



ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES

NOTICE OF PUBLIC HEARING

SUBJECT: State Supplement Program

PURPOSE: To examine the impact of the State takeover of the State Supplement Program on the administration of the program and delivery of benefits to eligible recipients.

**Thursday, June 14, 2017
11:00 am
Roosevelt Hearing Room C
Legislative Office Building, 2nd Floor
Albany, NY 12247**

The State Supplement Program (SSP) is a state-funded financial assistance benefit paid to aged, blind, and disabled individuals. This monthly benefit is paid primarily to Supplemental Security Income (SSI) recipients who are also income eligible for SSP. As of October 2014, the Office of Temporary and Disability Assistance (OTDA) had fully taken over the administration of the State Supplement Program, which was previously administered by the Federal government. The Assembly would like to examine how the State Supplement Program is running under the State's administration and learn about any changes that may have occurred to the program since their takeover.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. In the absence of a request, witnesses will be scheduled in the order in which reply forms are postmarked.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Andrew D. Hevesi
Member of Assembly
Chair
Committee On Social Services**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on the State Supplement Program are requested to complete this reply form as soon as possible and mail it to:

Ihrar Muhammadi
Committee Assistant
Assembly Committee on Social Services
Room 442 - Capitol
Albany, New York 12248
Email: muhammadii@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

- I plan to attend the following public hearing on the State Supplement Program to be conducted by the Assembly Committee on Social Services on June 14, 2017.
- I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____