

New York Regulations*
Title 18. Department of Social Services
Chapter II. Regulations of the Department of Social Services
Subchapter C. Social Services
Article 1. Provisions of Social Services – General
Part 404. Determination and Redetermination of Eligibility for Social Services

Section 404.1 Process of Eligibility Determination (p.2)

Section 404.2 Responsibility for Eligibility Determinations (p.7)

Section 404.3 Verification of Eligibility Determination (p.8)

Section 404.4 Programmatic Eligibility (p.8)

Section 404.5 Financial Eligibility (p.8)

Section 404.6 Fees for Services (p.13)

Section 404.7 Authorization for Services (p.14)

Section 404.8 Definitions (p.15)

Section 404.1 Process of Eligibility Determination

(a) Method of determining eligibility.

The social services district must adopt methods of determining eligibility which are consistent with the objectives of the program and must respect the rights of individuals under the United States Constitution, and the Social Security Act, title IV of the Civil Rights Act of 1964, and all other relevant provisions of Federal and State law. The social services district must adopt safeguards in determining eligibility which prevent discrimination or adverse action against individuals with AIDS or an HIV infection or an HIV-related illness and individuals who have had an HIV-related test. The terms AIDS, HIV infection, HIV-related illness or HIV-related test are defined in section 360-8.1 of this Title.

(b) Provision of information to applicants.

The social services district shall:

- (1) provide applicants, recipients and others who may inquire with clear and detailed information concerning social services programs, eligibility requirements, documentation requirements, and the right to a fair hearing;
- (2) inform each applicant and recipient at the time of application or redetermination of his initial and continuing responsibility:
 - (i) to provide accurate, complete and current information on income and family composition;
 - (ii) to provide accurate information relating to service needs, as requested, and to notify the district of any changes in such information;
 - (iii) to cooperate in the verification and documentation of eligibility whenever required;
- (3) inform each applicant or recipient that he has the right to accept or reject services without consequence except as specified in this Title.

(c) Application for social services.

- (1) Each individual wishing to apply for social services shall be assured the opportunity to do so without delay.
- (2) The application process must obtain all information, as prescribed by the department, which is necessary to establish eligibility. The required information may be obtained verbally, in writing on department approved forms, or electronically from the WMS or other department system. Information obtained verbally must be recorded by the interviewer. All information must be verified by the applicant. When an applicant for social services is currently receiving public assistance or medical assistance benefits, any relevant existing information, including, but not limited to service goals and living arrangements, which is available through the WMS or other department system, must be used to avoid a duplication of efforts in the collection of information.

404.1(c)(3)

(3) The application process described in this Part must be used when a person applies for services described in Article 1, 2 or 3 of Subchapter C of Chapter II of this Title.

(4) The application process may be initiated by the applicant himself or herself, his or her authorized representative, or someone acting responsibly for him or her.

(5) Except where required by Federal law or regulation, no person who applies for a social service shall be required to disclose the social security number of any person for whom the service is requested as a condition of eligibility for the service. However, nothing herein shall restrict the ability of a social services official to request that the applicant disclose the social security number of the person who will receive the service. If such a request is made, the applicant must be informed whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited and the uses which will be made of the social security number. A request for disclosure of the applicant's social security number may be made either orally or in writing.

(6) No person may be required to have an HIV-related test or required to disclose the results of such tests as a condition of applying for services.

(7) An applicant who requests services, in whole or in part, on the basis of AIDS or an HIV-related illness may have such condition subjected to verification by the local social services district acting in accordance with article 27-F of the Public Health Law.

(8) An application shall be required as a condition of authorization for any social service identified and defined in the district component of the comprehensive annual social services program plan except:

(i) No application is required for the provision of information and referral services, nonresidential services for victims of domestic violence and for social group services for senior citizens.

(ii) No application is required for services provided as part of a family assessment response.

(iii) Completion of an application for protective services for children is required only after investigation of a report of alleged or suspected child abuse or neglect has determined that there is some credible evidence of abuse or neglect. An application may not be completed prior to such determination.

