

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

M.K.B., O.P., L.W., M.A., Marieme
Diongue, M.E., P.E., Anna Fedosenko, A.I.,
L.A.M., L.M., Denise Thomas, and J.Z., on
their own behalf, and on behalf of their
minor children and all others similarly
situated,

Plaintiffs,

- against -

VERNA EGGLESTON, as Commissioner
of the New York City Human Resources
Administration; ROBERT DOAR, as
Commissioner of the New York State Office
of Temporary and Disability Assistance; and
ANTONIA C. NOVELLO, as
Commissioner of the New York State
Department of Health,

Defendants.

05 Civ. 10446 (JSR)

STIPULATION AND ORDER OF SETTLEMENT

WHEREAS, plaintiffs commenced this lawsuit on behalf of themselves and all others similarly situated, by complaint filed December 13, 2005, against Verna Eggleston, as Commissioner of the New York City Human Resources Administration (“HRA”) (the “City defendant”), Robert Doar, as Commissioner of the New York State Office of Temporary and Disability Assistance (“OTDA”) and Antonia C. Novello, as Commissioner of the New York State Department of Health (“SDOH”) (collectively “State defendants”); and

WHEREAS, plaintiffs moved for a preliminary injunction and for certification of a class, by Notice of Motion dated January 11, 2006; and

WHEREAS, City and State defendants opposed said motion; and

WHEREAS, the Court, by Order dated February 16, 2006, directed City and State defendants to undertake certain actions as specifically directed therein and further ordered a hearing on the motion for a preliminary injunction and class certification (the “Feb. 16, 2006 Order”); and

WHEREAS, the Court held such hearing on dates beginning March 14, 2006 through March 24, 2006; and

WHEREAS, the Court by Order dated August 29, 2006 granted plaintiffs’ motion for a preliminary injunction and class certification (the “Aug. 29, 2006 Order”) and issued a preliminary injunction which injunction incorporated by reference the Feb. 16, 2006 Order; and

WHEREAS, in the Aug. 29, 2006 Order, the Court certified this action as a class action pursuant to Fed. R. Civ. P. 23(b)(2), with the class defined as:

All Affected Immigrants who are, have been, or will be eligible for state or federally funded public assistance, Medicaid, or food stamps, and who either (a) have been or will be denied public benefits in whole or in part; (b) had or will have benefits discontinued or reduced, (c) have been or will be discouraged or prevented from applying; (d) have been or will be encouraged to withdraw an application by a New York City Job Center because of a misapplication of immigrant eligibility rules.

For purposes of the foregoing paragraph, the term “Affected Immigrants” means (1) battered spouses and battered children of U.S. citizens or lawful permanent residents, who are Qualified Aliens as defined in 8 U.S.C. § 1641(c); (2) their immigrant children, or in the case of battered children, their immigrant parents, provided that they too are Qualified Aliens as defined in 8 U.S.C.

§ 1641(c); (3) lawful permanent residents who have been in that status for less than five years; and (4) persons who are Permanently Residing Under Color of Law (PRUCOL).

hereinafter the “Class”; and

WHEREAS, State defendants, by Notice of Motion dated September 13, 2006 moved for reconsideration of that portion of the Court’s Aug. 29, 2006 Order certifying the Class which motion was joined by City defendant; and

WHEREAS, the Court, by Order dated October 13, 2006 and decision dated November 8, 2006 denied said motion for reconsideration; and

WHEREAS, State defendants have fulfilled and completed their obligations pursuant to the Feb. 16, 2006 Order as set forth at pages “2 - 3” paragraphs numbered (7) through (9) of that Order; and

WHEREAS, defendants have denied any and all wrongdoing alleged in the complaint by Answers filed on behalf of City defendant, dated November 6, 2006 and on behalf of State defendants, dated June 14, 2006; and

WHEREAS, the parties believe that the best interests of the parties will be advanced by the settlement of this action; and

WHEREAS, plaintiffs and defendants are entering into the within Stipulation and Order of Settlement (the “Stipulation”) solely for the purpose of settling the disputes between them and to avoid further litigation, and without admitting any fault or liability; and

NOW, THEREFORE, IT IS HEREBY STIPULATED AND AGREED by and among the undersigned attorneys for the respective parties herein, that this action is settled, subject to the approval of the Court pursuant to Rule 23(e) of the Federal Rules of Civil Procedure, on the following terms and conditions:

Definitions

For purposes of this Stipulation, the following definitions shall apply:

1. “Battered qualified aliens” means Class Members who are battered aliens treated as qualified aliens, as defined in 8 U.S.C. § 1641(c).
2. “Job Center” means all offices in New York City operated by the New York City Human Resources Administration at which an application for Family Assistance or Safety Net Assistance may be submitted.
3. “Family Assistance” means cash public assistance benefits reimbursed in part by the federal program of block grants to States for temporary assistance to needy families authorized by 42 U.S.C. §§ 601 et seq., 42 U.S.C. § 1320b-7 and 8 U.S.C. §§ 1611 et seq., implemented in New York pursuant to New York Social Services Law (“N.Y. Soc. Serv. Law”) §§ 349 et seq.
4. “Safety Net Assistance” means assistance provided pursuant to N.Y. Soc. Serv. Law §§ 157 et seq. to persons not eligible to receive Family Assistance.
5. “Food Stamps” means benefits provided pursuant to the federal food stamp program authorized by 7 U.S.C. §§ 2011 et seq., 42 U.S.C. § 1320b-7, and 8 U.S.C. §§ 1611 et seq., and federal regulations at 7 C.F.R. Parts 271 through 282 and implemented in New York by N.Y. Soc. Serv. Law §§ 95 and 147 and State regulations at 18 N.Y.C.R.R. Parts 358, 359 and 387.
6. “Federal Medicaid” means payments for medical assistance reimbursed in part by the federal program of medical assistance authorized by 42 U.S.C. §§ 1396 et seq., 42 U.S.C. § 1320b-7 and 8 U.S.C. §§ 1611 et seq., implemented in New York pursuant to N.Y. Soc. Serv. Law §§ 363 et seq.

7. “State Medicaid” means medical assistance provided pursuant to N.Y. Soc. Serv. Law §§ 363 et seq. to persons not eligible to receive Federal Medicaid.

