



**Office of Temporary
and Disability Assistance**

2026-2027 HEAP Regional Meeting

Welcome!

Housekeeping

- Please silence cell phones
- Bathroom locations
- Side conversations
- Name cards
- Index cards for questions
- Participant manual and page numbers

slido

Join at
slido.com
#3229 683

🔑 Passcode: **nr8b8o**



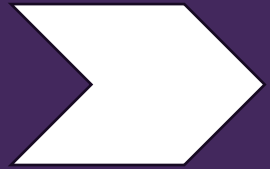
Icebreaker

How many years
have you worked in
HEAP?

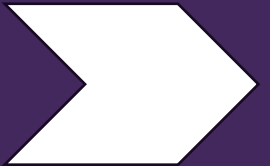


Office of Temporary and Disability Assistance

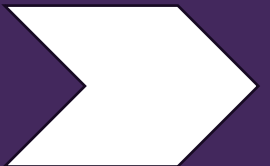
Agenda Overview



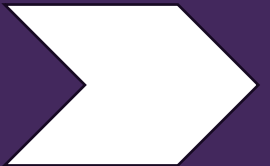
Program Overview &
Updates



Quiz Game/Slido



Working with
Scenarios



Q&A



Break 1: 10:15AM



Lunch: 12:00-1:00



Break 2: 2:30PM

Appendix & TrainingSpace

<https://events.trainingspace.ny.gov/heap/materials.cfm>

New York State HEAP Administrative Form Guide

Home Energy Assistance Program Administrative Form Guide					
Form Number	Revision Date	Form Name	LSU	IAF	Mandatory or Optional
LDSS-2642	Rev 8/12	Documentation Requirements		X	Mandatory
LDSS-3421	Rev 9/26	HEAP Application	X		Mandatory
LDSS-3494A	Rev 5/20	HEAP Notice Of Eligibility Decision - Approval	X	X	Mandatory
LDSS-3494B	Rev 10/23	HEAP Notice of Eligibility Decision - Denial	X	X	Mandatory
LDSS-3594B	Rev 7/23	HEAP Emergency Benefit Budget Worksheet		X	Mandatory
LDSS-3785	Rev 5/18	HEAP 3 Month Method Self-Employment Worksheet	X		Mandatory
LDSS-4867	Rev 6/23	HEAP Heating Equipment Repair & Replacement Worksheet		X	Mandatory

HEAP e-Reports

HEAP Pending Report and Erroneous Payment Report

To access e-Reports go to CentraPort <https://centraport.otda.state.nyenet/centraport/>

1. Access the Centraport menu
2. On the left side, expand the Applications menu
3. Select e-Reports, this will bring you to the e-Reports menu
4. Select HEAP Pending Case Report or Erroneous Payment Report

HEAP Pending Report Instructions:

- Districts are required to complete the HEAP Pending Report year-round on a weekly basis for all HEAP benefit types.
- Districts must report pending Regular HEAP applications, including Early Outreach applications, beginning on **September 4, 2026**.
- Continue to report pending **2025-2026** applications on a weekly basis until instructed by OTDA to begin reporting 2026-2027 pending applications.
- Districts will be notified of which dates to begin reporting pending applications for all other 2026-2027 benefit components.

E-Reports Contacts:

Kyle Daily, Kyle.Daily@otda.gov

Anna Vitolins,

Anna.Vitolins@otda.ny.gov

Information Needed for New e-Reports Users:

- Full Name
- User ID
- Email Address
- Phone Number

HEAP District Responsibilities

HEAP Social Services District Responsibilities

Complete and return the Information Form by September 25, 2026

- Check the NYS OTDA Local District Contacts & Heating Emergency Contacts After Hours list at <http://otda.ny.gov/programs/heap/HEAP-contacts.pdf> to verify that your local district information is up to date.

Develop, implement, and submit an Outreach Plan by September 25, 2026

Submit the 2025-2026 Denied Applicant Report after September 30, 2026, and no later than October 16, 2026.

- This report tracks denials during the previous program year by income level for cases that are denied using WMS Code Y99 – Manual Denial.
- Track manual denials for the upcoming year (2026-2027)

Note: The Information Request Form, Outreach Plan, and Denied Applicant Report are available in electronic fillable format. Completed forms may be returned to NYSHEAP@otda.ny.gov or directly to your HEAP Bureau liaison.

HEAP Staff County Liaisons

Keri Stark, HEAP Director
desk: 518-402-3550, cell: 518-603-7577
Keri.Stark@otda.ny.gov

Emily Urban, HEAP Bureau Chief
desk: 518-486-9599, cell: 518-491-4045
Emily.Urban@otda.ny.gov

Vivvy Williams, Administrative Assistant
Main Line: 518-473-0332
Vivvy.Williams@otda.ny.gov

HEAP Mailbox: NYSHEAP@otda.ny.gov **General Fax:** 518-474-9347 **Vendor Fax:** 518-474-0985

Beth Natali 518-473-0446 Alisabeth.Natali@otda.ny.gov	Helen Schneider 518-486-6363 Helen.Schneider@otda.ny.gov	Anna Vitolins 518-474-3704 Anna.Vitolins@otda.ny.gov	Michelle Gavares 518-473-0493 Michelle.Gavares@otda.ny.gov
Debra McKenna 518-408-5121 Debra.McKenna2@otda.ny.gov Allegany Cayuga Oneida Putnam Suffolk Tompkins Warren Wayne	Kyle Daily 518-486-1540 Kyle.Daily@otda.ny.gov Broome Chautauqua Clinton Cortland Hamilton Livingston Rensselaer Niagara Oswego	Brady Morgan 518-473-1561 Brady.Morgan2@otda.ny.gov NYC Chenango Delaware Onondaga Saratoga Schenectady Schuyler Steuben	Michele Rasch 518-473-1407 Michele.Rasch2@otda.ny.gov Chemung Jefferson Nassau Orleans Otsego Rockland Saint Lawrence Schoharie Washington
Vacant	Matthew Torracco 518-473-3200 Matthew.Torraco@otda.ny.gov Dutchess Erie Fulton Genesee Lewis Madison Orange Tioga	Zoe Niver 518-474-3231 Zoe.Niver@otda.ny.gov NYC Franklin Greene Montgomery Ontario Sullivan Ulster Wyoming Yates	Rachel Kerr 518-473-5752 Rachel.Kerr@otda.ny.gov Albany Cattaraugus Columbia Essex Herkimer Monroe Seneca Westchester