(iv) Completion of an application for protective services for adults is required only after the investigation and assessment of a protective service for adults referral have determined that an individual meets the client characteristics for adult protective services, unless an adult who is the subject of a request for protective services for adults, the adult's authorized representative, or someone acting responsibly for such adult disagrees with the decision of the district not to accept the request as a referral for protective services for adults, as defined in section 457.1(c)(2) of this Title. In such case, the adult, the adult's authorized representative, or someone acting responsibly for such adult may apply for protective services for adults in accordance with paragraph (1) of this subdivision. If an application for protective services for adults is submitted by an

adult, an adult's authorized representative, or by someone acting responsibly for such adult, the application must be accepted and a determination of eligibility or ineligibility made in accordance with subdivision (f) of this section and section 457.13 of this Title.

(9) An application must be completed at the following times:

- (i) when the applicant is making an initial application for services or care;
- (ii) when a reapplication is made 30 days after a services case is closed or an application for services is denied; and
- (iii) no less often than every 12 months, when redetermining the eligibility of income-eligible recipients, except those individuals specified in clause (d)(2)(ii)(b) of this section.

(10) When an income maintenance or medical assistance case is closed but social services are to be continued, information contained in the WMS concerning the recipient must be made available to enable a determination of eligibility to be made. When additional information is necessary to determine continued eligibility for social services, the social services district may require that the social services recipient submit the additional information.

(11) When a recipient of services moves to another social services district and the recipient wants to continue to receive services, information contained in WMS concerning the recipient must be made available to the district to which the recipient moved in order for the district to determine whether the recipient remains eligible for the continuation of services. When additional information is necessary to determine continued eligibility, the social services district may require that the social services recipient submit the additional information.

(d) Time period for determination of eligibility.

(1) Initial determination of programmatic and/or financial eligibility.

(i) A determination of programmatic and/or financial eligibility must be completed for all applications or reapplications for services within 30 days of the date of application, except for protective services for adults as set forth in Part 457 of this Title. The date of application for child care assistance is the date that the social services district receives the application. Eligibility for protective services for adults must be determined at the time the protective services for adults assessment services plan is completed in accordance with section 457.2(b)(4) of this Title.

(ii) Except for the provision of child care services to certain families transitioning from family assistance as set forth in section 415.2(a)(1)(iv) of this Title, and protective services for adults as set forth in Part 457 of this Title, no reimbursement will be available for the provision of services prior to the date of actual determination of programmatic and/or financial eligibility unless such determination is made within 30 days of the date of application and the individual is determined to have been programmatically and/or financially eligible when

services were initiated. In no event may the date of eligibility precede the date of application except for the provision of child care to transitioning families as set forth in section 415.2(a)(1)(iv) of this Title and protective services for adults.

(2) Redetermination of programmatic and/or financial eligibility.

(i) Programmatic eligibility must be redetermined periodically but not less frequently than every 12 months, including State charge recipients of post-institutional service planning (PISP) who are receiving only follow-up visits as specified in paragraphs (a)(1)-(4) of section 313.2 of this Title. However, programmatic eligibility must be redetermined not less frequently than every six months for recipients of foster care services for children. The requirements regarding the periodic redetermination of programmatic eligibility as set forth in this section do not supersede or otherwise affect the requirements concerning the development, periodic review, and update and implementation of services plans or the client eligibility and monitoring activities for child care services as set forth in Part 415 of this Title or for protective services for adults as set forth in Part 457 of this Title.

(ii) Redeterminations of financial eligibility shall be made periodically, but not less frequently than:

(a) every 12 months for an income-eligible individual in receipt of services;

(b) every 12 months for a child or minor in receipt of foster care maintenance payments;

(c) every 12 months for an individual in receipt of services whose family gross income is derived exclusively from pensions or social security benefits or SSI or a combination thereof;

(d) every 12 months for a State charge PISP recipient residing in those facilities specified in paragraphs (a)(1)-(3) of section 313.2 of this Title who is receiving only mandated follow-up visits and/or contacts.

This subparagraph does not apply to a child or minor in receipt of adoption assistance or to a recipient of social group services for senior citizens. This subparagraph also does not apply to recipients of public assistance, including Emergency Assistance to Families (EAF), or medical assistance; provided, however, that the continuing eligibility of such recipients for services must be verified every 12 months by use of an on-line inquiry or appropriate system production reports in those social services districts where the public assistance, medical assistance and services components of the welfare management system have been installed. In all other social services districts, verification of continuing eligibility for such recipients must occur every 12 months, and must be documented in the case record and signed by the caseworker and case supervisor.

