index.html
Email: Martha.Hart@dfa.state.ny.us

Orange(845) 291-4000
Box Z, 11 Quarry Rd.
Goshen, NY 10924
<http://www.co.orange.ny.us/orgMain.asp?orgid=55&storyTypeID=&sid=&>
Email: <http://www.co.orange.ny.us/orgMain.asp?orgid=55&custom=contact&sid=>

Orleans.....(585) 589-7000
14016 Route 31 West
Albion, NY 14411
<http://orleansny.com/Departments/DepartmentsAM/DepartmentofSocialServices/tabid/150/Default.aspx>

Oswego.....(315) 963-5000
100 Spring St., PO Box 1320
Mexico, NY 13114
<http://www.co.oswego.ny.us/dss.shtml>

County Departments of Social Services

Otsego..... (607) 547-4355
County Office Building
197 Main St.
Cooperstown, NY 13326
<http://www.otsegocounty.com/depts/dss>

Putnam..... (845) 225-7040
110 Old Route 6
Carmel, New York 10512
<http://www.putnamcountyny.com/socialservices/index.htm>

Rensselaer..... (518) 833-6000
The Administration Building
127 Bloomingrove Dr.
and
The Raddock Building
1801 Sixth Ave.
Troy, NY 12180
http://www.rensco.com/departments_socialservices.asp
Email: http://www.rensco.com/contact_eform.asp

Rockland..... (845) 364-2020
Building L, Sanatorium Rd.
Pomona, NY 10970
<http://www.co.rockland.ny.us/Social/default.htm>
Email: sherwoos@co.rockland.ny.us

St. Lawrence..... (315) 379-2111
Harold B. Smith County Office Bldg.
6 Judson St.
Canton, NY 13617
<http://www.co.st-lawrence.ny.us/departments/socialservices>

Saratoga..... (518) 884-4140
152 West High St.
Ballston Spa, NY 12020
<http://www.saratogacountyny.gov/departments.asp?did=150>
Email: <http://www.saratogacountyny.gov/contact.asp?email=277>

Schenectady..... (518) 388-4470
797 Broadway
Schenectady, NY 12305
<http://www.schenectadycounty.com/FullStory.aspx?m=35&amid=459>

Schoharie..... (518) 295-8334
County Office Building
284 Main St., 2nd Floor
Mailing Address:
PO Box 687
Schoharie, NY 12157
<http://www.schohariecounty-ny.gov/CountyWebSite/SocialServices/socialserviceshome.html>

Schuyler.....(607) 535-8303
323 Owego St., Unit 3
Montour Falls, NY 14865
<http://www.schuylercounty.us/dss.htm>

Seneca..... (315) 539-1800
Seneca County Office Building
1 DiPronio Dr., 1st Floor
Waterloo, NY 13165
<http://www.co.seneca.ny.us/dpt-divhumserv-dhs-admin.php>
Email: cschillaci@co.seneca.ny.us

Steuben.....(607) 776-7611
3 East Pulteney Square
Bath, NY 14810
<http://www.steubencony.org/dss.html>

Suffolk.....(631) 854-9935
Mary Gordon Building
3085 Veterans Memorial Highway
Ronkonkoma, NY 11779
<http://www.co.suffolk.ny.us/departments/socialservices.aspx>
Email: <http://www.co.suffolk.ny.us/Home/departments/socialservices/Pages/Feedback.aspx>

Sullivan.....(845) 292-0100
Sunset Lake Road
Liberty, NY 12754
Mailing Address:
PO Box 231
Liberty, NY 12754
<http://www.co.sullivan.ny.us/Departments/DepartmentsAM/HealthandFamilyServices/tabid/3120/default.aspx>

Tioga.....(607) 687-8300
1062 State Rd. Route 38
PO Box 240
Owego, NY 13827
http://www.tiogacountyny.com/departments/health/social_services/
Email: http://www.tiogacountyny.com/government/contact_us.php

Tompkins.....(607) 274-5252
320 West State St.
Ithaca, NY 14850
<http://www.tompkins-co.org/departments/detail.aspx?DeptID=41>
Email: dssinfo@tompkins-co.org

Ulster.....(845) 334-5000
1061 Development Court
Kingston, NY 12401
<http://www.co.ulster.ny.us/resources/socservices.html>
Email: egov@co.ulster.ny.us

County Departments of Social Services

Warren..... (518) 761-6300

Municipal Center
1340 State Route 9
Lake George, NY 12845
<http://www.co.warren.ny.us/phone.php#socsv>

Washington..... (518) 746-2300

Municipal Center, Bldg B
383 Broadway
Fort Edward, NY 12828
<http://www.co.washington.ny.us/departments/dss/dss.htm>

Wayne (315) 946-4881

77 Water St., PO Box 10
Lyons, NY 14489
<http://www.co.wayne.ny.us/departments/dss/dss.htm>

Westchester..... (914) 995-5000

112 East Post Rd, 5th Floor
White Plains, NY 10601
<http://socialservices.westchestergov.com/>

Wyoming..... (585) 786-8900

466 North Main St. PO Box 231
Warsaw, NY 14569
<http://www.wyomingco.net/socialservices/main.html>

Yates..... (315) 536-5183

County Office Building
417 Liberty St., Suite 2122
Penn Yan, NY 14527
<http://www.yatescounty.org/upload/12/dss/frameset.html>
Email: socialservices@yatescounty.org

Child Care Resource and Referral Agencies

Albany

Capital District Child Care Council, Inc.
91 Broadway
Menands, NY 12204-2728
(518) 426-7181 x327
FAX: (518) 426-9649
EMAIL: pskinner@cdcccc.org
WEBSITE: www.cdcccc.org

Allegany

ACCORD Corporation
15 Martin Street
Wellsville, NY 14895
(800) 498-2277 / (585) 593-0792 x1231
FAX: (585) 593-3653
EMAIL: sbelmont@accordcorp.org
WEBSITE: www.accordcorp.org

Broome

Family Enrichment Network, Inc.
24 Cherry Street
Johnson City, NY 13790
(607) 723-8313 x872
FAX: (607) 723-6173
EMAIL: jperney@familyenrichment.cc
WEBSITE: www.familyenrichment.cc

Cattaraugus

ACCORD Corporation
124 North Union Street, Suite 308
Olean, NY 14760
(716) 373-4471 or (716) 373-3876
FAX: (716) 373-4480
WEBSITE: www.accordcorp.org

Cayuga

Child Care Solutions, Inc.
6724 Thompson Road
Syracuse, NY 13211
(888) 729-7290 or (315) 446-1220
FAX: (315) 446-2010
EMAIL: peggyl@childcaresolutionsny.org
WEBSITE: www.childcaresolutionsny.org

Chautauqua

Chautauqua Opportunities
402 Chandler Street
Jamestown, NY 14701
(716) 661-9430 x300
FAX: (716) 661-9436
EMAIL: childcare@chautopp.org
WEBSITE: www.chautauquaopportunities.com

Chemung

Chemung County Child Care Council, Inc.
571 St. Joseph's Blvd., Suite 205
Elmira, NY 14901
(607) 734-3941 x211
FAX: (607) 737-7293
EMAIL: rkrusen@chemchildcare.com
WEBSITE: www.chemchildcare.com

Chenango

Chenango County Child Care Coordinating Council
24-26 Conkey Avenue, Box 128
Norwich, NY 13815
(877) 336-2890 or (607) 336-2809
FAX: (607) 336-5827
EMAIL: director1.cccccc@frontiernet.net
WEBSITE: www.6cs.org