NYS OTDA Fiscal Contact

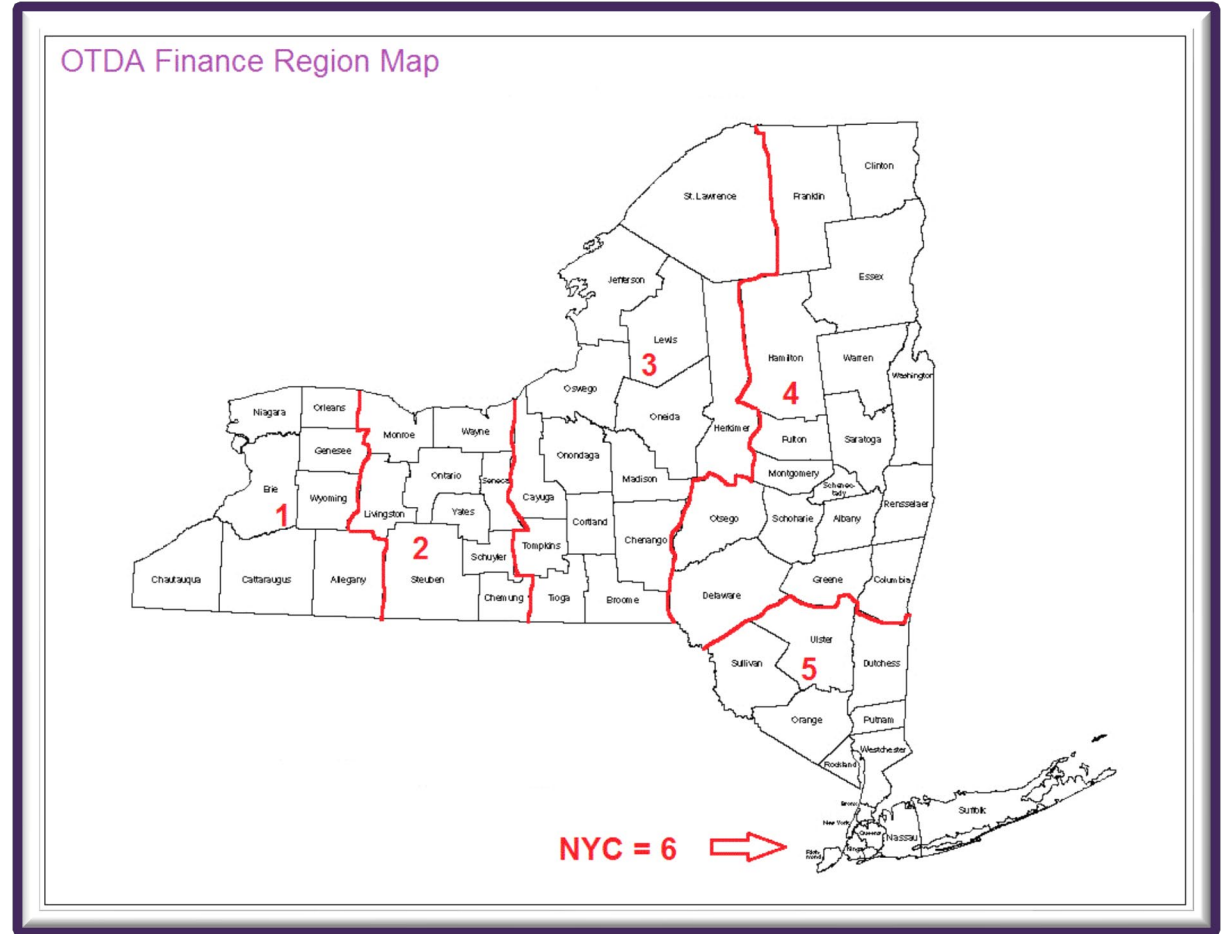
OTDA Fiscal Contact

Regions 1-6

Justin Gross

(518) 474-7549

otda.sm.field_ops.i-iv@otda.ny.gov



Office of Temporary and Disability Assistance

2025-2026 Program Update Reminders



2025-2026 Program Update Reminders

- Discontinuance of SOLQ for HEAP purposes
- Supervisory approval check box in myWorkspace
- Elimination of HEAP HERR Screening Form (LDSS-5010)

Policy Clarification for Treatment of Zero Income



No further documentation is necessary



Signed application serves as attestation

2026-2027 Program Updates

Program Components & Updates

HERR

No Age
Restrictions

C&T

No Changes

Program Components Opening/Closing Dates

Component	Opening Date	Closing Date
Regular	11/2/26	4/16/27
Emergency	1/4/27	4/16/27
Cooling	4/15/27	6/4/27
HERR	10/1/26	4/16/27
Clean and Tune	10/1/26	4/16/27

NOTE: all program opening/closing dates are dependent upon approval of the HEAP State Plan and availability of and demand for funding

Regular Heater Draft Benefit Amounts

Fuel Type	2025-2026	2026-2027
Oil/Kerosene/Propane	\$900	\$990
Wood/Coal/Other	\$635	\$700
Natural Gas/Electric	\$400	\$400
Tier I Add-on	\$61	\$61
Vulnerable Member Add-on	\$35	\$35

NOTE: all benefit amounts are dependent upon approval of the HEAP State Plan

Office of Temporary and Disability Assistance

Emergency Draft Benefit Amounts

Fuel Type	2025-2026	2026-2027
Oil/Kerosene/Propane	\$900	\$990
Wood/Coal/Other	\$635	\$700
Heat-related Electric	\$185	\$185
Natural Gas Heat Only	\$400	\$400
Natural Gas and Electric	\$585	\$585
Electric Heat	\$585	\$585
Temporary Relocation	Up to \$500	Up to \$500
Propane Installation/Deposit	Up to \$500	Up to \$500

NOTE: all benefit amounts are dependent upon approval of the HEAP State Plan

Office of Temporary and Disability Assistance

Regular Heat-Included Benefit Amounts

Heat and Eat:

- \$21 for households in certain subsidized housing, group homes and congregate care facilities

Heat included in rent:

- \$50 for households with income in Tier I
- \$45 for households with income in Tier II

There are no add-ons for heat-included benefits.