404.1(d)(2)(iii)

(iii) Redetermination of eligibility for social services which are made pursuant to the provisions of subparagraph (ii) of this paragraph shall not occur earlier than 30 days prior to the expiration of the periods specified in such subparagraph.

(iv) Redetermination of both financial and/or programmatic eligibility shall be made within 30 days of an indication of a change in an individual's circumstances which may render the individual ineligible or may change the degree of need for services.

(v) At the time of redetermination, current documentation shall be obtained to verify family size, categorical relationship, income, and continuing need for services, as appropriate.

(e) Documentation.

(1) General. No determination of eligibility shall be made solely on the basis of the application. Documentation of the criteria and conditions essential for eligibility shall be part of the eligibility determination process. Documentation means the collection, verification and recording of information necessary to determine eligibility.

(i) Applications for services based on income maintenance status shall be supported by documentation of the actual receipt of, or eligibility for, the income maintenance benefit or payment.

(ii) Applications for services based on income eligible status shall be supported by documentation of current family size and monthly gross income as specified in section 404.5(b) of this Part.

(iii) Applications for services based on need without regard to income shall be supported by documentation of the existence of the requisite programmatic factors except that no such documentation shall be required for the provision of information and referral.

(iv) All applications for service shall be supported by the documentation of the need for service as evidenced by an individual plan for service.

(v) If the application is filed by an applicant's authorized representative or someone acting responsibly for him, the relationship of the authorized representative or the responsible person to the applicant and the reasons for such representative filing shall be recorded.

(2) Documentation of eligibility based on income status.

(i) When an eligibility determination is based on a family's income status, the family size and the amount and source of each component of gross income as defined in section 404.5(b) of this Part shall be identified and documented prior to a determination of eligibility for social services.

(ii) Family size need not be documented beyond the information on the signed application unless there is reason to suspect that the information is not correct.

404.1(e)(2)(iii)

(iii) Applicants shall be required to provide documentation for all income received.

(iv) Adequate documentation of gross income can include pay stubs, business records, and/or correspondence from employers, the Social Security Administration, Veterans Administration, State employment agencies, State welfare agencies and/or providers of pensions.

(3) Recording and maintenance of records. The social services district shall maintain for each applicant or recipient a record which contains, in accordance with the requirements of Part 406 of this Title, information necessary to support an eligibility determination.

(f) Notice of eligibility determinations.

Written notice of determination of eligibility or ineligibility for service shall be sent to the applicant or recipient as follows:

(1) A notice of eligibility or ineligibility shall be sent to applicants or recipients within 15 calendar days after the determination has been made.

(2) A notice of eligibility must include information concerning the type of service to be provided, any required fee for services in accordance with section 404.6(b) of this Part, the duration of service planned, the name of the worker or unit responsible for case management and his or her telephone number, a statement regarding the continuing responsibility of the applicant or recipient to report any change in his or her status and the right of the recipient to accept or reject the service(s).

(3) A notice of ineligibility shall include information concerning specific reasons for denial or termination and department policy on which the decision is based.

(4) All notices of determination of eligibility or ineligibility must include information concerning the right of an applicant or recipient to request a fair hearing and all other information required by section 358-2.2 of this Title.

(5) Written notice of determination of eligibility or ineligibility may not be required in the following situations:

(i) where, through a face-to-face interview, a determination is made to continue eligibility; or

(ii) where, in a foster care case, the child has been surrendered by the natural parent(s) or guardian and placed under the custody of the local commissioner of social services.

(g) Provision of services.

When the service is authorized to be delivered, the social services district and the provider agency shall make provision for the delivery of the service(s) authorized within 15 calendar days after notification of eligibility.

404.2(a)

Section 404.2 Responsibility for eligibility determinations.

(a) The social services district shall be solely responsible for the determination of eligibility for services.

