



ASSEMBLY STANDING COMMITTEE ON SOCIAL SERVICES

NOTICE OF PUBLIC HEARING

SUBJECT: Public Assistance Requirements

PURPOSE: To Examine Public Assistance Eligibility Requirements and the Effects on Recipients' Ability to Gain Financial Stability

CANCELLED

**Albany, New York
Monday, June 17, 2019
11:00 A.M.
Hearing Room C
Legislative Office Building, 2nd Floor
Albany, NY 12247**

The history of public assistance has been one of continuing change and growth since its formal creation in the 1930's. In 1996, the national welfare system was dramatically reformed with the enactment of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). The major component of PRWORA was providing funding in a block grant structure, giving states greater flexibility to design their own state program. Over the years, New York has made a number of changes to the public assistance system to address the needs of the population being served. The main goal of any change to the current structure of public assistance must be to reduce the dependency on government assistance by assisting the recipients in their efforts to become self-sufficient. Since public assistance will rarely meet all the needs of every low income individual or families, reforms to the existing welfare programs should be examined.

This hearing seeks to gather information on the barriers in the current system that may impede an individuals' ability to leave the public assistance rolls and achieve self-sufficiency. By gaining an understanding of what does not work coupled with a focus on the overall goal of public assistance is imperative to direct public assistance reform efforts.

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 Public Assistance Eligibility Requirements and the Effects on Recipients' Ability to Gain Financial Stability are requested to complete and return the reply form no later than 24 hours prior to the hearing:

Rachael Winston
Committee Assistant
Assembly Committee on Social Services
Room 422 - Capitol
Albany, New York 12248
Email: winstonr@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

I plan to attend the following public hearing on Public Assistance Eligibility Requirements and the Effects on Recipients' Ability to Gain Financial Stability to be conducted by the Assembly Committee on Social Services on June 17, 2019.

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: _____