NOTE: all benefit amounts are dependent upon approval of the HEAP State Plan

Draft Benefit Amounts

- **HERR Repair** – not to exceed \$4,000 per HEAP year
- **HERR Replacement** – not to exceed \$8,000, once in a 10-year period
- **Clean & Tune** – not to exceed \$500, once every 12 months
- **Cooling Assistance Component** – not to exceed \$800 for a window, portable air conditioner, or fan and not to exceed \$1,000 for an existing wall sleeve unit, once in a 5-year period

NOTE: all benefit amounts are dependent upon approval of the HEAP State Plan

Autopay Updates

2026-2027 HEAP Autopay program will run in two separate phases for each program area:

Autopay Dates

Program	Initial Phase	Final Phase Date
Public Assistance	09/12/2026	11/14/2026
SNAP	09/19/2026	11/21/2026

Pre Autopay Reports

- GIS 26DC040 - 2026-2027 Home Energy Assistance Program (HEAP) Pre-Autopay Reports – released on July 9th, 2026.
- The Pre-Autopay Request for Vendor Information Form was attached to the GIS as an outreach tool that can be mailed to PA and SNAP households to obtain missing information.
- The “Contact Us” link in PHRED may be utilized for any questions related to the reports.

Pre Autopay Reports, continued

The reports provided the following information:

- District
- Office/unit/worker
- Case Name
- Case Number
- Fuel Type
- Vendor ID (if entered in WMS)
- Customer Account Number (CAN) (if entered in WMS)
- PA and/or SNAP Auth to Date
- Identification of CO-OP case

Pre Autopay Reports, continued

District Actions:

- Obtain and verify current vendor IDs and Customer Account Numbers (CAN)
- Sent report information to vendors
- Verify vendor's Statewide Financial System (SFS) data/linked in Benefit Issuance Control System (BICS)
- Review potentially eligible cases

2026-2027 Early Outreach

- Households that received a 2025-2026 Regular HEAP Benefit on a case type 60 may apply for HEAP prior to program opening
- How are cases selected?
 - CT 60 (HEAP only)
 - Active (WMS status code 07)
 - H1 or HX payment issued with a payment line end date = 9/30/26
 - Active applicant payee (WMS relationship code 01)

2026-2027 Early Outreach, continued

LDSS-3421 (Rev 09/26)

New York State Office of Temporary and Disability Assistance

Home Energy Assistance Program Application

Please read the instructions attached to the back of the application. Answer all questions. Please **print** clearly and sign the form in Section 9.

ALBANY CO DSS HEAP OUTREACH UNIT 999 HEAP LANE Albany, NY 518-123-4567 Contact the agency above if you need help.				Agency Use Only			
				DSS		OFA/Alternate Certifier	
				Date Received		Date Received	
Agency Use Only							
Application Date	Office A	Unit ID H	Worker ID HEA	Case Type 60	Case Number HEAP25	Registry Number	Vers.
Case Name POTTER, HARRY				☐ Regular ☐ Heating Eqpt ☐ Cooling ☐ Emergency ☐ Clean & Tune ☐ Other			

Section 1: Applicant Information

Gender Identity, Ethnicity, and Race are optional. For gender identity, please use the following: Male, Female, Non-binary, X, Transgender, Prefer Not to Say, or Different Identity (please describe). To identify race, please use the following: American Indian or Alaska Native (I), Asian (A), Black or African American (B), Multi-race (M), Native Hawaiian or Other Pacific Islander (P), White (W), Other (O).

- First Name: HARRY MI: _____ Last Name: POTTER
Date of Birth: 7/31/1980 Sex: ☐ Male ☐ Female ☐ X Gender Identity (optional): _____
Social Security Number: XXX-XX-4567 Citizen/US National or Qualified Non-Citizen ☐ Yes ☐ No
Ethnicity: Hispanic, Latino or Spanish Origin (Optional) ☐ Yes ☐ No Race: (Optional) _____
- Street Address: 4 PRIVET LANE County: ALBANY
City: ALBANY State: NY Zip: 12222 Length of time at this address: _____

2026-2027 Early Outreach, continued

- The file was created in August.
- Control lists are created for each early outreach population group and are available in Production Hosting Reports & Enterprise Document (PHRED). Each list is sorted alphabetically by last name. The reports contain the following information: name, address, CIN, case number, last four digits of the SSN, and phone number.
- The “Contact Us” link in PHRED or email its.sm.hs.sst@its.ny.gov may be utilized for any questions related to the reports.
- A PHRED user guide is available on CentraPort, under Applications.

2026-2027 Early Outreach, continued

- Processing instructions
- Lost applications or “missing” from list
- Processing timeframes
 - District
 - Alternate Certifiers

Income Guidelines 2026-2027

2026-27		
HEAP MONTHLY INCOME ELIGIBILITY GUIDELINES		
Household Size	Tier I	Tier II
1	0-1,729	1,730-3,563
2	0-2,344	2,345-4,659
3	0-2,959	2,960-5,756
4	0-3,575	3,576-6,852
5	0-4,190	4,191-7,948
6	0-4,805	4,806-9,045
7	0-5,421	5,422-9,250
8	0-6,036	6,037-9,456
9	0-6,651	6,652-9,662
10	0-7,267	7,268-9,867
11	0-7,882	7,883-10,073
12	0-8,497	8,498-10,278
13	0-9,113	9,114-10,515
14+	615+	710+

Advanced Nominal Benefits

- NX payments for 2026-2027 began on April 13, 2026
- Maximize the SNAP household's Heating Cooling Standard Utility Allowance (HCSUA)
- Households who are due a heat-included \$50 benefit, will receive the \$29 balance on the HEAP Autopay

Forms and Notices

**HEAP
Application
(LDSS-3421)**

**HEAP
Desk Guide
(LDSS-5005)**

HEAP Application, LDSS-3421

LDSS-3421 (Rev 09/26)

New York State Office of Temporary and Disability Assistance

Home Energy Assistance Program Application

Please read the instructions attached to the back of the application. Answer all questions. Please **print** clearly and sign the form in Section 9.

Contact the agency above if you need help				Agency Use Only			
				DSS		OFA/Alternate Certifier	
				Date Received		Date Received	
Agency Use Only							
Application Date	Office	Unit ID	Worker ID	Case Type	Case Number	Registry Number	Vers.
Case Name				☐ Regular ☐ Heating Eqpt ☐ Cooling ☐ Emergency ☐ Clean & Tune ☐ Other			

Section 1: Applicant Information

Gender Identity, Ethnicity, and Race are optional. For gender identity, please use the following: Male, Female, Non-binary, X, Transgender, Prefer Not to Say, or Different Identity (please describe). To identify race, please use the following: American Indian or Alaska Native (I), Asian (A), Black or African American (B), Multi-race (M), Native Hawaiian or Other Pacific Islander (P), White (W), Other (O).