8. “State food assistance benefits” (hereinafter “FAP”) means benefits provided pursuant to the state food assistance program, N.Y. Soc. Serv. Law § 95(10), which program ended as of September 30, 2005.

9. “Public benefits” means collectively Family Assistance, Safety Net Assistance, Federal Medicaid, State Medicaid, and Food Stamps.

10. “Plaintiffs” means the individually named plaintiffs as set forth in the action and the Class.

11. “City defendant” means Verna Eggleston, as Commissioner of the New York City Human Resources Administration and her successor in that office.

12. “State defendants” means Robert Doar, as Commissioner of the New York State Office of Temporary and Disability Assistance (“OTDA”) and Antonia C. Novello, as Commissioner of the New York State Department of Health (“SDOH”) and their successors in those offices.

13. “Class” means:

All Affected Immigrants who are, have been, or will be eligible for state or federally funded public assistance, Medicaid, or food stamps, and who either (a) have been or will be denied public benefits in whole or in part; (b) had or will have benefits discontinued or reduced, (c) have been or will be discouraged or prevented from applying; (d) have been or will be encouraged to withdraw an application by a New York City Job Center because of a misapplication of immigrant eligibility rules.

For purposes of the foregoing paragraph, the term “Affected Immigrants” means (1) battered spouses and battered children of U.S. citizens or lawful permanent residents, who are Qualified Aliens as defined in 8 U.S.C. § 1641(c); (2) their immigrant children, or in the case of

battered children, their immigrant parents, provided that they too are Qualified Aliens as defined in 8 U.S.C. § 1641(c); (3) lawful permanent residents who have been in that status for less than five years; and (4) persons who are Permanently Residing Under Color of Law (PRUCOL).

14. “Class Member” means a member of the Class as defined above.

15. “Effective Date” means thirty (30) days from the date of the filing of the judgment in this action.

16. “Applicable federal and state law or regulations” means 42 U.S.C. §§ 601 et seq., N.Y. Soc. Serv. Law §§ 349 et seq., N.Y. Soc. Serv. Law §§ 157 et seq., 7 U.S.C. §§ 2011 et seq., N.Y. Soc. Serv. Law §§ 363 et seq., 42 U.S.C. § 1320b-7, 8 U.S.C. §§ 1611 et seq. and 42 U.S.C. §§ 1396 et seq.

17. “Apply for” and “application” mean any application by a Class Member for Family Assistance and/or Safety Net Assistance, and any application made for Federal Medicaid, State Medicaid, and/or Food Stamps made in conjunction with an application for Family Assistance and/or Safety Net Assistance made at a Job Center, including any request to be added to an existing public benefits case. An application made by one member of a mandatory filing unit is deemed an application by all members of the mandatory filing unit to the extent required by N.Y. Soc. Serv. Law § 131-c.

18. Action taken “based on immigration status” means an action taken based on: (i) a Class Member’s immigration status or immigration documentation, including documentation relating to battered qualified alien status; and/or (ii) a Class Member’s provision of or application for a Social Security Number (“SSN”), when the failure to provide a SSN is as a result of the United States Social Security Administration’s (“SSA”) denial of an application for a SSN based on immigration status.

19. “Immigrant Liaison” means an employee or agent of City defendant who has received specialized training in the eligibility of Class Members for public benefits based on immigration status, and who functions in a Job Center as a specialist for making determinations regarding the eligibility of Class Members for public benefits.

General Provisions

During the term of this Stipulation:

20. City defendant shall refrain from denying, discontinuing or reducing public benefits at Job Centers based on immigration status to Class Members, who are eligible for those benefits, pursuant to applicable federal and state law or regulations.

21. City defendant shall refrain at Job Centers from (i) refusing to permit Class Members to submit applications for Family Assistance and/or Safety Net Assistance, and applications for Federal Medicaid and/or State Medicaid and/or Food Stamps made in conjunction with an application for Family Assistance and/or Safety Net Assistance at a Job Center, based on immigration status, and (ii) refrain from turning away, deterring or discouraging Class Members from submitting such applications based on immigration status.

22. City and State defendants may require Class Members to apply for a SSN to the extent necessary to establish or maintain eligibility for Family Assistance, Federal Medicaid or Food Stamps. City and State defendants may require Class Members to apply for a SSN with the SSA once at the time of an application for Safety Net Assistance. City defendant shall not deny and/or discontinue Safety Net Assistance, and State Medicaid applied for or received in conjunction with Safety Net Assistance, to a Class Member based on a failure to furnish a SSN, so long as the Class Member makes a timely and complete application to SSA for a SSN. If the Class Member cannot obtain

a SSN, a receipt for the application or a letter of denial of an SSN from SSA, then the Class Member may submit to the Job Center an attestation for the purpose of establishing his/her eligibility for Safety Net Assistance and State Medicaid in conjunction with the Safety Net Assistance application describing how s/he applied for an SSN. A copy of the attestation form is attached as Exhibit A. If the Class Member does not present the form attached as Exhibit A, City defendant will provide the Class Member with the form. An application for Safety Net Assistance or State Medicaid made in conjunction with the application for Safety Net Assistance may not be delayed or denied if the Class Member applied for a SSN and cannot get proof from SSA that s/he applied for a SSN and submits the completed attestation. If the Class member makes no attempt to obtain a SSN or does not execute a statement attesting to the Class Member's efforts to apply for one, the application may be denied. If the Class Member's case file indicates a change in the Class Member's immigration status to a qualified status as defined by 8 U.S.C. § 1641(b) or (c), City defendant shall require a Class Member to reapply for a SSN after providing assistance to the extent required by 18 N.Y.C.R.R. § 351.5(a) in obtaining information or documents necessary to apply for a SSN. If a Class Member is otherwise eligible for Food Stamps, but for having furnished a SSN, and the individual is denied a SSN by SSA, City defendant may require the Class Member to reapply for a SSN. City defendant will provide assistance to the applicant to the extent required by 7 C.F.R. § 273.6 and to the extent required by 18 N.Y.C.R.R. § 351.5(a) in obtaining information or documents necessary to apply for a SSN.