Clinton

Child Care Coordinating Council of the North Country, Inc.
194 US Oval, P.O. Box 2640
Plattsburgh, NY 12901
(518) 561-4999, (800) 540-2273
FAX: (518) 561-6956
EMAIL: jamie@primelink1.net
WEBSITE: www.cccnc.org

Additional Contact for Clinton County:

Joint Council for Economic Opportunity of
Clinton and Franklin Counties, Inc.
54 Margaret Street
Plattsburgh, NY 12901
(518) 561-6310
FAX: (518) 562-2947
EMAIL: danussica@jceo.org
WEBSITE: www.jceo.org

Child Care Resource and Referral Agencies

Columbia

Family of Woodstock, Inc.
Child Care Council of Columbia & Greene Counties
160 Fairview Avenue, Suite 207
Hudson, NY 12534
(518) 822-1944
FAX: (518) 822-8233
EMAIL: ccccg@familyofwoodstockinc.org
WEBSITE: www.familyofwoodstockinc.org

Cortland

Cortland Area Child Care Council
111 Port Watson Street
Cortland, NY 13045
(607) 753-0106
FAX: (607) 753-0119
EMAIL: anne@cortlandchildcare.org
WEBSITE: www.cortlandchildcare.org

Delaware

Delaware Opportunities, Inc.
35430 State Highway 10
Hamden, NY 13782
(607) 746-1620, (877) 746-2279
FAX: (607) 746-1605
EMAIL: daycare@delawareopportunities.org
WEBSITE: www.delawareopportunities.org

Dutchess

Child Care Council of Dutchess and Putnam
70 Overocker Road
Poughkeepsie, NY 12603
(845) 473-4141, (888) 288-4148
FAX: (845) 473-4161
EMAIL: jwagner@childcaredutchess.org
WEBSITE: www.childcaredutchess.org

Erie

Child Care Resource Network
1000 Hertel Avenue
Buffalo, NY 14216
(716) 877-6666
FAX: (716) 877-6205
EMAIL: coalition@wnychildren.org
WEBSITE: www.wnychildren.org

Essex

Adirondack Community Action Programs, Inc.
7572 Court Street, Suite 2, P.O. Box 848
Elizabethtown, NY 12932
(518) 873-3207, (877) 873-2979
FAX: (518) 873-6845
EMAIL: info@acapinc.org
WEBSITE: www.acapinc.org

Franklin

Child Care Coordinating Council of the North Country, Inc.
194 US Oval, P.O. Box 2640
Plattsburgh, NY 12901
(518) 561-4999, (800) 540-2273
FAX: (518) 561-6956
EMAIL: jamie@primelink1.net
WEBSITE: www.ccccnc.org

Fulton

Capital District Child Care Council, Inc.
91 Broadway
Menands, NY 12204-2728
(518) 426-7181 x327
FAX: (518) 426-9649
EMAIL: pskinner@cdcccc.org
WEBSITE: www.cdcccc.org

Genesee

Community Action of Orleans & Genesee (*Genesee*)
5073 Clinton Street Road
Batavia, NY 14020
(585) 343-7727
FAX: (585) 343-4063
EMAIL: crrgen@ocacinc.org
WEBSITE: www.caoginc.org

Greene

Family of Woodstock, Inc.
Child Care Council of Columbia & Greene Counties
160 Fairview Avenue, Suite 207
Hudson, NY 12534
(518) 822-1944
FAX: (518) 822-8233
EMAIL: ccccg@familyofwoodstockinc.org
WEBSITE: www.familyofwoodstockinc.org

Child Care Resource and Referral Agencies

Hamilton

Southern Adirondack Child Care Network, Inc.
88 Broad Street
Glens Falls, NY 12801
(518) 798-7972, (800) 807-3224 x209
FAX: (518) 812-0799
EMAIL: ushers@saccn.org
WEBSITE: www.saccn.org

Herkimer

Mid-York Child Care Coordinating Council, Inc.
121 Second Street
Oriskany, NY 13424
(888) 814-5437, (315) 867-1555
FAX: (315) 223-7855
EMAIL: elp@myccccc.org
WEBSITE www: myccccc.org

Jefferson

Jefferson-Lewis Child Care Project
518 Davidson Street
Watertown, NY 13601
(800) 287-8904, (315) 782-4900
FAX: (315) 788-8251
EMAIL: jcohen@capcjc.org
WEBSITE: www.capcjc.org

Lewis

Jefferson-Lewis Child Care Project
518 Davidson Street
Watertown, NY 13601
(315) 376-5562
FAX: (315) 788-8251
EMAIL: jroes@lewiscountyny.org
WEBSITE: www.capcjc.org

Livingston

Child Care Council, Inc. (*Livingston*)
3513 Thomas Drive, Suite 4
Lakeville, NY 14480-9735
(800) 754-6317, (585) 346-6050
FAX: (585) 346-6058
EMAIL: a.leone@childcarecouncil.com
WEBSITE: www.childcarecouncil.com

Madison

Mid-York Child Care Coordinating Council, Inc.
121 Second Street
Oriskany, NY 13424
(888) 814-5437, (315) 361-1890
FAX: (315) 223-7855
EMAIL: jes@myccccc.org
WEBSITE: www.myccccc.org

Monroe

Child Care Council, Inc.
595 Blossom Road, Suite 120
Rochester, NY 14610-1825
(585) 654-4720, (800) 743-5437
FAX: (585) 654-4743
EMAIL: a.leone@childcarecouncil.com
WEBSITE: www.childcarecouncil.com

Montgomery

Capital District Child Care Council, Inc.
91 Broadway
Menands, NY 12204-2728
(518) 426-7181 x327
FAX: (518) 426-9649
EMAIL: pskinner@cdcccc.org
WEBSITE: www.cdcccc.org

Nassau

Child Care Council of Nassau, Inc.
925 Hempstead Turnpike, Suite 400
Franklin Square, NY 11010
(516) 358-9250, (516) 358-9288
FAX: (516) 358-9287
EMAIL: childcare@childcarenassau.org
WEBSITE: www.childcarenassau.org

Child Care Resource and Referral Agencies

New York City

Child Care, Inc.
322 Eighth Avenue, 4th Floor
New York, NY 10001
(212) 929-7604, (212) 929-4999
FAX: (212) 929-5785
EMAIL: chenriges@childcareinc.org
cpearson@childcareinc.org
WEBSITE: www.childcareinc.org

Child Development Support Corporation
352-358 Classon Avenue, 2nd Fl.
Brooklyn, NY 11238
(718) 398-2050, (718) 398-6738
FAX: (718) 399-6504
EMAIL: eortiz@cdscnyc.org
WEBSITE: www.cdscnyc.org

Chinese-American Planning Council, Inc.
165 Eldridge Street
New York, NY 10002
(212) 941-0030
FAX: (212) 226-5351 / (212) 343-9567
EMAIL: childcare@cpc-nyc.org
WEBSITE: www.childcarecpc.org

The Committee for Hispanic Children & Families, Inc.
110 William Street, 18th Floor, Suite 1802
New York, NY 10038
(212) 206-1090
FAX: (212) 206-8093
EMAIL: chcfinc@chcfinc.org
WEBSITE: www.chcfinc.org

Day Care Council of New York, Inc.
12 West 21st Street, 3rd Floor
New York, NY 10010
(212) 206-7818 x114
FAX: (212) 206-7836
EMAIL: jpinkos@dccnyinc.org
WEBSITE: www.dccnyinc.org

Niagara

Community Child Care Clearinghouse of Niagara
1521 Main Street
Niagara Falls, NY 14305
(716) 285-8572, (800) 701-4513
EMAIL: cccrniagara@prodigy.net
WEBSITE: www.childcareofniagara.com