(b) If the acceptance of applications is delegated to a provider under a contract executed in accordance with the purchase of services requirements specified in section 405.2 of this Title, responsibility for eligibility determinations shall remain with the social services district; any requirements that a provider obtain and transmit to the social services district data necessary to make a determination of eligibility shall be specified in the purchase of services contract.

404.3 Verification of eligibility determination.

(a) The social services district shall establish procedures to verify the accuracy of eligibility determinations.

(b) The department will, through audits and case review on a sampling basis, conduct additional verification of social services district implementation and application of eligibility criteria.

404.4 Programmatic eligibility.

A social service defined in the comprehensive annual social services program plan and included for provision in the district component shall be provided only when the following programmatic conditions are met:

(a) Need for the service has been established by the social services district.

(b) The applicant for such service is included in a category of individuals specified in the comprehensive annual social service program plan to be eligible.

404.5 Financial eligibility.

(a) Income maintenance status.

(1) For purposes of financial eligibility for services, the following persons have income maintenance status:

(i) Recipients of ADC—an ADC recipient is any individual who is certified eligible for cash assistance under the ADC program and receives such payments during the period upon which eligibility for social services is based.

(ii) Individuals whose needs are taken into account in computing the grant for eligible persons under the ADC program—these include children and other relatives in the home not eligible for ADC in their own right but whose presence is significant to ADC recipients as “essential persons.”

(iii) Recipients of SSI benefits including recipients of State supplementary payments—an SSI recipient is any individual who is certified eligible for cash assistance under the SSI program and receives such payments including State supplementary payments during the period upon which eligibility for social services is based.

404.5(a)(1)(iv)

(iv) Recipients of foster care or adoption assistance (FCAA)—an FCAA recipient is any child or minor certified eligible for foster care maintenance or adoption assistance who received such benefits during the period upon which eligibility for social services was based.

(v) Recipients of HR—an HR recipient is any individual who is certified eligible for cash assistance under the HR program and who received such payments during the period upon which eligibility for services is based.

(vi) Recipients of MA—an MA recipient is any individual who is certified eligible to receive a medical payment during the period upon which eligibility for services is based.

(2) Persons with income maintenance status shall be financially eligible for services in accordance with the provisions of the then effective comprehensive annual social services program plan.

(3) When financial eligibility for services is based on the income maintenance status of the applicant, such status shall be verified as of the date of application.

(b) Income eligible status.

(1) Individuals, other than those described in subdivision (a) of this section, must be financially eligible for services on the basis of income eligibility status if the monthly gross income of the family is equal to or less than:

(i) the appropriate income eligibility level contained in the then effective consolidated services plan or integrated county plan;

(ii) for New York State Child Care Block Grant child care services, the financial eligibility requirements for such services established by the Office of Children and Family Services in accordance with section 415.2(a) of this Title.

(2) The determination of family monthly gross income shall be based on the average monthly income for a period of not less than one month nor in excess of three months prior to application, adjusted for any changes in income known or expected to occur during the period of authorization.

(3) If income fluctuates significantly, the average monthly amount shall be computed based on income received during a period of not less than three nor more than six months.

(4) Computation of monthly gross income shall be based on a factor of $4\frac{1}{3}$ of the weekly income.

(5) *Monthly gross income* means the monthly sum of income received from the following sources:

(i) Monthly wages or salary, *i.e.*, total money earnings received for work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned before

deductions are made for taxes, bonds, pensions, union dues and similar purposes.

(ii) Net income for non-farm self-employment, *i.e.*, gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, wages and salaries paid, business taxes (not personal income taxes) and similar costs. Depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, and payments on the principal of loans for capital assets or durable goods are not counted as expenses for the purpose of determining net income for self-employment for child care assistance. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income.

(iii) Net income for farm self-employment, *i.e.*, gross receipts minus operating expenses from the operation of a farm by a person on his own account, as owner, renter or sharecropper. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, the incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed and other farming supplies, cash wages paid to farm hands, cash rent, interest on farm building repairs, farm taxes (not State and Federal income taxes) and similar expenses. Depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, and payments on the principal of loans for capital assets or durable goods are not counted as operating expenses for the purpose of determining net income for self-employment for child care assistance. The value of fuel, food or other farm products used for family living is not included as part of net income.

