SAMPLE LETTER

Dear Operator:

Chapter 58 of the Laws of 1998 authorized a pass-through of the Federal Supplemental Security Income (SSI) cost of living adjustment to most SSI recipients residing in Family Type Homes for Adults. We have been advised by the New York State Office of Children and Family Services that the increases will be available in the resident's January check. Also, regulations of the State Office of Children and Family Services require that Safety Net Assistance (SNA) recipients receiving care in Family Type Homes receive the same payment level as SSI recipients rounded down to the next whole dollar. Therefore, any SNA residents receiving care in your home will receive the same increases as SSI recipients rounded down.

The monthly benefit for SSI recipients in Family Type Homes for Adults will be _____ for individuals without other income and _____ for couples. The monthly benefit for SNA recipients in Family Type Homes for Adults will be _____ for individuals without other income and _____ for couples. This is the SSI benefit rounded down to the next whole dollar.

The law also provides for an increase in the personal needs allowance. Effective January 1, 1999, the monthly minimum personal needs allowance will be \$97.00 for residents in Family Type Homes for Adults. Residents who have other sources of income in addition to SSI will be entitled to the \$97.00 minimum, plus any income disregarded by Social Security. Penalties for retaining or misappropriating a resident's personal allowance are set forth in Section 131-o of Social Services Law and Section 485.12 of the Department's regulations.

If you intend to increase the rate you charge residents, you are required to give residents a written notice specifying the new rate thirty (30) days prior to the date of the increase. If a resident voluntarily agrees in writing to the increase, you may increase the rate with less than thirty (30) days notice. However, in either case you are required to amend the resident's admission agreement.

If you have any questions about this matter, please contact	any o	u have	you	you have any	questions	about	this	matter,	please	contact		
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Sincerely,

SAMPLE LETTER

Dear Supplemental Security Income Resident:

A recent law provides for a Federal cost-of-living adjustment to your Supplemental Security Income (SSI) monthly payment. The law also provides for an increase in the personal needs allowance. Effective January 1, 1999 if you receive SSI and no other income and live in a Family Type Home, in most cases you will receive a monthly check for _____. Of this amount, at least \$97.00 must be yours for a Personal Needs Allowance.

Admission Agreement Changes

The operator of the home where you live may increase the rate you are charged effective January 1, 1999.

In order to do this, the operator is required to give you thirty (30) days written notice prior to the date of the rate change and amend your admission agreement. The operator may increase the rate without the thirty day notice if you voluntarily agree to such a rate increase in writing. Either way, your admission agreement should be amended to reflect this rate increase, and you should receive a copy of this amendment to your admission agreement.

Regardless of the amount of the rate increase specified by the operator of your home, you will still be entitled to the minimum personal needs allowance as described above. By law, the operator may not accept any of your personal allowance or any disregarded income to pay for the services the home must provide by law and regulation.

If you have any questions about this increase, you should ask your Family Type Home operator or call ______, the Family Type Home Coordinator in your local department of social services at

Sincerely,

The January 1, 1999 Federal COLA in RSDI (Social Security) and SSI Benefits has been set at 1.3%.

	INDIVIDUAL	COUPLE
Living alone	\$587.00	\$ 845.00
Living with others	523.00	797.00
(Living in HH of another)	(356.34)	(546.67)
Level I Family Care (NYC, Nass., Suff., & West.) (Rest of State)	766.48 728.48	1,532.96 1,456.96
Level II Residential Care (NYC, Nass., Suff., & West.) (Rest of State)	935.00 905.00	1,870.00
Level III Schools for the Mentally Retards (NYC, Nass., Suff., & West.) (Rest of State)		1,963.92 1,917.92
Title XIX (Medicaid certified) Institution	as 35.00	70.00

PNA Level I \$ 97 Level II 112 Level III 77