



ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES

NOTICE OF PUBLIC HEARING

SUBJECT: New York State's Temporary Assistance for Needy Family (TANF) funding for Education and Training Programs.

PURPOSE: To Examine the Fiscal Implications of the State's Funding on Education and Training Programs for Individuals Receiving Public Assistance in the Enacted 2018-2019 State Budget.

CANCELLED

**Albany, New York
Monday, December 17, 2018
11:00 A.M.
Hearing Room C
Legislative Office Building, 2nd Floor
Albany, NY 12247**

New York State receives \$2.442 billion each year from the federal government for social service programs funded by TANF. Approximately \$60 million is used to fund employment, training, and work support programs and of that \$60 million, approximately \$10 million is used to fund direct educational and training opportunities for individuals receiving public assistance.

New York's education and training programs are critical in helping public assistance recipients achieve self-sufficiency. Additionally, TANF funding is contingent on the state meeting a 50% work participation rate. According to the Office of Temporary and Disabilities Assistance (OTDA) caseload data for August 2018, New York's work participation rate for TANF households was 25.6%, half of the federally mandated rate of 50%.

The purpose of this public hearing is to assess the adequacy of funding in the enacted 2018-19 State Budget for the State's education and training programs offered to public assistance recipients in New York State and what, if any, impact the work participation rate has had or potentially will have on federal TANF funding. The Assembly hopes to hear from OTDA, advocates, service providers and other experts on how the education and training programs offered in New York are meeting the needs and goals of the individuals engaged in such programs, and what, if anything can be improved to better meet the needs and goals of such individuals.

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 no later than 24 hours prior to the hearing. 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 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 New York State's TANF-funded education and training programs are requested to complete and return the reply form no later than 24 hours prior to the hearing:

Jennifer Marrero
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Phone: (518) 455-4371
Fax: (518) 455-4693

- I plan to attend the following public hearing on New York State's TANF-funded Education and Training Programs to be conducted by the Assembly Committee on Social Services on December 17, 2018.
- 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: _____