Oneida

Mid-York Child Care Coordinating Council, Inc.
121 Second Street
Oriskany, NY 13424
(888) 814-5437, (315) 223-7850 x222
FAX: (315) 223-7855
EMAIL: taa@myccccc.org
WEBSITE: www.myccccc.org

Onondaga

Child Care Solutions, Inc.
6724 Thompson Road
Syracuse, NY 13211
(888) 729-7290 / (315) 446-1220
FAX: (315) 446-2010
EMAIL: toniat@childcaresolutionscnyc.org
WEBSITE: www.childcaresolutionscnyc.org

Ontario

Child & Family Resources, Inc.
41 Lewis Street, Suite 103
Geneva, NY 14456
(315) 781-1491 x208, (800) 881-5786
FAX: (315) 781-1493
EMAIL: jade.alcock@cfresources.org
WEBSITE: www.cfresources.org

Orange

Child Care Council of Orange County, Inc.
40 Matthew Street, Suite 103
Goshen, NY 10924
(845) 294-4012, (800) 827-1751
FAX: (845) 294-4045
EMAIL: info@childcarecounciloc.org
WEBSITE: www.childcarecounciloc.org

Orleans

Community Action of Orleans & Genesee
113 East State Street
Albion, NY 14411
(585) 589-5088
FAX: (585) 589-7435
EMAIL: cccrorl@caoginc.org
WEBSITE: www.caoginc.org

Oswego

Integrated Community Planning of Oswego County
157 West First Street
Oswego, NY 13126
(315) 343-2344, (866) 886-2344
FAX: (315) 343-0442
EMAIL: cwilson@cnymail.com
WEBSITE: www.icpoc.org

Child Care Resource and Referral Agencies

Otsego

Catholic Charities of Delaware & Otsego Counties
176 Main Street
Oneonta, NY 13820
(607) 432-0061
FAX: (607) 431-9303
EMAIL: christy.houck@dfa.state.ny.us
kgreenblatt@charitiesccdo.org

Putnam

Child Care Council of Dutchess
70 Overocker Road
Poughkeepsie, NY 12603
(845) 473-4141, (888) 288-4148
FAX: (845) 473-8031
EMAIL: jwagner@childcaredutchess.org
WEBSITE: www.childcaredutchess.org

Rensselaer

Capital District Child Care Council, Inc.
91 Broadway
Menands, NY 12204-2728
(518) 426-7181 x327
FAX: (518) 426-9649
EMAIL: pskinner@cdcccc.org
WEBSITE: www.cdcccc.org

Rockland

Child Care Resources of Rockland, Inc.
235 North Main Street, Suite 11
Spring Valley, NY 10977
(845) 425-0009, (877) 425-0009
FAX: (845) 425-5312
EMAIL: janeb@rocklandchildcare.org,
info@rocklandchildcare.org
WEBSITE: www.childcarerockland.org

St. Lawrence

St. Lawrence Child Care Council
318 Ford Street
Ogdensburg, NY 13669
(315) 393-6474
FAX: (315) 394-6809
EMAIL: slccc@nnyemail.com

Saratoga

Capital District Child Care Council, Inc.
91 Broadway
Menands, NY 12204-2728
(518) 426-7181 x327
FAX: (518) 426-9649
EMAIL: pskinner@cdcccc.org
WEBSITE: www.cdcccc.org

Schenectady

Capital District Child Care Council, Inc.
91 Broadway
Menands, NY 12204-2728
(518) 426-7181 x327
FAX: (518) 426-9649
EMAIL: pskinner@cdcccc.org
WEBSITE: www.cdcccc.org

Schoharie

Schoharie County Community Action Program, Inc.
795 East Main Street, Suite 5
Cobleskill, NY 12043
(518) 234-2568, (866) 849-2402
FAX: (518) 234-3507
EMAIL: ccorr@sccapinc.org
childcare@sccapinc.org
WEBSITE: www.sccapinc.org

Schuyler

Schuyler County Child Care Coordinating Council
235 S. Catharine Street
P.O. Box 312
Montour Falls, NY 14865
(607) 535-7964 / (888) 535-7964
FAX: (607) 535-8942
EMAIL: scchildcarecc@stny.rr.com
WEBSITE: www.sccccc.org

Seneca

Child & Family Resources, Inc.
115 Fall Street
Seneca Falls, NY 13148
(315) 568-0945, (800) 881-5786
FAX: (315) 568-0978
WEBSITE: www.cfresources.org

Child Care Resource and Referral Agencies

Steuben

Steuben Child Care Project
117 East Steuben Street, Suite 11
Bath, NY 14810
(607) 776-2126 x234, (800) 553-2033
FAX: (607) 776-4873
EMAIL: hibbardc@proactioninc.com
WEBSITE: www.proactioninc.com

Suffolk

Child Care Council of Suffolk, Inc.
60 Calvert Avenue
Commack, NY 11725
(631) 462-0303
FAX: (631) 462-1617
EMAIL: resourcereferal@childcaresuffolk.org
WEBSITE: www.childcaresuffolk.org

Sullivan

Sullivan County Child Care Council, Inc.
7 Community Lane
Liberty, NY 12754

Mailing Address:

P.O. Box 186
Ferndale, NY 12734
(845) 292-7166, (877) 292-7190
FAX: (845) 292-1755
EMAIL: kcooke@scchildcare.com
WEBSITE: www.scchildcare.com

Tioga

Family Enrichment Network, Inc.
211 Main Street
Owego, NY 13827
(607) 723-8313 x872
FAX: (607) 723-6173
EMAIL: jperney@familyenrichment.cc
WEBSITE: www.familyenrichment.cc

Tompkins

Day Care and Child Development
Council of Tompkins County, Inc.
609 West Clinton Street
Ithaca, NY 14850
(607) 273-0259
FAX: (607) 273-3141
EMAIL: sue@childdevelopmentcouncil.org
WEBSITE: www.childdevelopmentcouncil.org

Ulster

Family of Woodstock, Inc.
Child Care Council of Ulster County
39 John Street
Kingston, NY 12401

Mailing Address:

Family of Woodstock, Inc.
Child Care Council of Ulster County
39 John Street
P.O. Box 3516
Kingston, NY 12402
(845) 331-7080
FAX: (845) 331-0526
EMAIL: cccouncil@familyofwoodstockinc.org
WEBSITE: www.familyofwoodstockinc.org

Warren

Southern Adirondack Child Care Network, Inc.
88 Broad Street
Glens Falls, NY 12801
(518) 798-7972, (800) 807-3224 x209
FAX: (518) 812-0799
EMAIL: ushers@saccn.org
WEBSITE: www.saccn.org

Washington

Southern Adirondack Child Care Network, Inc.
88 Broad Street
Glens Falls, NY 12801
(518) 798-7972, (800) 807-3224 x209
FAX: (518) 812-0799
EMAIL: ushers@saccn.org
WEBSITE: www.saccn.org

Wayne

Child Care Council, Inc.
1173 East Union Street
Newark, NY 14513-9201
(315) 331-5443, (800) 201-6402
FAX: (315) 331-5271
EMAIL: a.leone@childcarecouncil.com
WEBSITE: www.childcarecouncil.com

Child Care Resource and Referral Agencies

Westchester

Child Care Council of Westchester, Inc.
313 Central Park Ave.
Scarsdale, NY 10583
(914) 761-3456 x139
FAX: (914) 761-1957
EMAIL: nicolem@cccwny.org
WEBSITE: www.childcarewestchester.org