23. If a Class Member is eligible for Family Assistance, Safety Net Assistance, Federal Medicaid, State Medicaid and/or Food Stamps, but for any

requirement to apply for or provide a SSN, City defendant shall provide the Class Member with a letter addressed to SSA, in a form approved by State defendants, and shall otherwise assist the Class Member in obtaining information or documents necessary to apply for a SSN to the extent required by 18 N.Y.C.R.R. § 351.5(a) and to the extent required by 7 C.F.R. § 273.6.

24. As described further in this paragraph, defendants shall provide Class Members who apply for public benefits at a Job Center and are denied or have their public benefits discontinued or reduced at a Job Center with notice of the denial, discontinuance and/or reduction of public benefits. Notice, whether issued by City defendant or State defendants, shall be adequate as defined by 18 N.Y.C.R.R. § 358-2.2 and shall be provided within the time frames required by law. Notice, whether issued by City or State defendants, shall include a separate indication of which household members are accepted for public benefits, which household members are denied public benefits, and for which public benefits such household members have been accepted or denied. When City defendant issues such notice, City defendant shall provide notice, in such form(s) for notice as are approved by State defendants, for the denial, discontinuance and/or reduction of public benefits at a Job Center. When State defendants issue such notice, State defendants shall provide Class Members with adequate notice of the denial, discontinuance and/or reduction of assistance based on the information entered into the Welfare Management System (WMS) by City defendant, within the time frames required by law if City defendant entered such information into WMS with sufficient time to cause State defendants' WMS system to issue such notices within the time frames required by law. Nothing in this paragraph relieves City and State defendants from their obligations

to make timely determinations and to provide notice in compliance with the time frames required by law.

25. City defendant agrees to comply with its obligations to the Class pursuant to paragraphs numbered (1) through (6) of the Feb. 16, 2006 Order and paragraphs numbered (1) through (6) of page 76 of the Aug. 29, 2006 Order, which paragraphs are hereby set forth as follows:

February 16, 2006 Order:

- (1) Defendant Verna Eggleston (the “City Defendant”) is ordered to publish, by March 8, 2006, a revised Policy Bulletin concerning the Human Resource [sic] Administration’s (“HRA”) responsibility to undertake a Medicaid Disability Review where necessary to establish eligibility for food stamps. See City Def. Letter Br. dated Feb. 8, 2006 (“City Br.”) at 1; Declaration of Seth Diamond, dated Jan. 24, 2006 (“Diamond Decl.”), at ¶ 4; see also General Information System Message 06MA0005, attached to Defs. Doar and Novello’s Letter Br. dated Feb. 8, 2006 (“State Br.”).
- (2) City Defendant is ordered to modify, by April 28, 2006, HRA’s benefits administration computer system (“POS”) to recognize through a “code” the category of battered aliens who hold an I-130 petition and present proof of domestic violence. See City Br. at 3; Diamond Decl. at ¶ 3.
- (3) City Defendant is ordered to publish, by February 28, 2006, an interim Policy Bulletin directing workers to refer all applications by battered qualified aliens (and PRUCOL aliens, see Diamond Decl. at ¶ 2), to the Job Center’s designated subject matter experts for handling, and to train staff, in March 2006, to comply with this interim Policy Bulletin. See City Br. at 3; Diamond Decl. at ¶ 2.
- (4) City Defendant is ordered to publish, by February 28, 2006, an interim Policy Bulletin that provides instructions on opening the cases of those battered qualified aliens to whom the United States

Custom and Immigration Service (USCIS) will not issue Alien Registration numbers, and to train staff, in March 2006, to comply with this interim Policy Bulletin. See City Br. at 3; Diamond Decl. at ¶ 2.

- (5) City Defendant is ordered to publish, within four weeks of the implementation of the modification to the POS system described in (2), a revised Policy Bulletin concerning the handling of battered qualified aliens and PRUCOL aliens, and, to train staff, during the month following its publication, to comply with the revised Policy Directive. See City Br. 3; Diamond Decl. at ¶ 5.
- (6) City Defendant is ordered to establish, by February 28, 2006, an informal relief system for non-citizen applications, if such, applications are not already covered by other informal relief systems implemented in connection with other litigation, through which Plaintiffs' counsel may contact a designee of City Defendant on behalf of plaintiffs or members of the proposed class whose eligibility has been erroneously assessed. See City Br. at 4.

August 29, 2006 Order:

- (1) An order directing City defendant to correct all errors in its revised policy directives and bulletins regarding Social Security Numbers, and to conduct comprehensive training on these policy directives for all staff involved in eligibility determinations.
- (2) An order directing City defendant to correct errors regarding PRUCOL eligibility in PD-06-24-ELI. See Letter from Scott Rosenberg, Counsel for Plaintiffs, to the Court, dated August 1, 2006.
- (3) An order directing the City to refer all cases involving green card holders who have had their green cards for less than five years to the immigrant liaisons [sic], or in the alternative to train all workers involved in eligibility determinations on how to determine the number of years that an alien has been in qualified status, and to train workers on which dates must be entered into POS and WMS.

- (4) An order directing the City to conduct trainings for all staff who are involved in opening cases for immigrants directly in WMS.
- (5) An order directing the City to issue a policy directive and conduct training on the necessity of providing notices when individuals ask to be added to an existing case, and the need to issue notices listing the individual accepted, those denied public benefits, and the reason for the denial, whenever some members of a household are accepted and others are denied due to immigration status.
- (6) An order directing the City to provide all staff that handle eligibility determinations for proposed Class Members with the same training immigrant liaisons receive.

26. The State defendants agree to comply with their obligations pursuant to paragraphs numbered (1) through (4) of page 76 of the Aug. 29, 2006 Order, which paragraphs are hereby set forth as follows:

- (1) An order directing OTDA to add a second date field to WMS so that the date an immigrant became a qualified alien and the date the immigrant entered the country can both be recorded. An order directing the State to issue instructions explaining the use of these fields and clarifying that time accrued in different alien statuses should be added together to determine eligibility for federal food stamps.
- (2) An order directing OTDA to issue clear and comprehensive instructions on how to open cases for aliens directly in WMS, focusing particularly on multi-suffix cases.
- (3) An order directing OTDA to correct 02-INF-40, which on its face is not sufficient to cause SSA to issue a non-work Social Security Number (SSN) to an immigrant who lacks work authorization.
- (4) An order directing the State to revise its training materials so that they accurately and

comprehensively explain which immigrants are eligible for Federal Medicaid.