(iv) Social security benefits include social security pensions and survivor benefits, and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance and railroad retirement checks from the U.S. government.

(v) Dividends, interest (on savings or bonds) income from estates or trusts, net rental income or royalties, including dividends from stockholding or membership in associations, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store or other property to others, receipts from boarders or lodgers and net royalties.

(vi) Public assistance or welfare payments include public assistance payments such as ADC, SSI (including State supplemental payments), and home relief.

(vii) Pensions and annuities include pensions or retirement benefits paid to a retired person or his survivors by a former employer or by a union, either directly or through an insurance company, and periodic receipts from annuities or insurance.

(viii) *Unemployment compensation* means compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds.

(ix) *Workers' compensation* means compensation received periodically from private or public insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not by the individual.

(x) Alimony.

(xi) Child support.

(xii) *Veterans' pensions* means money paid periodically by the Veterans' Administration to disabled members of the Armed Forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called "refunds" paid to ex-servicemen as GI insurance premiums.

(6) Exclusions from monthly gross income. Excluded from computation of monthly gross income are the following:

(i) per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims;

(ii) money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment);

(iii) withdrawals of bank deposits;

(iv) money borrowed;

(v) tax refunds;

(vi) gifts;

(vii) lump sum inheritances or insurance payments;

(viii) capital gains;

(ix) the value of coupon allotments under the Food Stamp Act of 1964, as amended, in excess of the amount paid for the coupons;

(x) the value of USDA donated foods;

(xi) the value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act;

(xii) any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;

(xiii) earnings of a dependent child under 18 years of age who is not legally responsible for the child or children for which child care assistance is sought (no inquiry shall be made);

(xiv) loans and grants such as scholarships obtained and used under conditions that preclude their use for current living costs;

(xv) any grant or loan to any undergraduate student for educational purposes made or insured under the Higher Education Act;

(xvi) home produce utilized for household consumption;

(xvii) payments made for child care services, or the value of child care services provided to a recipient of child care services provided under the New York State Child Care Block Grant Program and under title XX of the Social Security Act who is applying for or receiving any other services funded under any Federal or federally assisted program that bases eligibility for such services upon need or the amount of benefits upon need;

(xviii) veterans' assistance payments made to or on behalf of certain Vietnam veterans' natural adult or minor children for any disability resulting from spina bifida suffered by such children;

(xix) veterans' assistance payments made for covered birth defects to or on behalf of the adult or minor children of women Vietnam veterans in service in the Republic of Vietnam during the period beginning on February 28, 1961 and ending on May 7, 1975. Covered birth defects means any birth defect identified by the Veterans' Administration as a birth defect that is associated with the service of women Vietnam veterans in the Republic of Vietnam during the period on February 28, 1961 and ending on May 7, 1975, and that has resulted or may result in permanent physical or mental disability; and

(xx) disaster relief payments other than unemployment compensation.

(c) Eligibility without regard to financial circumstances.

Notwithstanding subdivisions (a) and (b) of this section, individuals and families who are programmatically eligible for the following services will be determined to be eligible for such services without regard to financial eligibility criteria:

- (1) information and referral services;
- (2) protective services for adults;
- (3) protective services for children;
- (4) preventive services for children; and

404.5(c)(5)

(5) residential services for victims of domestic violence.

(d) Resources.

Financial eligibility for services contained in the district component of the Child and Family Services Plan shall be based only on the monthly gross income of the family as defined in this section.

(1) No exploration of resources shall be made in the determination of eligibility for services, except for child care assistance funded under the New York State Child Care Block Grant Program for which resources are considered in accordance with Part 415 of this Title.

(2) No lien or incumbrance of any kind shall be required from or be imposed against the property of any individual in connection with services rendered or to be rendered.

(3) No adjustment or recovery of the cost of services rendered shall be made, except for child care assistance in accordance with section 415.4 of this Title.