Wyoming

ACCORD Corporation (*Allegany/Wyoming*)
Child & Family Resources, Inc.
15 Martin St.
Wellsville, NY 14895
(800) 498-2277 / (585) 593-0752 x1231
FAX: (585) 593-3653
EMAIL: sbelmont@accordcorp.org
WEBSITE: www.accordcorp.org

Yates

Child and Family Resources, Inc.
100 East Main Street
Penn Yan, NY 14527
(315) 536-1134, (800) 881-5786
FAX: (315) 536-9918
EMAIL: cfr.info@cfresources.org
WEBSITE: www.cfresources.org

County Offices for the Aging

Albany County Department for Aging

162 Washington Ave
Albany, NY 12210
(518) 447-7177
FAX: (518) 447-7188
EMAIL: aging@albanycounty.com
www.albanycounty.com/aging/

Allegany County Office for the Aging

6085 State Route 19N
Belmont, NY 14813
(866) 268-9390 / (585) 268-9390
FAX: (585) 268-9657
EMAIL: ofa@alleganyco.com
www.alleganyco.com/default.asp?show=btn_ofa

Broome County Office for Aging

Broome County Office Building
60 Hawley Street, 4th Floor
PO Box 1766
Binghamton, NY 13902-1766
(607)778-2411
FAX: (607) 778-2316
EMAIL: ofa@co.broome.ny.us
www.gobroomecounty.com/senior

Cattaraugus County Dept. of Aging

1 Leo Moss Drive, Suite 7610
Olean, NY 14760-1101
(716) 373-8032 / (800) 462-2901
FAX: (716) 701-3730
EMAIL: cwold@cattco.org
www.co.cattaraugus.ny.us/aging/index.html

Cayuga County Office for the Aging

County Office Building
160 Genesee Street
Auburn, NY 13021-3483
(315) 253-1226
FAX: (315) 253-1151
EMAIL: cfofa@co.cayuga.ny.us
<http://co.cayuga.ny.us/aging/>

Chautauqua County Office for the Aging

7 North Erie Street
Mayville, NY 14757-1027
(716) 753-4471
FAX: (716) 753-4477
EMAIL: CCOFA@co.chautauqua.ny.us
www.co.chautauqua.ny.us/departments/ofa

Chemung County Department of Aging

Human Resource Center
425 Pennsylvania Avenue, P.O. Box 588
Elmira, NY 14902-0588
(607) 737-5520
FAX: (607) 737-5521
EMAIL: ofa@co.chemung.ny.us
www.chemungcounty.com/index.asp?pageId=184

Chenango County Office for the Aging

County Office Bldg., 5 Court Street
Norwich, NY 13815-1794
(607) 337-1770
FAX: (607) 337-1749
EMAIL: debras@co.chenango.ny.us
www.co.chenango.ny.us/AAOA/aaoh.htm

Clinton County Office for the Aging

135 Margaret Street, Suite 105
Plattsburgh, NY 12901-2966
(518) 565-4620
FAX: (518) 565-4812
EMAIL: carterc@co.clinton.ny.us
www.clintoncountygov.com/Departments/Aging/OFA-Home.html

Columbia County Office for the Aging

325 Columbia Street
Hudson, NY 12534
(518) 828-4258
FAX: (518) 822-0010
www.columbiacountyny.com/depts/ofa

Cortland County Office for the Aging

County Office Building
60 Central Avenue
Cortland, NY 13045-2746
(607) 753-5060
FAX: (607) 758-5528
EMAIL: cfaaa@cortland-co.org
www.cortland-co.org/ofa/Default.htm

Delaware County Office for the Aging

6 Court Street
Delhi, NY 13753-1066
(607) 746-6333
FAX: (607) 746-6227
EMAIL: ofa@co.delaware.ny.us
www.co.delaware.ny.us/departments/ofa/ofa.htm

County Offices for the Aging

Dutchess County Office for the Aging

27 High Street
Poughkeepsie, NY 12601-1962
(845) 486-2555
FAX: (845) 486-2571
EMAIL: ofa@co.dutchess.ny.us
www.co.dutchess.ny.us/Countygov/departments/aging/agindex.htm

Erie County Dept. of Senior Services

95 Franklin Street, Room 1329
Buffalo, NY 14202-3985
(716) 858-8526
FAX: (716) 858-7259
EMAIL: seniorinfo@erie.gov
www.erie.gov/depts/seniorservices/

Essex County Office for the Aging

132 Water Street, PO Box 217
Elizabethtown, NY 12932-0217
(518) 873-3695 / (877) 464-1637
FAX: (518) 873-3784
EMAIL: pbashaw@co.essex.ny.us
www.co.essex.ny.us/ofa.asp

Franklin County Office for the Aging

125 Catherine Street
Malone, NY 12953
Mailing Address:
355 West Main Street, Suite 447
Malone, NY 12953-1826
(518) 481-1526
FAX: (518) 481-1635
EMAIL: frankofa@co.franklin.ny.us
<http://franklincony.org/content/Departments/View/17>

Fulton County Office for Aging

19 North William Street
Johnstown, NY 12095-2534
(518) 736-5650
FAX: (518) 762-0698
EMAIL: fcofa@co.fulton.ny.us
<http://www.fcofa.org/>

Genesee County Office for the Aging

Batavia-Genesee Senior Center
2 Bank Street
Batavia, NY 14020-2299
(585) 343-1611
FAX: (585) 344-8559
EMAIL: ofa@co.genesee.ny.us
www.peerplace.com/nyportal/portal.do?county=genesee

Greene County Dept. for the Aging

411 Main Street
Catskill, NY 12414
(518) 719-3555
FAX: (518) 719-3798
EMAIL: aging@discovergreene.com
www.greenegovernment.com/departments/aging/index.htm

Herkimer County Office for the Aging

109 Mary Street, Suite 1101
Herkimer, NY 13350-2924
(315) 867-1121
FAX: (315) 867-1448
EMAIL: hcoba@herkimercounty.org
<http://herkimercounty.org/content/Departments/View/3>

Jefferson County Office for the Aging

175 Arsenal Street
Watertown, NY 13601-2546
(315) 785-3191
FAX: (315) 785-5095
EMAIL: stevenb@co.jefferson.ny.us
www.co.jefferson.ny.us/index.aspx?page=45

Lewis County Office for the Aging

7514 South State Street
Mailing Address:
Outer Stowe Street, P.O. Box 408
Lowville, NY 13367-0408
(315) 376-5313
FAX: (315) 376-5105
EMAIL: ofa-office@lewiscountyny.org
www.lewiscountyny.org/ofa

Livingston County Office for the Aging

8 Murray Hill Drive
Mt. Morris, NY 14510-1601
(585) 243-7520
FAX: (585) 243-7516
EMAIL: ofa@co.livingston.ny.us
<http://livingstoncounty.us/ofa.htm>

Madison County Office for the Aging

138 Dominic Bruno Blvd.
Canastota, NY 13032
(315) 697-5700
FAX: (315) 697-5777
EMAIL: information@ofamadco.org
www.ofamadco.org

County Offices for the Aging

Monroe County Office for the Aging

Monroe Community Hospital
435 East Henrietta Road, Rm 3rd Floor, West
(Faith Wing)
Rochester, NY 14620
(585) 753-6280
FAX: (585) 753-6281
EMAIL: CCrossdale@monroecounty.gov
www.monroecounty.gov/aging-index.php

Montgomery County Office for the Aging

135 Guy Park Avenue
Amsterdam, New York 12010
(518) 843-2300
FAX: (518) 843-7478
EMAIL: mcofa@nycap.rr.com
www.mcofa.org/