27. For the duration of this Stipulation, City defendant shall refer all public benefits applications, recertifications, and discontinuances based on immigration status of battered qualified aliens and PRUCOL aliens who are members of the Class to the Immigrant Liaisons or workers with equivalent training for the handling of that part of the eligibility determination (including applications and recertifications) that is based on immigration status. For the duration of this Stipulation, City defendant shall refer all applications, recertifications, and discontinuances based on immigration status of lawful permanent residents who have been in that status for less than five years who are members of the Class to workers with training equivalent to that provided to the Immigrant Liaisons for the handling of that part of the eligibility determination (including applications and recertifications) that is based on immigration status. City defendant shall conduct periodic reinforcement training for front line workers on such referrals.

28. Within sixty (60) days of the Effective Date of this Stipulation, City defendant shall issue a policy directive or bulletin reinforcing the instruction that a true copy of all documents related to immigration status presented by a Class Member, or a person acting on their behalf, to a Job Center in connection with an application for or receipt of Family Assistance, Safety Net Assistance, Federal Medicaid, State Medicaid, and/or Food Stamps shall be included in the Class Member's file through such means as City defendant determines in her discretion are appropriate for such retention including but not limited to scanning, imaging, or copying.

29. City defendant shall maintain an informal relief system established pursuant to paragraph (6) of the Court's Feb. 16, 2006 Order for the duration of this

Stipulation (“Informal Relief”). In the case of an applicant for Informal Relief, submission of a document to a Job Center may be demonstrated by presentation of a copy of the document faxed to the Job Center together with a fax confirmation indicating receipt of all pages faxed to the Job Center. Any requests for Informal Relief should be addressed to the attention of M.K.B. v. Eggleston Informal Relief, at the HRA Office of Legal Affairs or such other office that City defendant designates. Plaintiffs and City defendant shall each maintain a single point of contact for the submission and processing of M.K.B. v. Eggleston Informal Relief requests.

30. When Family Assistance or Safety Net Assistance for a Class Member is denied or discontinued at a Job Center based on immigration status, City defendant shall enter a computer code that indicates the denial or discontinuance is based on immigration status and that causes the case to be referred for a separate determination for Medicaid.

Training

31. City defendant shall conduct periodic additional training regarding the policy directive or bulletin described in ¶ 28 supra for all personnel at a Job Center who receive documents pertinent to Class Members’ eligibility for public benefits.

32. On or before sixty (60) days after the Effective Date of this Stipulation, City defendant shall train one hundred and fifty (150) Immigrant Liaisons. If City defendant’s failure to meet the time frame set forth in this paragraph is solely due to the State defendant(s)’ failure to take timely action to approve or modify City defendant’s materials necessary for training, plaintiffs will not seek relief against City defendant regarding the provisions of this paragraph.

33. On or before sixty (60) days after the Effective Date of this Stipulation, City defendant shall develop appropriate curricula and training on (i) immigrant status recognition and the documentation relevant to the immigrant status, and (ii) eligibility of Class Members for public benefits, including SSN related requirements. City defendant will deliver training on these topics to all staff who handle the part of eligibility determinations (including applications and recertifications) that is based on immigration status for Class Members. The full elements of the curriculum will be incorporated into “new hire” training for all staff who handle the part of eligibility determinations (including applications and recertifications) that is based on immigration status for Class Members. City defendant will conduct periodic reinforcement training on (i) immigrant status recognition and the documentation relevant to the immigrant status, and; (ii) eligibility of Class Members for public benefits, including SSN related requirements. If City defendant’s failure to meet the time frame set forth in this paragraph is solely due to the State defendants’ failure to take timely action to approve or modify City defendant’s materials necessary for training, plaintiffs will not seek relief against City defendant regarding the provisions of this paragraph.

Retroactive Relief

34. On or before ninety (90) days after the Effective Date of this Stipulation, City defendant shall identify all Class Members (i) whose application at a Job Center as reflected in computer records concerning them and/or any other Class member in their mandatory filing unit for Family Assistance and/or Safety Net Assistance, and any application for Federal Medicaid, State Medicaid, and/or FAP benefits made in conjunction with an application for Family Assistance and/or Safety Net Assistance, was denied, and/or whose assistance under those programs was discontinued, based on

immigration status, between December 13, 2002 and the Effective Date of this Stipulation, or in the case of FAP benefits, whose FAP application was denied or whose FAP benefits were discontinued between December 13, 2002 and September 30, 2005, and (ii) whose application for Food Stamps at a Job Center as reflected in computer records concerning them and/or any other Class member in their mandatory filing unit was denied, and/or whose Food Stamps were discontinued, based on immigration status between December 13, 2004 and the Effective Date of this Stipulation. A Class Member who applied for Food Stamps shall be deemed to have applied for FAP benefits. The list of Class Members identified pursuant to this paragraph shall be generated only by means of an automated retrieval.

35. Within five (5) days of identifying Class Members pursuant to ¶ 34 supra, City defendant shall provide plaintiffs' counsel: (i) a detailed description of the methodology used to identify Class Members pursuant to ¶ 34 supra, including any and all computer codes, such as Alien Citizenship Indicator ("ACI") codes, Reason Denial Codes and/or WMS Error Codes, if any, used, and; (ii) a list of all Class Members identified using the methodology. If plaintiffs dispute the methodology or require more information regarding the methodology, they shall notify the defendants in writing within fourteen (14) days of receipt of the methodology. The parties shall meet and confer within seven (7) business days of plaintiffs' counsel's notification. If the parties are unable to resolve the dispute, plaintiffs may seek appropriate relief from the Court within ten (10) business days, or such additional period as the parties may agree to. After the list of Class Members is finalized pursuant to this paragraph, City defendant shall promptly provide the list to plaintiffs' counsel and State defendants.