1. First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Sex: ☐ Male ☐ Female ☐ X Gender Identity (optional): _____
Social Security Number: _____ Citizen/US National or Qualified Non-Citizen ☐ Yes ☐ No
Ethnicity: Hispanic, Latino or Spanish Origin (Optional) ☐ Yes ☐ No Race: (Optional) _____
2. Street Address: _____ County: _____

HEAP Desk Guide Changes

Removed

Eligible Living Situations

Categorical Eligibility Definition

Customer of Record Definition

Resource Requirements

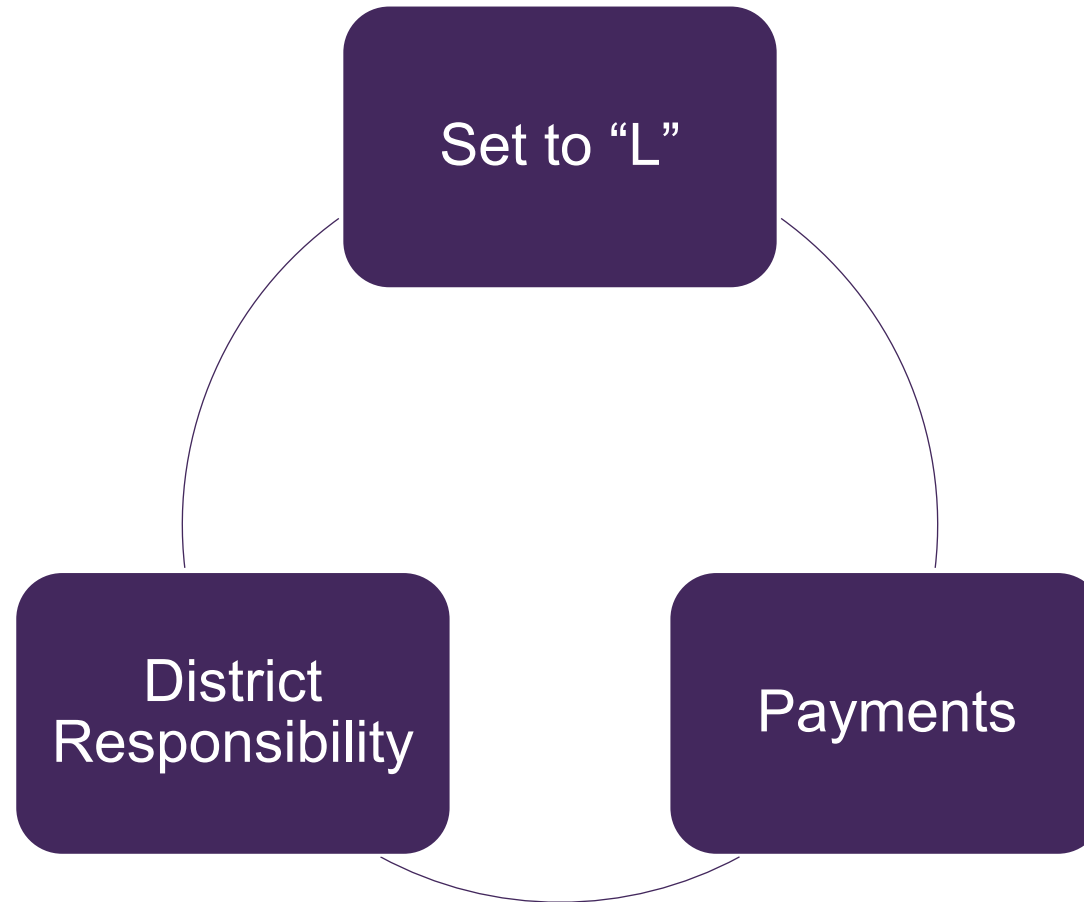
Residence Requirements

Added

Maximum benefit amounts for all components

Resource Limits for HERR & C&T

BICS Locks



BICS Locks – How to Change

WMSMNU DIST

WELFARE MANAGEMENT SYSTEM MENU

USE APPROPRIATE SF KEY (1-24) OR INDICATE SELECTION NUMBER **15** xmt ^

01 PA/FS BUDGET CALCULATION	17 TIME LIMIT TRACKING MENU
02 MA BUDGET CALCULATION	18 AUTO SDX/WMS MENU
03 STATISTICS	19 CCRS MENU
04 APPLICATION REGISTRY MENU	20
05 DENIAL ENTRY (APP AND SVCS)	21 W1139R INQUIRY REPORT
06 STGN OFF	22 DOMESTIC VIOLENCE MENU
07 N-S DATA ENTRY & DISPOSITION	23 GIS MENU
08 eDRS CLIENT INQUIRY MENU	24 FS PERIODIC CONTACT MENU
09 SERVICES FULL DATA ENTRY	25 MEDICAL ASSISTANCE MENU
10 SERVICES UNDERCARE/MAINTENANCE	26 SSA 40 QUARTER MATCHING
11 CLIENT NOTICES MENU	27 CBIC MENU
12 WMS CASE & INDIVIDUAL INQUIRY	28 WORK EXPERIENCE PROG CREDIT MENU
13 TITLE XX Appendix F UPDATE MENU	29 IV/A-IV/D RESPONDENT INFORMATION
14 RFI MENU	30 FAIR HEARING MENU
15 BICS MENU	31 MMIS INQUIRY MENU
16 WMSMNU (MENU KEY)	32 IRCS MENU

►LDMENU

LDMIP MENU

USE APPROPRIATE SF KEY (1-15) OR INDICATE SELECTION NUMBER **08** XMT ^

01 BICS PRODUCTION REQUEST	17 DATA MIGRATION INQUIRY
02 SNAP & PA RECON STATS MENU	18 CAMS AR CLAIM INQUIRY
03 SET CCFS INFORMATION	19 CAMS CASH RECEIPTS MENU
04 CASE RECORD OF ASSISTANT	20 CAMS CASE CLAIMS MENU
05 VENDOR OPERATIONS	21 VENDOR RECEIVABLE (VR) ENTRY
06 STGN OFF	22 CAMS CASH RECEIPTS INQUIRY
07 VOUCHER PROCESSING	23 CONTRACT RATE TABLE UPDATE
08 LOCAL DATA INFORMATION	24 CONTRACT RATE TABLE INQUIRY
09 VENDOR AND MISC. INQUIRY	25 ADJ CLAIMS REPORTS
10 ACCOUNTS MENU	26 TREASURY OFFSET MENU
11 ASCU	27 VENDOR RECEIVABLE (VR) INQUIRY
12 SNAP, PAB/CHK, VCH# INQ	28 UNION DUES INQUIRY MENU
13 SERVICES INQUIRY	29 RECOVERY TRACKING MENU
14 TIPLOG INQUIRY	30
15 LDMENU	31
16 WELFARE MANAGEMENT SYSTEM (WMSMNU)	32