Nassau Co. Dept. of Senior Citizen Affairs

60 Charles Lindbergh Boulevard
Uniondale, NY 11553-3691
(516) 227-8900
FAX: (516) 227-8972
EMAIL: seniors@hhsnassaucountyny.us
www.nassaucountyny.gov/agencies/Seniors/index.html

New York City Department for the Aging

2 Lafayette Street, 7th Floor
New York, NY 10007-1392
Within five boroughs of NYC - 311
Outside of boroughs - (212) 639-9675
TTY - (212) 504-4115
FAX: (212) 442-1095
To email visit: <http://nyc.gov/html/mail/html/maildfta.html>
Website:
www.nyc.gov/html/dfta/html/home/home.shtml

Niagara County Office for the Aging

111 Main Street, Suite 101
Lockport, NY 14094-3718
(716) 438-4020
FAX: (716) 438-4029
EMAIL: OFA@niagaracounty.com
www.niagaracounty.com/aging

Oneida County Office for Aging

235 Elizabeth Street
Utica, NY 13501-2211
(315) 798-5456
FAX: (315) 798-6444
EMAIL: ofa@ocgov.net
www.ocgov.net/oneida/ofa

Onondaga Co. Dept. of Aging and Youth

Civic Center - 13th Floor
421 Montgomery Street
Syracuse, NY 13202
(315) 435-2362
FAX: (315) 435-3129
EMAIL: joannedecker@ongov.net
www.ongov.net/ay/index.html

Ontario County Office for the Aging

3010 County Complex Drive
Canandaigua, NY 14424-9502
(585) 396-4040 / (315) 781-1321
FAX: (585) 396-7490
EMAIL: onofa@co.ontario.ny.us
www.co.ontario.ny.us/aging

Orange County Office for the Aging

18 Seward Avenue, 2nd Floor
Middletown, NY 10940
(845) 615-3700
Fax: (845) 346-1191
EMAIL: OFA@co.orange.ny.us
www.orangecountygov.com/orgMain.asp?orgid=39&storyTypeID=&sid=&

Orleans County Office for the Aging

County Administration Building
14016 Route 31
Albion, NY 14411- 9382
(585) 589-3191
FAX: (585) 589-3193
EMAIL: pcanham@orleansny.com
[http://orleansny.com/HumanServices/OfficefortheAging/
tabid/83/Default.aspx](http://orleansny.com/HumanServices/OfficefortheAging/tabid/83/Default.aspx)

Oswego County Office for the Aging

County Office Complex
70 Bunner St., PO Box 3080
Oswego, NY 13126-3080
(315) 349-3484
FAX: (315) 349-8413
EMAIL: schmidla@oswegocounty.com
www.oswegocounty.com/ofa/index.html

Otsego County Office for the Aging

Meadows Office Complex - Suite 5
140 Co Hwy 33W
Cooperstown, NY 13326
(607) 547-4232 / (607) 432-9041
FAX: (607) 547-6492 / (607) 432-9501
www.otsegocounty.com/depts/ofa/

County Offices for the Aging

Putnam County Office for the Aging

110 Old Route 6, Building #1
Carmel, NY 10512-2196
(845) 225-1034
FAX: (845) 225-1915
www.putnamcountyny.com/ofa/index.htm

Rensselaer Co. Unified Family Services

Department for the Aging
1600 Seventh Avenue
Troy, NY 12180-3798
(518) 270-2730
FAX: (518) 270-2737

To email visit: www.rensco.com/aging_contact.asp
Website: www.rensco.com/departments_aging.asp

Rockland Co. Office for the Aging

Robert L. Yeager Health Center, Bldg. B
50 Sanatorium Road
Pomona, NY 10970-0350
(845) 364-2110
FAX: (845) 364-2348
EMAIL: Molofju@co.rockland.ny.us
www.co.rockland.ny.us/Age/index.htm

St. Lawrence County Office for the Aging

Human Service Center
80 State Highway 310, Suite 7
Canton, NY 13617-1497
(315) 386-4730
FAX: (315) 386-8636
EMAIL: nrobert@stlawco.org
www.co.st-lawrence.ny.us/Departments/OfficefortheAging

Saratoga County Office for the Aging

152 West High Street
Ballston Spa, NY 12020-3528
(518) 884-4100
FAX: (518) 884-4104
EMAIL: www.saratogacountyny.gov/contact.asp?email=164

Website: www.saratogacountyny.gov/departments.asp?did=25

Schenectady Co. Dept. of Senior & Long Term Care Services

107 Nott Terrace, Suite 202
Schenectady, NY 12308-3170
(518) 382-8481
FAX: (518) 382-0194
To email visit: www.schenectadycounty.com/EformsDisplay.aspx?m=59
Website: www.schenectadycounty.com/FullStory.aspx?m=383&amid=1102

Schoharie County Office for the Aging

113 Park Place, Suite 3
Schoharie, NY 12157
(518) 295-2001
FAX: (518) 295-2015
EMAIL: ofa@co.schoharie.ny.us
www.schohariecounty-ny.gov/CountyWebSite/OfficefortheAging/ofahome.html

Schuyler County Office for the Aging

323 Owego Street, Unit 7
Montour Falls, NY 14865-9625
(607) 535-7108
FAX: (607) 535-6832
EMAIL: ofa@co.schuyler.ny.us
www.schuylercounty.us/aging

Seneca County Office for the Aging

Seneca County Office Building
1 DiPronio Drive
Waterloo, NY 13165-1681
(315) 539-1765 / (800) 688-7188
FAX: (315) 539-1923
EMAIL: areardon@co.seneca.ny.us
www.co.seneca.ny.us/dpt-comserv-aging-office.php

Steuben County Office for the Aging

3 East Pulteney Square
Bath, NY 14810-1510
(607) 776-7813 / (607) 664-2298
FAX: (607) 776-7813
EMAIL: ofainfo@co.steuben.ny.us
www.steubency.org/ofaindex.html

Suffolk County Office for the Aging

H. Lee Dennison Building, 3rd Floor
100 Veterans Memorial Highway
P.O. Box 6100
Hauppauge, NY 11788-0099
(631) 853-8200
FAX: (631) 853-8225
EMAIL: aging.office@co.suffolk.ny.us
www.suffolkcountyny.gov/departments/CountyExec/aging.aspx

Sullivan County Office for the Aging

Sullivan County Government Center
100 North Street, P.O. Box 5012
Monticello, NY 12701
(845) 807-0241
FAX: (845) 794-7409
www.co.sullivan.ny.us/orgMain.asp?sid=&orgId=472

County Offices for the Aging

Tioga Opportunities

Department of Aging
Countryside Community Center
9 Sheldon Guile Blvd.
Owego, NY 13827
(607) 687-4120 / (866) 352-3680
FAX: (607) 687-4147
www.tiogaopp.org/Aging/AgingWelcome.cfm

Tompkins County Office for the Aging

320 North Tioga Street
Ithaca, NY 14850-4206
(607) 274-5482
FAX: (607) 274-5495
EMAIL: cofa@tom-pkins-co.org
www.tompkins-co.org/cofa

Ulster County Office for the Aging

1003 Development Court
Kingston, NY 12401
(845) 340-3456 / (877) 914-3456
FAX: (845) 340-3583
www.ulstercountyny.gov/aging

Warren/Hamilton Co. Office for the Aging

1340 State Route 9
First Floor – Human Services Building
Lake George, NY 12845
(518) 761-6347
FAX: (518) 745-7643
To email visit: www.co.warren.ny.us/contact.php?id=7
Website: www.co.warren.ny.us/ofa

Washington County Office for the Aging

Municipal Center Building B
383 Broadway
Fort Edward, NY 12828
(518) 746-2420 / (800) 848-3303
FAX: (518) 746-2418
www.co.washington.ny.us/Departments/Ofa/ofa1.htm

Wayne County Department of Aging

1519 Nye Road, Suite 300
Lyons, NY 14489-9111
(315) 946-5649
EMAIL: aging@co.wayne.ny.us
www.co.wayne.ny.us/departments/AgeYouth/ageyouth.htm

Westchester Co. Dept. of Senior Programs & Svces.