36. On or before forty-five (45) days after the creation of the final list of Class Members pursuant to §§ 34 and 35 supra, City defendant shall identify, from among the Class Members identified pursuant to §§ 34 and 35 supra, those Class Members whose U.S. citizen children were accepted for or receiving Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, and/or State Medicaid at a Job Center, but the Class Member was not accepted for Family Assistance, Safety Net Assistance, Federal Medicaid, and/or State Medicaid based on immigration status. After City defendant finalizes the list of Class Members identified pursuant to this paragraph, City defendant shall promptly provide the list to plaintiffs' counsel and State defendants.

37. If the Class Member identified pursuant to § 36 supra was eligible for Family Assistance or Safety Net Assistance at the time the U.S. citizen child was accepted, and the Class Member is currently in receipt of Family Assistance or Safety Net Assistance, then City defendant will reverse the determination and issue retroactive Family Assistance or Safety Net Assistance in the amount necessary to provide the Class Member with the amount of Family Assistance or Safety Net Assistance that the Class Member would have received but for the failure to accept the Class Member for assistance based on immigration status, but not for any period prior to December 13, 2002. If the Class Member is not currently in receipt of Family Assistance or Safety Net Assistance, or currently remains excluded from the grant providing assistance to her U.S. citizen child(ren), then the procedure in § 49 infra will apply. City defendant will issue a notice to Class Members informing them of the outcome of the redetermination of their public benefits made pursuant to this paragraph. Copies of these notices are attached as Exhibit B1 and Exhibit B2. A copy of the Insert attached as Exhibit I will be sent with

Exhibits B1 and B2. In any review conducted pursuant to this paragraph, City defendant shall determine whether the Class Member identified pursuant to ¶ 36, or any other Class Member(s) in the Mandatory Filing Unit: (i) is eligible for retroactive Food Stamps, and if so, shall issue retroactive Food Stamps back to no earlier than December 13, 2004, and (ii) was eligible for FAP at any time between December 13, 2002 and September 30, 2005, and if so, will provide such Class Member with a payment from non-welfare funds in the amount of fifty percent (50%) of the benefit the Class Member would have received under the FAP program. City defendant will issue a notice to Class Members informing them of the outcome of the FAP review. A copy of this notice is attached as Exhibit C. A copy of the Insert attached as Exhibit I will be sent with Exhibit C.

38. If City defendant determines that a Class Member identified in ¶ 36 is eligible for retroactive Family Assistance or Safety Net Assistance pursuant to ¶ 37, City defendant will determine that the Class Member is eligible to have medical bills for services provided by Medicaid incurred during the retroactive Family Assistance or Safety Net Assistance eligibility period and, if the Class Member is financially eligible, also for the three month period preceding the month of application (collectively “Medicaid Retroactive Period A”), paid through the Medicaid program for Federal Medicaid or State Medicaid, unless City defendant determines that the Class Member: a. received Medicaid during Medicaid Retroactive Period A based on a separate application for Medicaid-only; or b. previously submitted medical bills for reimbursement pursuant to the final order in Aliessa v. Novello, Index No.403748/98 (Sup Ct., N.Y. Co.) and the medical bills for which reimbursement is sought in this action were or could have been submitted for reimbursement at the same time the Class Member submitted medical bills

for reimbursement pursuant to Aliessa v. Novello. A Class Member eligible for retroactive Family Assistance or Safety Net Assistance pursuant to ¶ 37 who made a subsequent separate application for Medicaid during Medicaid Retroactive Period A that was denied by City defendant's Medical Insurance and Community Service Administration ("MICA") for reasons other than immigration status, is eligible to have medical bills paid through the Medicaid program that were incurred during Medicaid Retroactive Period A until three-months before the month the subsequent separate Medicaid application was denied for reasons other than immigration status. The notice sent to Class Members pursuant to ¶ 37 (Exhibits B1 and B2) shall indicate whether the Class Member has been found eligible to have medical bills for services provided by Medicaid incurred during Medicaid Retroactive Period A paid through the Medicaid program and shall instruct Class Members who may have such medical bills paid by Medicaid how to submit such medical bills to City defendant for payment.

39. If City defendant determines that a Class Member identified in ¶ 36 is not eligible for retroactive Family Assistance or Safety Net Assistance pursuant to ¶ 37, the case shall be referred for a separate determination of Federal Medicaid or State Medicaid using the application date of the citizen child as the application date for Medicaid. If, when making the separate determination, City defendant determines that the Class Member would have been found eligible for Medicaid had a separate determination been made at the time the application of the citizen child for Family Assistance or Safety Net Assistance was accepted, City defendant will determine that the Class Member is eligible to have medical bills for services provided by Medicaid incurred during any period after the application date during which the Class Member is

otherwise eligible and, if the Class Member is financially eligible, also for the three month period preceding the month of application (collectively “Medicaid Retroactive Period B”), paid through the Medicaid program for Federal Medicaid or State Medicaid, unless City defendant determines that the Class Member: (a) received Medicaid during Medicaid Retroactive Period B based on a separate application for Medicaid-only; or (b) previously submitted medical bills for reimbursement pursuant to the final order in Aliessa v. Novello, and the medical bills for which reimbursement is sought in this action were or could have been submitted for reimbursement at the same time the Class Member submitted medical bills for reimbursement pursuant to Aliessa v. Novello. A Class Member who would have been found eligible for Medicaid had a separate determination been made at the time the application of the citizen child for Family Assistance or Safety Net Assistance was accepted, who made a subsequent separate application for Medicaid during Medicaid Retroactive Period B that was denied by MICSA for reasons other than immigration status, is eligible to have medical bills paid through the Medicaid program that were incurred during Medicaid Retroactive Period B until three months before the month the subsequent separate Medicaid application was denied for reasons other than immigration status. City defendant will issue a notice to Class Members whose cases are reviewed under this paragraph which shall indicate whether the Class Member has been found eligible to have bills for services provided by Medicaid incurred during Medicaid retroactive period B paid through the Medicaid program and shall instruct Class Members who may have such bills paid by Medicaid how to submit such bills to City defendant for payment. A copy of this notice is attached as Exhibit D. A copy of the Insert attached as Exhibit I will be sent with Exhibit D.