BICS Locks-Screen 15/08

```
►LDINFO          THE FOLLOWING DISTRICT INFORMATION IS ON FILE          PAGE  1 OF 2
DATE 08/07/2026

DISTRICT CODE:
MNEMONIC:
NAME:
ADDRESS LN 1:
ADDRESS LN 2:
CITY:
PHONE:
OUTSTANDING EBT CASH BAL $
OUTSTANDING EBT SNAP BAL $

HEAP DATA
PA HEAP INDICATOR: P
NPA HEAP LOCK:      L  SNAP HEAP LOCK: L
PA HEAP LOCK:      L  EMER HEAP LOCK: L
PRIOR YEAR HEAP LOCK: U
SPENDOWN IND: NOT SPND      EMER IND:  N

BULK MAILING PERMIT: 0
PERMIT CITY:

PAYMENT BEYOND TO DATE IND:  N
CAMS OFFICE SORT:  ^  NO-SORT
PAYMENT THRESHOLD AMOUNT  ^^^^
NON SERVICES VCH TOTAL:      .00
SVCS VCH TOTAL:              .00
SVCS DCDD VCH TOTAL:         .00
SVCS CCDD VCH TOTAL:         .00
NON SVCS CCDD VCH TOTAL:     .00

CENTRALIZED ISSUANCE DATA
ITEM          SNAP          PAB
ROLL SORT: 6 PU-NUMB      A CAT-CSNO
WKR LIST OPT: C O-U-W-NA  Y YES
DOC NO:

LOCAL PICKUP CODES AND MNEMONICS:
^  ^^^^^^^^^  ^  ^^^^^^^^^  ^  ^^^^^^^^^  ^  ^^^^^^^^^  ^  ^^^^^^^^^  ^  ^^^^^^^^^

USE SF-2 FOR PAGE 2 -  DISTRICT STATISTICS

XMT ^
```

