

HEAP Information Request Form

Program Year:

District:

Address:

General Telephone # for HEAP clients:

General Fax # for HEAP clients:

General Email address for HEAP clients:

Business hours for HEAP:

Does your agency have multiple locations? Yes No

If yes, submit a list of district locations to the HEAP Bureau with this form.

District HEAP Coordinator:

Telephone #:

Fax #:

Email Address:

Secondary District HEAP Coordinator (if any):

Telephone #:

Fax #:

Email Address:

District Finance Contact:

Telephone #:

Email Address:

After Hours Emergency Contact Agency:

Telephone #:

Does your agency use Imaging/Enterprise Document Repository (I/EDR)? Yes No

Does your agency have a State approved case supervisory review? Yes No

Does your agency accept HEAP documentation via NYDocSubmit? Yes No

OSC payment review period: 6 Days 13 Days

What unit(s) process Autopay exceptions and warnings for:

Supplemental Nutrition Assistance Program (SNAP):

Temporary Assistance (TA):

Do you have any Alternate Certifiers Yes No

*If yes please list below, if no provide a copy of required advertisement to the HEAP Bureau with this form.

Please list all of your county's Alternate Certifiers below. Use additional sheets if necessary.

First Alternate

Certifier Agency:

Address:

Contact Person:

Telephone #:

General Telephone # for clients:

Hours of Operation:

Types of Applications Processed: Mail in Regular Only Early Outreach

Regular Other

Emergency

Does this agency have access to any of the following: WMS myWorkspace

Has this agency been trained on myBenefits? Yes No

Has this agency been trained on myWorkspace? Yes No

Does this agency use its own file scanning system? Yes No

Second Alternate Certifier

Agency:

Address:

Contact Person:

Telephone #:

General Telephone # for clients:

Hours of Operation:

Types of Applications Processed: Mail in Regular Only Early Outreach
 Regular Other
 Emergency

Does this agency have access to any of the following: WMS myWorkspace

Has this agency been trained on myBenefits? Yes No

Has this agency been trained on myWorkspace? Yes No

Does this agency use its own file scanning system? Yes No

Third Alternate Certifier

Agency:

Address:

Contact Person:

Telephone #:

General Telephone # for clients:

Hours of Operation:

Types of Applications Processed: Mail in Regular Only Early Outreach
 Regular Other
 Emergency

Does this agency have access to any of the following: WMS myWorkspace

Has this agency been trained on myBenefits? Yes No

Has this agency been trained on myWorkspace? Yes No

Does this agency use its own file scanning system? Yes No