40. On or before forty-five (45) days after the creation of the final list of Class Members pursuant to §§ 34 and 35 supra, City defendant shall identify, from among the Class Members identified pursuant to §§ 34 and 35 supra, those Class Members who were battered qualified aliens at the time of application or Lawful Permanent Residents who had been in that status for less than five years at the time of application whose non citizen children (under 18 at any time during the retroactive period) were not accepted for Food Stamps based on immigration status. If the failure to accept those children for Food Stamps was incorrect, City defendant will reverse the determination and issue retroactive Food Stamps in the amount necessary to provide the Class Member with the amount of Food Stamps that the Class Member would have received on behalf of those children but for the failure to accept those children for Food Stamps based on immigration status, but not for any period prior to December 13, 2004. In any review conducted pursuant to this paragraph, City defendant shall determine whether the Class Member, or any other Class member who is part of the Mandatory Filing Unit: (i) is eligible for retroactive Family Assistance or Safety Net Assistance, and if so, shall follow the procedure set forth for the provision of retroactive Family Assistance or Safety Net Assistance set forth in § 37, (ii) if not already reviewed for retroactive Food Stamps pursuant to this paragraph, is eligible for retroactive Food Stamps, and if so, shall issue retroactive Food Stamps back to no earlier than December 13, 2004, (iii) was eligible for FAP at any time between December 13, 2002 and September 30, 2005, and if so, will provide such Class Member with a payment from non-welfare funds in the amount of fifty percent (50%) of the benefit the Class Member would have received under the FAP program and (iv) is eligible for retroactive Medicaid

in accordance with the procedures set forth in §§ 38 and 39. City defendant will issue a notice to Class Members informing them of the outcome of the redetermination of their public benefits made pursuant to this paragraph, copies of which are attached as Exhibits B1, B2 and C. After City defendant finalizes the list of Class Members identified pursuant to this paragraph, City defendant shall promptly provide the list to plaintiffs' counsel and State defendants.

41. For all Class Members identified pursuant to §§ 36 and 40 supra, City defendant shall determine whether (i) their case files contain immigration documentation demonstrating I-130, K or V visa status; or (ii) their case files do not contain immigration documentation sufficient to determine whether the Class Member may be eligible for retroactive assistance pursuant to §§ 37 and 40 supra; or (iii) their case files do not contain financial information sufficient to determine the amount of retroactive payments, if any, for which the Class Member may be eligible pursuant to §§ 37 and 40 supra. For each such Class Member, City defendant shall send a notice to all Class Members, attached hereto as Exhibit E, informing Class Members of their opportunity to prove their eligibility for retroactive relief or payments. City defendant will schedule an appointment for such Class Members in connection with redeterminations pursuant to this paragraph. A copy of the Insert attached as Exhibit I will be sent with Exhibit E. If the Class Member does not attend this appointment or reschedule it, the Class Member shall be entitled to receive retroactive benefits based only on information contained in the case file. City defendant shall complete any redetermination pursuant to this paragraph within ninety (90) days of the date of the appointment or the date the Class Member submits all necessary documents, whichever is later. All determinations made pursuant

to §§ 37-40 shall be completed within twenty-one (21) months of the identification of Class Members pursuant to §§ 36 and 40.

42. City defendant will issue a notice, a copy of which is attached hereto as Exhibit F, based on a schedule of mailing one twelfth of the total number of Exhibit F notices every thirty (30) days, beginning six months after Class Members are identified pursuant to §§ 36 and 40 supra. A copy of the Insert attached as Exhibit I will be sent with Exhibit F. City defendant will send Exhibit F to all Class Members identified pursuant to §§ 34 and 35, who are not identified pursuant to §§ 36, 40 and 45. Such notice will inform them of their right to request a redetermination of their eligibility for Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, and/or State Medicaid. The deadline for Class Members to request such a redetermination shall be one (1) year from the date of the mailing of the Class Member's Exhibit F notice. City defendant will issue a notice, attached hereto as Exhibit G, to all Class Members who timely request a redetermination in response to Exhibit F. A copy of the Insert attached as Exhibit I will be sent with Exhibit G. A Class Member who timely requests such a redetermination in response to the Exhibit F notice must attend an appointment in connection with such redetermination as required by City defendant. If the Class Member does not attend this appointment or attend any rescheduled appointment, the Class Member shall not be entitled to receive retroactive benefits pursuant to this Stipulation. City defendant shall complete any redetermination requested by a Class Member pursuant to this paragraph within ninety (90) days of the date the redetermination is requested or the date the Class Member submitted all necessary documents, whichever is later. If it is determined that the Class Member's application for

Family Assistance or Safety Net Assistance was erroneously denied, or such benefits were erroneously discontinued, based on immigration status, and the Class Member is currently in receipt of such benefits, City defendant will reverse the determination and issue retroactive benefits in the amount necessary to provide the Class Member with the amount of benefits that the Class Member would have received but for the erroneous denial or discontinuance based on immigration status, but not for any period prior to December 13, 2002. If it is determined that the Class Member's application for Food Stamps was erroneously denied, or such benefits were erroneously discontinued, based on immigration status, City defendant will reverse the determination and issue retroactive Food Stamps in the amount necessary to provide the Class Member with the amount of Food Stamps the Class Member would have received but for the erroneous denial or discontinuance based on immigration status, but not for any period prior to December 13, 2004. City defendant shall apply the provisions of §§ 43 and 44 infra, when considering the eligibility for Federal Medicaid or State Medicaid of Class Members who respond to the Exhibit F notice. If the Class Member is not currently in receipt of Family Assistance or Safety Net Assistance, then the procedure in § 49 infra will apply. City defendant will issue a notice to Class Members informing them of the outcome of the redetermination of their public benefits made pursuant to this paragraph. Copies of these notices are attached as Exhibits B1 and B2.