NYS OTDA Fiscal Contact

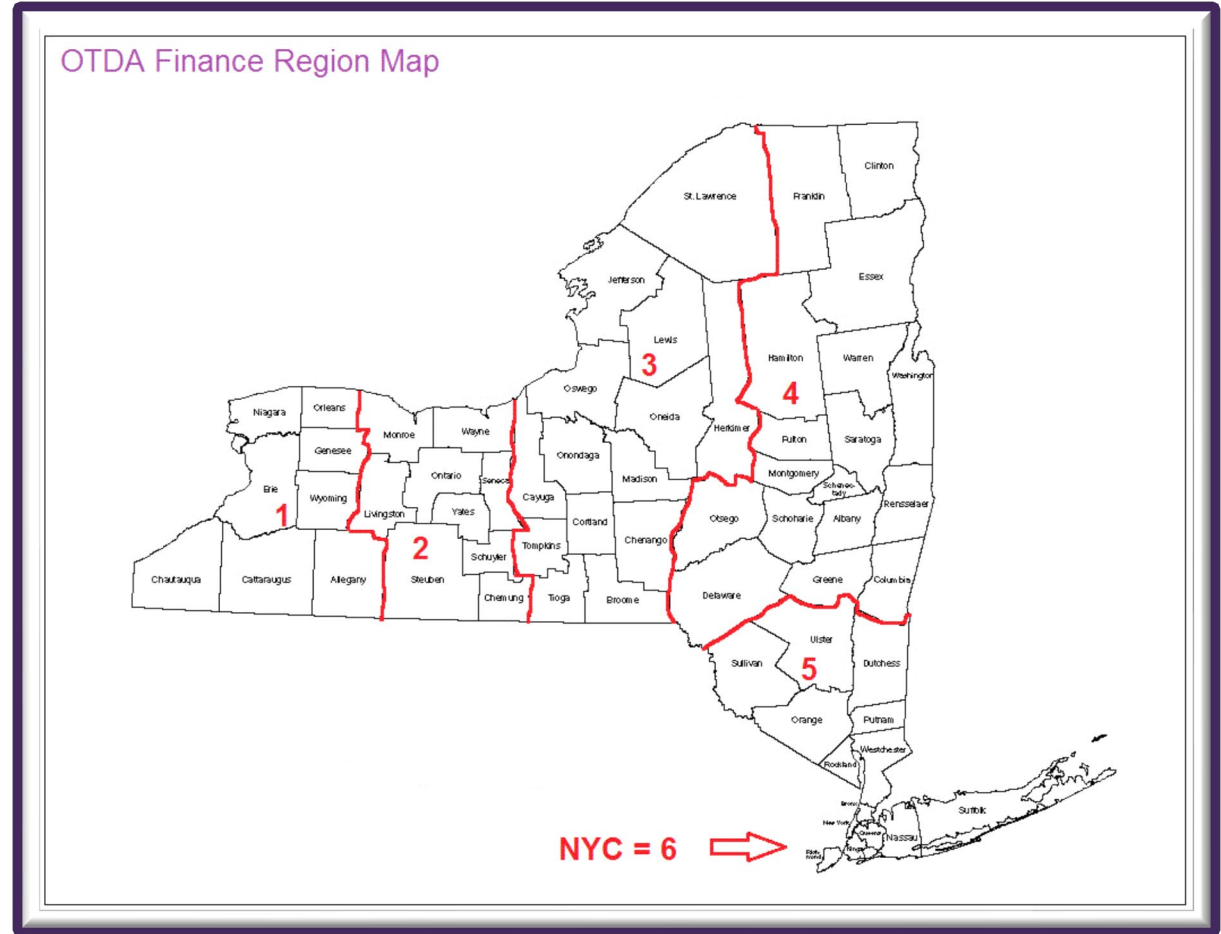
OTDA Fiscal Contact

Regions 1-6

Justin Gross

(518) 474-7549

otda.sm.field_ops.i-iv@otda.ny.gov



Office of Temporary and Disability Assistance

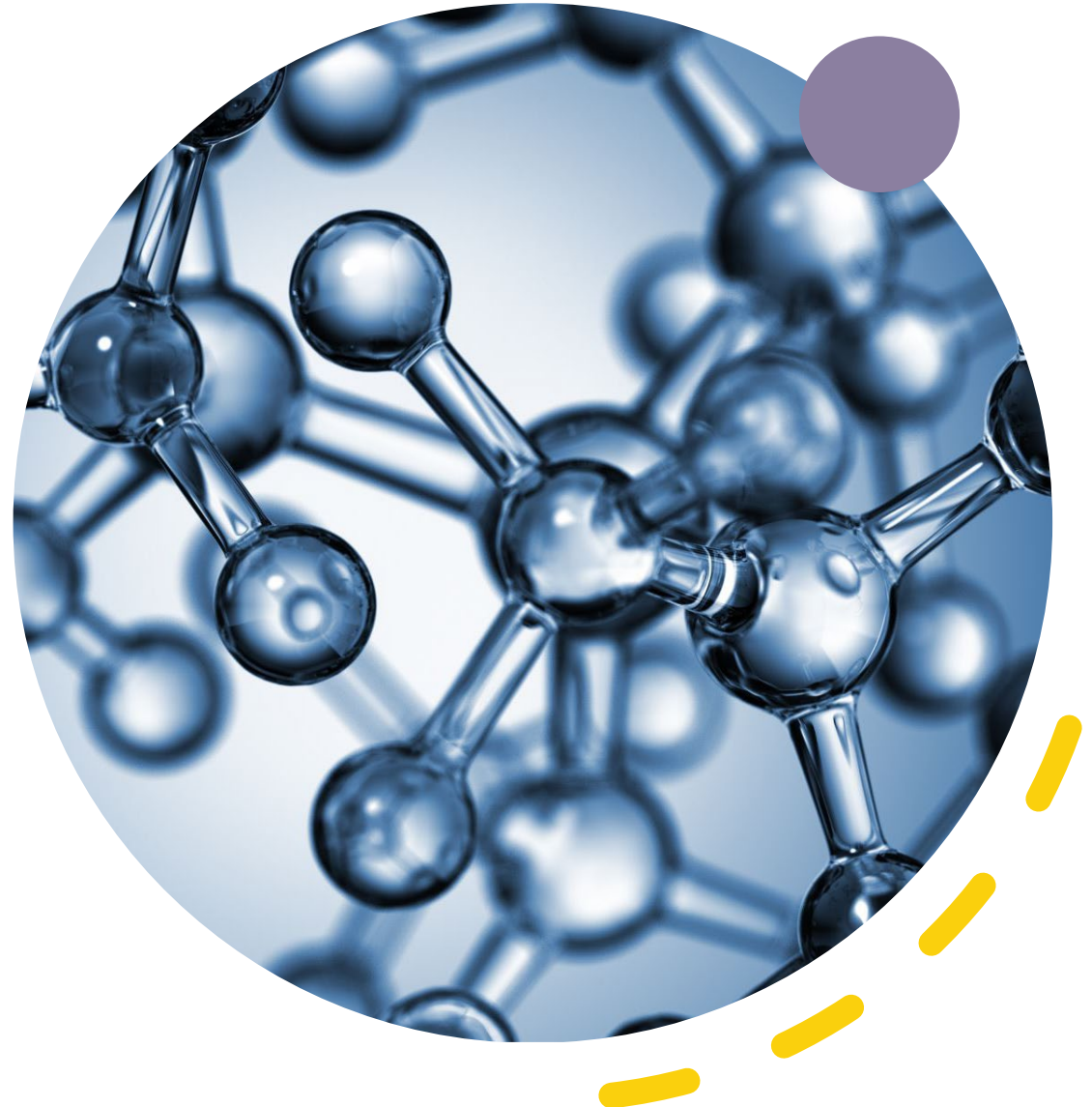
Common Audit Findings

Regular Benefits

Applications
were not
processed
timely

Income not
verified
correctly

CNS notice
not sent



Emergency Benefits



Emergency benefit
issued without
household receiving a
Regular benefit



Emergency was not
resolved timely

Agency Use Only			
Emergency resolution date: _____			
Emergency Resolution: _____			
☐ Service Continued	☐ Service Restored: _____	☐ Household provided with safe supplemental heat	
☐ Client has access to temporary alternate housing	☐ Other: _____		
Guarantee submitted to vendor: ☐ through utility website ☐ fax ☐ e-mail ☐ telephone			
☐ Delivery arranged for _____			
☐ Other: _____			
Were all members in the household resource tested? ☐ Yes ☐ No			
Emergency Benefit Application is: ☐ Approved ☐ Denied, Reason: _____ Date: _____			
Benefit Type _____ Amount _____ Vendor _____ Account Number _____			
Benefit Type _____ Amount _____ Vendor _____ Account Number _____			
☐ Propane tank deposit. Vendor: _____			
☐ County provided temporary relocation. Vendor: _____			
Notes and Comments: 			
Worker Signature: _____	Date: _____	Supervisor Signature: _____	Date: _____

Heating Equipment Repair and Replacement

Job proposals not followed correctly

Verification of the presence of/or installation of a CO detector

Case records missing the DHCR WAP # 37 form

Instances where HERR payment was issued on incorrect program year

Cooling Assistance Component

Cooling Assistance Services
Invoice (LDSS-5044) not completed



Missing a stored budget



CNS notices for Cooling benefits
missing from the case record

Denied Applications

Applications
incorrectly
denied

Incorrect
Denial
Codes

Working with HEAP Vendors

Resolving Vendor Disputes



Reminders



Change in vendor contact information/or business is closing



Emails to vendors must be encrypted (GIS 22 TA/DC051-Transmitting HEAP Forms to Vendors)



Vendor Fees



heap.vendor@otda.ny.gov

HEAP SFS Payment Inquiry

Vendor Payment Inquiries

Payment Inquiry Result										
		< 1-1 of 1 > > View All								
Payment Details		Additional Info	Supplier Details	Financial Gateway						
Actions	Source	Payment Reference ID	Payment Method	Amount	Currency	Creation Date	Payment Date↑	Payment Status	Reconciliation Status	Reconcile Date↑
▼ Actions	VCHR	10800928	System Check	2,193.00	USD	12/18/2025	12/18/2025	Paid	Reconciled	01/09/2026