9 South First Avenue, 10th Floor
Mt. Vernon, NY 10550-3414
(914) 813-6400
FAX: (914) 813-6399
EMAIL: jsw1@westchestergov.com
<http://seniorcitizens.westchestergov.com>

Wyoming County Office for the Aging

8 Perry Avenue
Warsaw, NY 14569
(585) 786-8833 / 800-836-0067
FAX: (585) 786-8832
EMAIL: officeaging@wyomingco.net
www.wyomingco.net/OFA/main.html

Yates County Office for the Aging

417 Liberty Street, Suite 1116
Penn Yan, NY 14527
(315) 536-5515
FAX: (315) 536-5514
www.proactioninc.org/Yates_Programs.htm

St. Regis Mohawk Office for the Aging

29 Business Park Road
Akwesasne, NY 13655
(518) 358-2963
FAX: (518) 358-3071
EMAIL: seniors@srmt-nsn.gov
www.srmt-nsn.gov/pgm_01_02.htm

Seneca Nation of Indians Office for the Aging

28 Thomas Indian School Drive
Irving, NY 14081
(716) 532-5778
FAX: (716) 532-5077

This list is drawn from New York's Senior Citizen
Resource Guide:
www.aging.ny.gov/NYSOFA/LocalOffices.cfm

New York State Community Action Agencies

ACCORD Corporation

84 Schuyler Street
Belmont, NY 14813
585-268-7605
www.accordcorp.org

Action for a Better Community, Inc.

550 East Main Street
Rochester, NY 14604
585-325-5116
www.abcinfo.org

Adirondack Community Action Programs, Inc.

7572 Court Street, Suite 2
PO Box 848
Elizabethtown, NY 12932
518-873-3207
<http://acapinc.org>

Albany Community Action Partnership

333 Sheridan Ave.
Albany, NY 12206
518-463-3175
www.albanycap.org

CACHE, Inc.

63-65 South Main Street
Liberty, NY 12754-1808
845-292-5821
www.sullivancountycache.org

CAPC of Jefferson County, Inc.

518 Davidson Street
Watertown, NY 13601
315-782-4900
www.nccsa.com/capc.htm

Cattaraugus Community Action, Inc.

25 Jefferson Street
PO Box 308
Salamanca, NY 14779
716-945-1041
www.ccaction.org

Cayuga/Seneca Community Action Agency, Inc.

65 State Street
Auburn, NY 13021
315-255-1703
www.cscaa.com

CEO for the Greater Capital Region, Inc.

2331 Fifth Avenue
Troy, NY 12180-2221
518-272-6012
www.ceo-cap.org

Chautauqua Opportunities, Inc.

17 W. Courtney Street
Dunkirk, NY 14048
716-366-3333
www.chautauquaopportunities.com

Columbia Opportunities, Inc.

540 Columbia Street
Hudson, NY 12534
518-828-4611

ComLinks

343 West Main Street
PO Box 270
Malone, NY 12953
518-483-1261
www.comlinkscaa.net

Community Action of Greene County, Inc.

53 South Jefferson Ave
Catskill, NY 12414
518-943-9205
www.cagcny.org

Community Action of Orleans & Genesee

409 East State Street
Albion, NY 14411
585-589-5605
www.ocacinc.org

Community Action Partnership of Rockland County

176 North Main Street
Spring Valley, NY 10977
845-352-4167
www.caproc.org

Community Action Organization of Erie County, Inc.

70 Harvard Place
Buffalo, NY 14209
716-881-5150
www.caoec.org

Community Action Partnership for Madison County, Inc.

3 East Main Street
PO Box 249
Morrisville, NY 13408
315-684-3144
www.capmadco.org

Cortland County Community Action Program, Inc.

32 North Main Street
Cortland, NY 13045-2698
607-753-6781
www.capco.org

Delaware Opportunities Inc.

35430 State Highway 10
Hamden, NY 13782
607-746-1600
www.delawareopportunities.org

Dutchess County Community Action Partnership, Inc.

84 Cannon Street
Poughkeepsie, NY 12601
845-437-0222
www.dutchesscap.org

Economic Opportunity Program, Inc.

650 Baldwin Street
Elmira, NY 14901
607-734-6174
www.cseop.org

EOC of Nassau County, Inc.

134 Jackson Street
Hempstead, NY 11550
516-292-9710
www.eoc-nassau.org

EOC of Suffolk County, Inc.

31 West Main Street
Suite 300
Patchogue, NY 11772
631-289-2124
www.eoc-suffolk.com

Fulmont Community Action Agency, Inc.

20 Park Street
PO Box 835
Fonda, NY 12068
518-853-3011
www.fulmont.org

JCEO of Clinton and Franklin Counties, Inc.

54 Margaret Street
Plattsburgh, NY 12901
518-561-6310
<http://jceo.org>

Lewis County Opportunities, Inc.

8265 State Route 812
Lowville, NY 13367
315-376-8202
www.lewiscountyopportunities.com

New York State Community Action Agencies

**Livingston County
Planning Department**
6 Court Street
Geneseo, NY 14454-1043
585-243-7550
<http://co.livingston.state.ny.us/planning.htm>

**Mohawk Valley
Community Action
Agency, Inc.**
9882 River Road
Utica, NY 13502
315-624-9930
www.mvcaa.com

**New York City
Department of Youth
and Community
Development**
156 William St., 6th Floor
New York, NY 10038
800-246-4646
www.nyc.gov/html/dycd

**Newburgh
Community Action
Committee, Inc.**
123 Grand St., 3rd Floor
Newburgh, NY 12550
845-562-0100
www.newburghcac.org

**Niagara Community
Action Program, Inc.**
1521 Main Street
Niagara Falls, NY 14305
716-285-9681
www.niagaracap.org

**Opportunities for
Broome, Inc.**
5 West State St.
Binghamton, NY 13901
607-723-6493
www.ofbonline.org

**Opportunities for
Chenango, Inc.**
44 West Main Street
PO Box 470
Norwich, NY 13815
607-334-7114
www.ofcinc.org

**Opportunities for
Otsego, Inc.**
3 West Broadway
Oneonta, NY 13820
607-433-8000 or
800-986-5463
www.ofoinc.org

**Oswego County
Opportunities, Inc.**
239 Oneida Street
Fulton, NY 13069
315-598-4717
www.oco.org

**PathStone
Corporation**
400 East Avenue
Rochester, NY 14607
585-340-3300
<http://pathstone.org>

PEACE, Inc.
217 S Salina Street,
2nd Floor
Syracuse, NY 13202
315-470-3300
www.peace-caa.org

**Pro Action of Steuben
and Yates, Inc.**
117 E Steuben Street
Bath, NY 14810
607-776-2125 or
800-553-2033
www.proactioninc.com