43. If City defendant determines that a Class Member who responds to the Exhibit F notice is eligible for retroactive Family Assistance or Safety Net Assistance, City defendant will determine that the Class Member is eligible to have medical bills for services provided by Medicaid incurred during the retroactive Family Assistance or

Safety Net Assistance eligibility period and, if the Class Member is financially eligible, also for the three-month period preceding the month of application (collectively “Medicaid Retroactive Period C”), paid through the Medicaid program for federal Medicaid or state Medicaid, unless City defendant determines that the Class Member: (a) received Medicaid during Medicaid Retroactive Period C based on a separate application for Medicaid-only; or (b) previously submitted medical bills for reimbursement pursuant to the final order in Aliessa v. Novello, and the medical bills for which reimbursement is sought in this action were or could have been submitted for reimbursement at the same time the Class Member submitted medical bills for reimbursement pursuant to Aliessa v. Novello. A Class Member eligible for retroactive Family Assistance or Safety Net Assistance pursuant to the review authorized by ¶ 42 who made a subsequent separate application for Medicaid during Medicaid Retroactive Period C that was denied by MICSA for reasons other than immigration status, is eligible to have medical bills paid through the Medicaid program that were incurred during Medicaid Retroactive Period C until three months before the month the subsequent separate Medicaid application was denied for reasons other than immigration status. The notice sent to Class Members pursuant to ¶ 42 (Exhibits B1 and B2) shall indicate whether the Class Member has been found eligible to have medical bills for services provided by Medicaid incurred during Medicaid Retroactive Period C paid through the Medicaid program and shall instruct Class Members who may have such medical bills paid by Medicaid how to submit such medical bills to City defendant for payment.

44. If City defendant determines that a Class Member who responds to the Exhibit F notice is not eligible for retroactive Family Assistance or Safety Net

Assistance, the case shall be referred for a separate determination of federal Medicaid or state Medicaid using the date the Class Member applied at a Job Center for public benefits as the application date for Medicaid. If the notice after the review described in ¶ 42, supra, (Exhibits B1 and B2) informs the recipient that after review no other public benefits are being provided to the recipient, the notice shall inform the recipient that a separate review of the Class Member's retroactive Medicaid eligibility will be made by City defendant. If, when making the separate determination, City defendant determines that the Class Member would have been found eligible for Medicaid had a separate determination of Medicaid eligibility been made at the time the Job Center application for other public benefits was denied, City defendant will determine that the Class Member is eligible to have medical bills for services provided by Medicaid incurred during any period after the Class Member's application date during which the Class Member is otherwise eligible for Medicaid and, if the Class Member is financially eligible for Medicaid, also for the three-month period preceding the month of application (collectively "Medicaid Retroactive Period D"), paid through the Medicaid program for federal Medicaid or state Medicaid, unless City defendant determines that the Class Member: (a) received Medicaid during Medicaid Retroactive Period D based on a separate application for Medicaid-only; or (b) previously submitted medical bills for reimbursement pursuant to the final order in Aliessa v. Novello, and the medical bills for which reimbursement is sought in this action were or could have been submitted for reimbursement at the same time the Class Member submitted medical bills for reimbursement pursuant to Aliessa v. Novello. A Class Member who would have been found eligible for Medicaid had a separate determination been made at the time the Job

Center application for other public benefits was denied, who made a subsequent separate application for Medicaid during Medicaid Retroactive Period D that was denied by MICSA for reasons other than immigration status, is eligible to have medical bills paid through the Medicaid program that were incurred during Medicaid Retroactive Period D until three-months before the month the subsequent separate Medicaid application was denied for reasons other than immigration status. City defendant will issue a notice to Class Members whose cases are reviewed under this paragraph which shall indicate whether the Class Member has been found eligible to have bills for services provided by Medicaid incurred during Medicaid Retroactive Period D paid through the Medicaid program and shall instruct Class Members who may have such bills paid by Medicaid how to submit such bills to City defendant for payment. A copy of this notice is attached as Exhibit D. A copy of the Insert attached as Exhibit I will be sent with Exhibit D.

45. From among all Class Members identified pursuant to ¶¶ 34 and 35 supra, City defendant shall identify all battered qualified aliens, and lawful permanent residents who were 60 years of age or older when they applied for assistance, who received Family Assistance, Safety Net Assistance, Federal Medicaid, or State Medicaid between December 13, 2002 and September 30, 2005, but who did not receive Food Stamps or state food assistance benefits during that same period. City defendant shall send the Exhibit H notice on the same schedule as the Exhibit F notice is provided pursuant to ¶ 42 supra, to all Class Members identified pursuant to this paragraph. A copy of the Insert attached as Exhibit I will be sent with Exhibit H. The deadline for Class Members to request a redetermination of their benefits shall be one (1) year from the date of the mailing of the Class Member's Exhibit H notice. City defendant will issue

a notice, attached hereto as Exhibit G, to all Class Members who timely request a redetermination in response to Exhibit H. A Class Member who timely requests such a redetermination in response to the Exhibit H notice must attend an appointment in connection with such redetermination as required by City defendant. If the Class Member does not attend this appointment or attend any rescheduled appointment, the Class Member shall not be entitled to receive retroactive benefits pursuant to this Stipulation. City defendant will review the eligibility of all Class Members who timely respond for retroactive Family Assistance, Safety Net Assistance, Food Stamps and for a payment in the amount of fifty percent (50%) of the benefit the Class Member would have received under the FAP program. City defendant will also review the eligibility of all Class Members who timely respond for retroactive Federal and State Medicaid in accordance with the procedures set forth in §§ 43 and 44. City defendant shall complete any redetermination requested by a Class Member pursuant to this paragraph within ninety (90) days of the date the redetermination is requested or the date the Class Member submitted all necessary documents, whichever is later. If it determined that the Class Member is eligible for retroactive Family Assistance, Safety Net Assistance, Federal Medicaid, State Medicaid or Food Stamps, City defendant shall issue such retroactive benefits in the amount the Class Member would have received but for any erroneous denial or discontinuance based on immigration status. If a Class Member who timely responds to the Exhibit H notice is determined to have been eligible for FAP benefits during the retroactive period, but did not receive FAP benefits based on immigration status, City defendant will provide such Class Member with a payment from non-welfare funds in the amount of fifty percent (50%) of the benefit the Class Member

would have received under the FAP program, but not for any period prior to December 13, 2002. City defendant will issue a notice to Class Members informing them of the outcome of the redetermination of their benefits made pursuant to this paragraph. Copies of these notices are attached as Exhibits B1, B2 and C. After City defendant finalizes the list of Class Members identified pursuant to this paragraph, City defendant shall promptly provide the list to plaintiffs' counsel.