Details										
		< 1-3 of 3 > > View All								
Business Unit	Voucher ID	Advice Seq	Advice Date	Invoice Number↑	Gross Paid Amount	Paid Amount	Currency	Discount Taken	Late Charge	Source
TDA01	FA0718EF	1	12/14/2025	241-7600 R- 270001A7A7	731.00	731.00	USD			Accounts Payable Vouchers
TDA01	FA071065	1	12/14/2025	481-3204 R- 20000021ED	731.00	731.00	USD			Accounts Payable Vouchers
TDA01	FA0718EE	1	12/14/2025	9022-2036 R- 270001A7A6	731.00	731.00	USD			Accounts Payable Vouchers

Vendor Payment Inquiries - Screen 15/12

▶LCACVM

SNAP, PAB/CHK, VCH, SFS CHECK/TRACE# ENTRY

03/23/26

FOR CASE RECORD OF ASSISTANCE INQUIRY

ENTER ONE NUMBER:

SNAP#:

AAAAAAAAAA

* SNAP DETAIL

CHECK/PAB#:

AAAAAAAAAA

* CHECK/PAB DETAIL

VOUCHER#:

AAAAA

* VOUCHER DETAIL

SFS CHECK/TRACE#:

10800928

* SFS CHK DETAIL

YR-YY (OPTIONAL):

25

XMT ^

▶LV0270

VOUCHER LISTING BY CHECK NUMBER

PAGE 1 OF 1

03/23/26

VENDOR-ID DAKS

VENDOR

DAKS HVAC LLC

67 HOME ST

METSVILLE

NY

12000

UNION DUES AMOUNT

0.00

INTERCEPT TAKEN

0.00

CHECK NO.

01P12345678

STATUS ISSUED

DATE 12/18/25

AMOUNT

1462.00

VOUCH NO.

VOUCH ST

AMOUNT

CASE NO.

MESSAGE

0001A7A6

PAID

731.00

0001A7A7

PAID

731.00

ENTER ▶

CASE NO.

AAAAAAAAAA

OR VOUCH NO.

AAAAA

XMIT ^

Vendor Payment Inquiries

▶LCRMNU	CASE RECORD OF ASSISTANCE INQUIRY MENU			DATE 04/03/26
	CASE NO.	VEN/PAB/SNAP#	XMT	
▶LCRCAT	^^^^^^^^^^	^^^^^^^^	^	* CUSTOMER ACCT NO DATA (CASE/VENDOR ID)
▶LCRCCD	^^^^^^^^^^		^	* CURRENT CASE DATA
SNAP BENEFITS				
▶LCRFS1	^^^^^^^^^^		^	* STANDING PAYMENT LINES
▶LCRFS2	^^^^^^^^^^		^	* ISSUED SNAP BENEFITS LIST
▶LCRFS3	^^^^^^^^^^	^^^^^^^^^^	^	* SNAP DETAIL INFORMATION (CASE/SNAP#)
DIRECT PAYMENTS				
▶LCRDP1	^^^^^^^^^^		^	* STANDING PAYMENT LINES
▶LCRDP2	^^^^^^^^^^		^	* ISSUED DIRECT PAYMENTS LIST
▶LCRDP3	^^^^^^^^^^	^^^^^^^^^^	^	* DIRECT PAYMENT DETAIL INFO (CASE/BEN#)
N-S INDIRECT PAYMENTS				
▶LCRIP1			^	* STANDING PAYMENT LINES
▶LCRIP2			^	* VOUCHERS ISSUED-CHECKS TO BE ISSUED
▶LCRIP3			^	* ISSUED INDIRECT CHECK LIST
▶LCRIP4		05Y010800928	^	* INDIRECT CHECK DETAIL INFO (CASE/CHK#)
PRE-REGISTERED SNAP/CHKS				
▶LCRPAC	^^^^^^^^^^		^	* PRE-REGISTERED SNAP/PAYMENTS DATA
PAYMENT AUTH/ISSUANCE HISTORY				
▶LCRFSH	^^^^^^^^^^	DIST ^^^^	^	* SNAP BENEFITS HISTORY
▶LCRDPH	^^^^^^^^^^	DIST ^^^^	^	* DIRECT PAYMENTS HISTORY
▶LCRIPH	^^^^^^^^^^	DIST ^^^^	^	* N-S INDIRECT PAYMENTS HISTORY

Vendor Payment Inquiries

►LCRIP4

CASE RECORD OF ASSISTANCE

PAGE 1 OF 1

DATE 040326

NON-SERVICES INDIRECT CHECK DETAIL INFORMATION

CHECK-NO 05Y010800928

CASE-NO

NAME

*** ISSUANCE DATA ***

*** CASE, VR/AR, AND MISC DATA **

ISS-AUTH	25HEAP26	SPEC-CLM	HEAP	CASE-TYPE	31	NPA-FS
AUTH-STAT	AUTH	CATEGORY	HEAP	S/F CHG GP		
PAY-TYPE	H1 HP-I	SCHEDULE		# ACTIVE	0	0
ISSUE-TYPE	2 ONCE	METH-PAY	VENDOR	AMOUNT	0.00	0.00
SVC-BILL-PD	100125-093026	VEND-ID	009536	NO-ACT-INDIVS	1	
AMOUNT	731.00	PR-STAT	AUT	SSI-PEND-STAT		
CHECK-STAT	ISSUED			CLAIM-AUTH	25HEAP26	
CHECK-DATE	121825			CLAIM-IND		
CUST-ACCT-NO				TOT-PAYBACK-AMT		0.00
VOUCHER-NO	0001A7A6			REFUND-IND		
HEAP-IND	PA			TOT-REF-AMT		0.00
RECIP-ID						