404.6 Fees for services.

(a) The social services district must impose and provide for the collection of such fees for service as are required in the then effective consolidated services plan or integrated county plan or, in the case of child care services, the family share for such services required by section 415.3(e) of this Title. Failure of the service recipient to pay a fee or family share as required in this section must lead to suspension or termination of the service for which the fee or family share was imposed and not paid unless, in the case of child care services, satisfactory arrangements have been made, prior to the suspension or termination of such services, for the service recipient to make full payment of all delinquent family shares. No subsequent application nor any reapplication by the service recipient for any service suspended or terminated by reason of the failure to pay a required fee or family share will be considered until such time as all delinquent fees are paid or, in the case of child care services, unless and until arrangements satisfactory to the social services district are made for the service recipient to make full payment of all delinquent family shares. Notwithstanding the foregoing, failure of the service recipient to pay a fee or family share must not be a basis for denial or discontinuance of services as part of a plan of protective services for an adult or a child or for preventing placement of a child in foster care.

(b) Methods of collection.

(1) The social services district must advise the recipient in writing, at the time of the initial eligibility determination and each redetermination, of the required fee amount, the date(s) such fee is due and the payment procedures to be followed. The notice of the fee requirements must be included in the written notice of eligibility. A provider must also be notified when a recipient is required to pay a fee, if the provider is required to collect the fees for the service. Such notification to the provider must contain the amount of the fee and the date(s) such fee is due.

(2) If a fee is not paid by the specified date, the social services district, or the provider, when appropriate, must immediately give a written notice of the fee past due in person or by mail to the service recipient. Such notice must include a warning of impending

404.6(b)(2)

termination of the service for continued nonpayment and specify the time period within which such payment must be made or, in the case of child care services, the time period within which satisfactory arrangements for such payment must be made. Such time period may be no less than seven days and no more than 30 days. If payment is not received or, in the case of child care services if arrangements, satisfactory to the social services district, for full payment of all delinquent fees by the service recipient, have not been made within the time period specified in the written notice that the fee is past due, then the social services district must give written notice of termination of service in person or by mail to the service recipient. The notice of termination of service must state that the service will be terminated 10 days subsequent to the date of the notice unless payment of all delinquent fees is received prior to the date of termination or, in the case of child care services, unless and until arrangements, satisfactory to the social services district, are made for the service recipient to make full payment of all delinquent fees. Copies of the warning and termination notices must be maintained in the recipient's basic data file.

(c) Claiming.

Fees imposed upon service recipients in accordance with this section shall be deducted from the amount of expenditures for such services for which Federal and State reimbursement is claimed.

404.7 Authorization for services.

(a) An authorization for services to be provided either by the social services district directly or by purchase shall be required prior to the provision of any service. An authorization for services is not required for information and referral services, and other services where the eligibility determination is on the basis of group eligibility only.

(b) The social services district shall use form DSS-2562, Services Authorization/Reporting Record, as the basic authorization for all services. In addition, form DSS-638, or a local equivalent approved by the department, shall be completed for the purpose of authorization for services provided by purchase.

(c) Social services districts which are in the department's welfare management system shall use, for all services, form DSS-2970, Authorization for Services.

(d) An Authorization for Services shall require the following data as a minimum:

- (1) name of recipient;
- (2) identification of the basis for eligibility, *i.e.*, income maintenance, income, or without regard to income status;
- (3) identification of the service or services to be provided;
- (4) identification of goal(s);
- (5) period of authorization for the services to be provided which may be up to 12 months except as otherwise specified in sections 372.6, 415.4, and 457.1 of this Title;

404.7(d)(6)

(6) name and title of authorizing person; and

(7) for purchased services, the name of the provider shall be added.

(e) The social services district and/or the provider agency shall provide a service within 15 calendar days after making notification of eligibility to the applicant in the instances when a written application is taken, and within 30 calendar days after acceptance of a request for service in all other instances. *Providing a service* means actual provision of service or arrangement for its provision at an appropriate later date.

404.8 Definitions.

(a) The following definition of *family* must be used for all determinations and redeterminations of eligibility for services, other than child care services, under this Part:

(1) *Family* means one or more adults and children, if any, related by blood or law, and residing in the same household. Where adults, other than spouses, reside together, each shall be considered a separate family. Emancipated minors and children living under the care of individuals not legally responsible for that care shall be considered one-person families.

(2) In the above definition, *adult* shall mean any person 18 years of age or older.

(b) The definition of child care services unit set forth in section 415.1(l) of this Title must be used for all determinations and redeterminations of eligibility for child care services.