**Regional
Economic CAP, Inc.**
40 Smith Street
PO Box 886
Middletown, NY 10940
845-342-3978
www.recap.org

**Saratoga County
EOC, Inc.**
40 New Street,
PO Box 5120
Saratoga Springs, NY 12866
518-587-3158
www.saratogaeoc.org

**Schenectady
Community Action
Program, Inc.**
913 Albany Street
Schenectady, NY 12307
518-374-9181
www.scapny.org

**Schoharie County
Community
Action Program, Inc.**
795 East Main St., Suite 5
Cobleskill, NY 12043
518-234-2568 or
866-849-2402
www.sccapinc.org

**St. Lawrence County
Community
Development
Program, Inc.**
1 Commerce Lane
Canton, NY 13617
315-386-1102

Tioga Opportunities, Inc.
9 Sheldon Guile Blvd.
Owego NY 13827-1062
607-687-4222
www.tiogaopp.org

**Tompkins Community
Action, Inc.**
701 Spencer Road
Ithaca, NY 14850
607-273-8816
www.tcaction.org

**Ulster County
Community Action
Committee, Inc.**
70 Lindsley Avenue
Kingston, NY 12401
845-338-8750

**Warren/Hamilton
Counties
ACEO, Inc.**
190 Maple Street
PO Box 968
Glens Falls, NY 12801
518-793-0638

**Washington County
EOC, Inc.**
383 Broadway
Fort Edward, NY 12828
518-746-2390
www.capnys.org/washingtoncountyec/

**Wayne County
Community Action
Program, Inc.**
159 Montezuma Street
Lyons, NY 14489-1228
315-946-7530
www.waynecap.org

**Westchester
Community
Opportunity
Program, Inc.**
2269 Saw Mill River Road
Bldg. # 3
Elmsford, NY 10523
914-592-5600
www.westcop.org

**Wyoming
County Community
Action, Inc.**
6470 Route 20A
Perry, NY 14530
585-237-2600
www.wccainc.org

**Yonkers Community
Action Program, Inc.**
164 Ashburton Avenue
Yonkers, NY 10701
914-423-5905
www.yonkerscap.org

Weatherization Assistance Providers

Albany County

Albany Co. Cooperative Extension
24 Martin Road, PO Box 497
Voorheesville, NY 12186
518-765-3539
Butch Lawyer - WX Dir

Albany Community Action Partners
333 Sheridan Avenue
Albany, NY 12206
518-463-3175
Richard Spoerl - WX Director

Bronx County

Association for Energy Affordability
105 Bruckner Blvd.
Bronx, NY 10454
718-292-6733 ext. 8211
Francis Rodriquez - WX Dir

Bronx Shepherds Restoration Corp.
1932 Washington Avenue
Bronx NY 10457
718-299-0500
Barry Seebachan - WX Dir

Northwest Bronx Community & Clergy Coalition
103 E. 196th Street
Bronx, NY 10468-3637
718- 584- 0515 ext. 232
Frances Fuselli - WX Dir

Cattaraugus/Allegany County

Cattaraugus Community Action, Inc.
25 Jefferson Street, PO Box 308
Salamanca, NY 14779-0308
716-945-1041
Ken Tomczak - WX Dir

Cayuga County

Cayuga/Seneca Community Action Agency
65 State Street
Auburn, NY 13021
315-282-0531
Marie Montgomery - WX Dir

Chautauqua County

Chautauqua Opportunities, Inc
402 Chandler Street
Jamestown, NY 14701
716-661-9455
Ed Causebrook - WX Dir

Chemung/ Schuyler County

Economic Opportunity Program, Inc.
650 Baldwin Street
Elmira, NY 14901
607-734-0795
Robert Pierce - WX Dir

Chenango County

Opportunities For Chenango, Inc.
44 West Main Street, PO Box 470
Norwich, NY 13815-0470
607-336-2101 ext. 113
Sue Bard - WX Dir

Clinton County

Joint Council for Economic Opportunity
54 Margaret Street
Plattsburg, NY 12901
518-561-6310
Belinda Parent - WX Dir

Columbia County

Columbia Opportunities, Inc.
WAP Office, 2 Rock St.
Philmont, NY 12565
518-672-7268
Jim Reutenauer - WX Dir

Cortland County

Cortland Co. Community Action Program
32 North Main Street
Cortland, NY 13045
607-753-6781
Massimo Sammons - WX Dir

Delaware County

Delaware Opportunities, Inc
35430 State Highway 10
Hamden, NY 13782
607-746-1690
Joseph Maggiore - WX Dir

Dutchess County

Dutchess Co Community Action Agency
84 Cannon Street
Poughkeepsie, NY 12601
845-452-5104
Patty Lamoree - WX Dir

Erie County

Supportive Services Corporation
201 St. Mary's Road
Lancaster, NY 14086
716-685-6252
Dan Wojcik - WX Dir

Weatherization Assistance Providers

Lt. Col. Matt Urban Human Services Center of WNY
"The Urban Center"
1081 Broadway
Buffalo, NY 14212
716-893-7222
David Laczi - WX Dir

Neighborhood Housing Services of South Buffalo
135 Manhattan Avenue
Buffalo, NY 14215
716-837-0071
Shyrl Duderwick - WX Dir

Essex County

Adirondack Community Action Programs Inc.
7572 Court Street, Suite 2
Elizabethtown, NY 12932
518-873-3207
Barb Allen - WX Dir

Franklin County

ComLinks
89 W. Main Street
Malone, NY 12953
518-483-1261 ext. 1029
Heather Donnelly - WX Dir

Fulton/Montgomery County

Fulmont Community Action Agency, Inc
County Annex
20 Park Street, PO Box 835
Fonda, NY 12068
518-853-3011
Donald Power - WX Dir

Greene County

Community Action of Greene County, Inc.
53 South Jefferson Ave
Catskill, NY 12414
518-943-9205 ext. 113
Rob Rock - WX Dir

Jefferson County

Community Action Planning Council of Jefferson
County, Inc.
518 Davidson Street
Watertown, NY 13601-0899
315-782-4900
Ken Flint – WX Dir

Kings County

Bedford Stuyvesant Restoration Corp.
1360 Fulton Street, 2nd Floor
Brooklyn, NY 11216
718-638-5705
Wendell Rice - WX Dir

Crown Heights Jewish Community Council
392 Kingston Avenue
Brooklyn, NY 11225
718-771-9000 ext. 7717
Avi Kamman - WX Dir

Opportunity Development Assoc.
Community Development Corp.
12 Heyward Street
Brooklyn, NY 11211
718-855-8233
Abraham Roth - WX Dir

People's Firehouse, Inc. H and CDC
113 Berry Street
Brooklyn, NY 11211
718-388-4696
Gerald Alcime - WX Dir

Community Environmental Center, Inc.
43-10 11th Street
Long Island City, NY 11433
718-784-1444
Richard Cherry - WX Dir

Sunset Park Redevelopment Committee
5101 Fourth Avenue
Brooklyn, NY 11220
718-492-8580
Nelson Ramos - WX Dir

Lewis County

Lewis County Opportunities, Inc.
8265 State Route 812
Lowville, NY 13367-0233
315-376-8202
Jolynne Brinkley - WX Dir

Livingston County

Livingston County Planning Department
Livingston Co. Gov. Center
6 Court Street, Room 305
Geneseo, NY 14454
585-243-7560
Bob Templeton - WAP Dir

Madison County

Stoneleigh Housing, Inc.
120 East Center Street
Canastota, NY 13032
315-697-3737
David Trexler - WX Dir

Weatherization Assistance Providers

Monroe County

Action For a Better Comm. Inc.
917 East Main Street
Rochester, NY 14609
585-442-4160
Rodney Washington- WX Dir

PathStone Corporation
400 East Avenue
Rochester, NY 14607
585-442-2030
Chris Brandau - WX Dir