Vendor Payment Inquiries - Screen 15/09

▶LVMMNU

VENDOR AND MISCELLANEOUS INQUIRY MENU

04/13/26

** VENDOR INQUIRY **

VENDOR ID

EMP NO/SSN

CASE NO

CHECK NO

XMT

▶LV0200

▶LV0210

▶LV0220

▶LV0230

▶LV0290

▶LV0300

▶LV0310

▶LV0320

▶BSFS10

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

BEGIN DISPLAY AT NAME

EMP NO/SSN

PLCMNT ID

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

^^^^^^^^

SFS VEN ID

^ VENDOR DATA

^ PARENT-AGT/BRANCH LIST

^ VENDOR PAYMENT HISTORY

^ VENDOR VOUCHER STATUS

^ EMPL NO/SSN VEN LIST

^ VENDOR CASE PAY ISS

^ VENDOR REFUND DATA

^ VENDOR NAME INQUIRY

^ SFS VENDOR INQUIRY

** VOUCHER INQUIRY **

VOUCHER NO

CHECK NO

XMT

▶LV0240

▶LV0270

0001A7A7

^^^^^^^^

^ VOUCHER DATA

^ VOUCHER LIST BY CHECK NO INQUIRY

** UTILITY TAPE INQUIRY **

XMT

▶LV0280

^ UTILITY TAPE VOUCHER BILLING DATA

** CUSTOMER ACCOUNT NUMBER INQUIRY **

ACCOUNT NO

VENDOR ID

XMT

▶LV0330

^^^^^^^^

^^^^^^^^

^ CUSTOMER ACCOUNT NUMBER DATA

Vendor Payment Inquiries

LVO240

GENERAL VOUCHER INQUIRY

04/13/26

VOUCHER NUMBER

0001A7A7

VENDOR ID

009536

DCDD-IND

CCDD-IND

VENDOR

ADIRONDACK HEARTH HOME
& MORE LLC
4748 ST HWY 30
AMSTERDAM

NY

12010

VOUCHER INFORMATION

VOUCHER STATUS

PAID

NUMBER OF PAYMENTS

0001

VOUCHER AMOUNT

731.00

VOUCHER ISSUE DATE

11/30/25

VOUCHER DUE DATE

12/14/25

CHECK INFORMATION

CHECK STATUS

ISSUED

CHECK AMOUNT

1462.00

CHECK NUMBER

05Y010800928

CHECK DATE

12/18/25

INTERCEPT TAKEN

0.00

ENTER ALL, LINE NUMBER OR CASE NUMBER

▶ALL X

LN NO

^

^^^

CASE NUMBER

^^^^^^^^^^

XMIT

^

Row=23

Col=42

POLL

Vendor Payment Inquiries

LV0250

VOUCHER DETAIL INQUIRY

PAGE 001 OF 001

DATE 05/29/26

VOUCHER NUMBER 0001A7A7

VENDOR ID 009536

LN #	CASE #	CIN	PAY	STAT	TYP	PAY AMT	ADJUSTMT	RMT AMT	SVC/BILL PER
0001			AUT		H1	0731.00		0731.00	10/01/25-09/30/26

ENTER EITHER LINE OR CASE NUMBER

▶ LN NO ^^^^CASE NUMBER ^^^^^^^^^^XMIT ^

Vendor Payment Inquiries

```
▶LCRMNU          CASE RECORD OF ASSISTANCE INQUIRY MENU
CASE NO.    VEN/PAB/SNAP# XMT
▶LCRCAT  ^^^^^^^^^^  ^^^^^^^^^  ^  * CUSTOMER ACCT NO DATA (CASE/VENDOR ID)
▶LCRCCD  ^^^^^^^^^^  ^^^^^^^^^  ^  * CURRENT CASE DATA

**SNAP BENEFITS**
▶LCRFS1  ^^^^^^^^^^  ^^^^^^^^^  ^  * STANDING PAYMENT LINES
▶LCRFS2  ^^^^^^^^^^  ^^^^^^^^^  ^  * ISSUED SNAP BENEFITS LIST
▶LCRFS3  ^^^^^^^^^^  ^^^^^^^^^^  ^  * SNAP DETAIL INFORMATION (CASE/SNAP#)

**DIRECT PAYMENTS**
▶LCRDP1  ^^^^^^^^^^  ^^^^^^^^^^  ^  * STANDING PAYMENT LINES
▶LCRDP2  ^^^^^^^^^^  ^^^^^^^^^^  ^  * ISSUED DIRECT PAYMENTS LIST
▶LCRDP3  ^^^^^^^^^^  ^^^^^^^^^^  ^  * DIRECT PAYMENT DETAIL INFO (CASE/BEN#)

**N-S INDIRECT PAYMENTS**
▶LCRIP1  ^^^^^^^^^^  ^^^^^^^^^^  ^  * STANDING PAYMENT LINES
▶LCRIP2  ^^^^^^^^^^  ^^^^^^^^^^  ^  * VOUCHERS ISSUED-CHECKS TO BE ISSUED
▶LCRIP3  ^^^^^^^^^^  ^^^^^^^^^^  ^  * ISSUED INDIRECT CHECK LIST
▶LCRIP4  ^^^^^^^^^^  ^^^^^^^^^^  ^  * INDIRECT CHECK DETAIL INFO (CASE/CHK#)

**PRE-REGISTERED SNAP/CHKS**
▶LCRPAC  ^^^^^^^^^^  ^^^^^^^^^^  ^  * PRE-REGISTERED SNAP/PAYMENTS DATA

**PAYMENT AUTH/ISSUANCE HISTORY**
▶LCRFSH  ^^^^^^^^^^  DIST ^^^^^  ^  * SNAP BENEFITS HISTORY
▶LCRDPH  ^^^^^^^^^^  DIST ^^^^^  ^  * DIRECT PAYMENTS HISTORY
▶LCRIPH  ^^^^^^^^^^  DIST ^^^^^  ^  * N-S INDIRECT PAYMENTS HISTORY
```

```
▶LCRIPH          CASE RECORD OF ASSISTANCE          PAGE 1 OF 1
DATE 052926 N-SVCS INDIRECT PAYMENTS AUTH, ISSUANCE, ADJMT AND REFUND HISTORY

CASE-NO          CASE-NAME          DIST MONT

AUTH-NU  ACT PT MOP  AMOUNT ISSU  SCH  SERVICE-PERIOD SC VENDOR-ID RECIP-ID DM
ISS-DT CHECK-NUMBER PT  AMOUNT CS AUTH PERIOD-COVERD SC PS CT CA SF VOUCH NO
25HEAP26 2 H1 02  731.00  2      100125-093026  H 009536
121825 05Y010800928  731.00  I 02 100125-093026  1 31 60 N 0001A7A7
24HEAP25 2 H1 02  731.00  2      100124-093025  H 009536
111324 04T010204162  731.00  I 02 100124-093025  1 31 60 N 00019260
23HEAP24 2 H1 02  711.00  2      100123-093024  H 003341
110923 03S08251549  711.00  I 02 100123-093024  1 31 60 N 000178C3
```

HEAP Pending Reports

- HEAP Pending reports **must** be submitted by COB (5:00pm) Tuesday each week.
- After COB Tuesday, pending numbers **cannot** be submitted through E-reports in Centraport.
- Process if the Tuesday deadline is missed:
 - Email pending numbers to Kyle Daily and Anna Vitolins and Cc your HEAP liaison.



Office of Temporary and Disability Assistance