New York County

Housing Conservation Coordinators
777 Tenth Avenue
New York, NY 10019
212-541-5996
Karen Jackson-Campbell- WX Dir

Northern Manhattan Improvement Corp.
76 Wadsworth Avenue
New York, NY 10033
212-822-8340
Daniel Rieber - WX Dir

Harlem Community Development Corporation
ACP State Office Bldg.
163 West 125th Street, 17th Floor
New York, NY 10027
212-961-4100
Victor Gordon - WX Dir

Niagara County

Niagara Community Action Program, Inc.
1521 Main Street
Niagara Falls, NY 14305
716-285-9681
Chris Lentz - WX Dir

Oneida/Herkimer County

Mohawk Valley Community Action Agency, Inc.
9882 River Road
Utica, NY 13502
315-624-9930
Mary VanValkenburgh - WX Dir

Onondaga County

People's Equal Action and Community Effort, Inc.
811 E. Washington Street
Syracuse, NY 13210
315-470-3315
Ray Yehle - WX Dir

Orange County

Regional Economic Community Action Program,
Inc.
40 Smith Street, PO Box 886
Middletown, NY 10940-3711
845-342-3978
Charles Quinn – WX Dir

Rural Development Advisory Corp.
59b Boniface Drive
Pine Bush, NY 12566
845-457-4663
Ken Burgess - WX Dir

Orleans/Genesee Counties

Community Action of Orleans & Genesee, Inc.
409 E. State Street
Albion, NY 14411
585-589-5605
Jim Soccio - WX Dir

Oswego County

Fulton Community Development
149 S. First Street
Fulton, NY 13069
315-598-3980
Christine Matteson - WX Dir

Otsego County

Opportunities for Otsego, Inc.
3 West Broadway
Oneonta, NY 13820
607-433-0444
Dannielle Joslin - WX Dir

Queens County

HANAC
31-14 30th Avenue
Astoria, NY 11102
718-626-7575 ext. 305
Anastasia Minadis - WX Dir

Margert Community Corporation
325 Beach 37th Street.
Far Rockaway, NY 11691
718-471-3724
Suzanne Miller - WX Dir

Rensselaer County

Commission on Economic Opportunity for the
Greater Capital District Region, Inc.
2331 Fifth Avenue
Troy, NY 12180
518-272-6012 ext. 321
John Champitto - WX Dir

Weatherization Assistance Providers

Richmond County

Northfield Community LDC of SI
160 Heberton Avenue
Staten Island, NY 10302
718-442-7351
Jim Reilly - WX Dir

Rockland County

R.C.D.C Housing, Inc.
22 Main Street
Monsey, NY 10952
845-352-1400
Eva Englard - WX Dir

St. Lawrence County

St. Lawrence Co. Comm.Development Program, Inc.
1 Commerce Lane
Canton, NY 13617
315-386-1102
Jerry Snell – WX Dir

Saratoga County

Saratoga County Economic Opportunity Council, Inc.
40 New Street
Saratoga Springs, NY 12866
518-587-3158
Michael Seeley - WX Dir

Schoharie County

Schoharie County Community Action Program
795 East Main Street, Suite 5
Cobleskill, NY 12043
518-234-2568
Carl Jackson - WX Dir

Seneca County

Seneca County Office for Aging
1310 Waterloo-Geneva Road
Waterloo, NY 13165
315-539-4263
Bob DeYoung - WAP Director

Steuben/Yates Counties

Pro Action of Steuben and Yates
117 E. Steuben Street, Suite 11
Bath, NY 14810
607-776-2125
Laurie Mault - WX Dir

Suffolk County

Community Development Corporation of Long
Island, Inc.
2100 Middle Country Rd, 3rd Fl.
Centereach, NY 11720
631-471-1215
Maureen Pedrotti- WX Dir

Sullivan County

Community Action Commission to Help the
Economy, Inc.
63 South Main Street
Liberty, NY 12754-1808
845-292-5821
Robert Pedersen - WX Dir

Tioga County

Tioga Opportunities Program
Countryside Community Center
9 Sheldon Guile Blvd.
Owego, NY 13827
607-687-4222 ext. 311
Andrew Hafer- WX Dir

Tompkins County

Tompkins Community Action
701 Spencer Road
Ithaca, NY 14850
607-273-8816
Stacey Murphy - WX Dir

Ulster County

Ulster County Community Action Committee, Inc.
70 Lindsley Avenue
Kingston, NY 12401-3316
845-338-8750 ext. 122
Tony Pampinella - WX Dir

Warren/Hamilton Counties

Warren-Hamilton Counties ACEO
190 Maple Street, PO Box 968
Glens Falls, NY 12801-0968
518-793-0636
Andy Pritchard - WX Dir

Washington County

Washington County Economic Opportunity Council
383 Broadway
Fort Edward, NY 12828
518-746-2390
Susan Omiecinski - WX Dir

Wayne/Ontario County

Wayne County Action Program
159 Montezuma Street
Lyons, NY 14489
315-483-8761
Steve Watrous - WX Dir

Westchester County

Westchester/Putnam Weatherization
540 Palmer Rd, Second Floor
Yonkers, NY 10701
914-375-7887
Dirk Fields - WX Dir

Weatherization Assistance Providers

Wyoming County

Wyoming County Community Action, Inc.
6470 Route 20A, Suite 1
Perry, NY 14530-9799
585-237-2600
Jim Bodensteiner - WX Dir

Indian Organizations:

Seneca Nation of Indians
Seneca Nation is now being serviced by Cattaraugus
Community Action Inc.
See Cattaraugus County

Weatherization Temporary Subgrantees

Erie County

New Buffalo Impact, Inc.
34 Pequet Parkway
Tonawanda, NY 14150
716-881-1477
Brian Paterson - WX Dir

Urban Homesteading Assistance, Inc.
120 Wall Street, 20th Floor
New York, NY 10005
212-479-3382
Mark Jaffe - WX Dir

Livingston County

Genesee Valley Rural Preservation Comp.
5861 Groveland Station Road
Mt. Morris, NY 14510
585-658-4860
Robert Martin - WX Dir

Onondaga County

The Community Preservation Corporation
315 North Clinton Street
Syracuse, NY 13202
315-476-3173 ext. 206
Andrew D'Agostino - WX Dir

Kings County

Community Environmental Center, Inc.
43-10 11th Street
Long Island City, NY 11433
718-784-1444
Richard Cherry - WX Dir

People's Equal Action and Community Effort, Inc.
811 E. Washington Street, Syracuse, NY 13210
315-470-3315
Ray Yehle - WX Dir

New York County

Association for Energy Affordability
505 Eighth Avenue, Suite 1000
New York, NY 10018
212-279-3902
David Hepinstall - Exec. Director

Ulster County

Affordable Housing Conservancy
Two Eugene Brown Drive
New Paltz, NY 12561
845-704-2004
Brice White - WX Dir

Interagency Council of Mental Retardation &
Developmental Disabilities Agencies, Inc.
150 West 30th Street, 15th Floor
New York, NY 10022
212-645-6360
L. Abigail Chua - WX Dir

Nassau/Suffolk County

United Way of Long Island, Inc.
819 Grand Blvd.
Deer Park, NY 11729
631-940-3737
Laurie Shea - WX Dir

Local Initiatives Support Corporation
501 Seventh Avenue - 7th Floor
New York, NY 10018
212-455-9800
Sean Robin - WX Dir

Westchester County

The Westchester County Department of Planning
148 Martine Avenue, Room 414
White Plains, NY 10601
914-995-6494
Deborah DeLong - WX Dir

Thanks to NYS Weatherization Directors Association for providing this information.