46. If any notice mailed to a Class Member pursuant to ¶¶ 37-45 supra is returned as undeliverable, City defendant shall retain a "People Locator" service for the purpose of finding a current address for that Class Member. City defendant shall mail a second notice to any Class Member for whom the People Locator provides a different address.

47. All eligibility determinations made by HRA Family Independence Administration pursuant to ¶¶ 37-45 supra shall be performed by personnel with training equivalent to that of an Immigrant Liaison. Starting thirty (30) days after City defendant begins making retroactive determinations pursuant to this Stipulation, and every thirty (30) days thereafter, City defendant will provide plaintiffs' counsel with a copy of all such determinations made during the relevant thirty day period. A Class Member who is denied retroactive relief for Family Assistance, Safety Net Assistance, Medicaid and/or Food Stamps, or who disputes the amount of such relief or payment may challenge the determination in a fair hearing. A Class Member who is denied a retroactive payment in lieu of State Food Assistance Program benefits, or who disputes the amount of such payment may challenge the determination by seeking informal relief through the M.K.B.

v Eggleston Informal Relief process (supra ¶ 29.) The informal relief determination is a final determination by City defendant but is not reviewable in a fair hearing.

48. For the purpose of eligibility determinations made pursuant to ¶¶ 37-45 supra the following shall apply:

a. Any Class Member, whose application was not completed and/or for whom all necessary documentation was not copied or scanned into POS at the time of application, will be given an opportunity to provide information and/or documentation proving his or her eligibility as of the date of the original application or discontinuance.

b. Class Members will not be required to come into a Job Center to resubmit information if that information is already contained within POS or otherwise in their public benefits case file.

c. If a Class Member is required to attend an appointment in connection with the determination of his or her eligibility for or receipt of retroactive benefits, the Class Member will be given an appointment date and an opportunity to reschedule the appointment. If the Class Member does not attend the appointment or reschedule it, then City defendant will make a determination of eligibility for retroactive benefits based on information contained in the Class Member's case file.

d. City defendant will determine a Class Member's eligibility for retroactive relief based on eligibility rules applicable during the period for which the retroactive relief is determined.

49. For Class Members who have been determined eligible for retroactive Family Assistance or Safety Net Assistance pursuant to §§ 37, 40, 41, 42 or 45 supra, and who, as of the date of the retroactive determination: (i) do not have an active Family Assistance or Safety Net Assistance case, or (ii) are not on the active assistance case of their citizen children, the following procedures will apply:

a. If the Class Member did not previously receive public benefits:

(i) If the Class Member seeks ongoing Family Assistance or Safety Net Assistance benefits as well as retroactive benefits, City defendant will conduct a complete application process. If the Class Member is found currently eligible for Family Assistance or Safety Net Assistance benefits, the Class Member shall be paid ongoing and retroactive benefits. If the Class Member is found not currently eligible, an underpayment correction credit shall be issued. Such underpayment correction credit shall be usable if and when the Class Member is found eligible for Family Assistance or Safety Net Assistance in the future. City defendant shall keep a computerized record of any underpayment correction credit issued pursuant to this Stipulation.

(ii) If the Class Member does not attend the appointment or attend on any rescheduled date, or does not seek ongoing Family Assistance or Safety Net Assistance benefits, an underpayment correction credit shall be issued. Such underpayment correction credit

shall be usable if and when the Class Member is found eligible for Family Assistance or Safety Net Assistance in the future.

b. If the Class Member previously received Family Assistance or Safety Net Assistance benefits:

(i) If the Class Member seeks only retroactive relief, City defendant will only verify information relevant to current financial eligibility for Family Assistance or Safety Net Assistance benefits. Such Class Members will not be required to re-verify items already on file, and will not be required to participate in orientation or other “up front” activities (except finger imaging for purposes of verifying identity). If found currently financially eligible, the Class Member will be paid the retroactive relief or payment. If the Class Member is found not currently financially eligible, an underpayment correction credit shall be issued. Such underpayment correction credit shall be usable if and when the Class Member is found eligible for Family Assistance or Safety Net Assistance in the future.

(ii) If the Class Member seeks ongoing Family Assistance or Safety Net Assistance benefits as well as retroactive benefits, City defendant will conduct a complete application process. If the Class Member is found currently eligible for Family Assistance or Safety Net Assistance benefits, the Class Member shall be paid ongoing and retroactive benefits. If found not currently eligible, an underpayment correction credit shall be issued. Such underpayment correction credit

shall be usable if and when the Class Member is found eligible for Family Assistance or Safety Net Assistance in the future.

c. As of the date of the determination made pursuant to §§ 37, 40, 41, 42 or 45 supra, if the children or sibling of the Class Member have an active Family Assistance or Safety Net Assistance case but the Class Member is currently not on the case, the Class Member shall be added to the active case and retroactive relief shall be provided in the amount necessary to provide the household with the amount of Family Assistance or Safety Net Assistance that the household would have received but for the failure to include the Class Member in the assistance unit, but not for any period prior to December 13, 2002.

City Monitoring and Quality Assurance

50. For purposes of this Stipulation, the term “the A Period” shall refer to the first six months of each year starting on the Effective Date of this Stipulation. The term “the B Period” shall refer to the second six months of each year after the Effective Date of this Stipulation.

51. Semiannually, City defendant will review a random sample of 150 public benefits cases drawn as described below. The first semiannual review shall be drawn from applications and undercare cases, including requests to be added to existing cases, filed at Job Centers during the A Period of each year; the second semiannual review shall be drawn from applications and undercare cases, including requests to be added to existing cases, filed at Job Centers during the B Period of each year.

a. 50 applications on which a final determination was made during the relevant period to a Job Center in which at least one household member was assigned an Alien Citizenship Indicator (“ACI”) code of (1) B (Battered

Qualified Alien), (2) O (PRUCOL), (3) K or S (LPR) who has under five years of qualifying status, or (4) Blank, E, or 9.

b. 50 undercare cases in which at least one household member is assigned an ACI code of (1) B (Battered Qualified Alien), (2) O (PRUCOL), (3) K or S (LPR), or (4) Blank, E, or 9, in which an action to discontinue or reduce Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, or State Medicaid was made during the relevant period at a Job Center based on codes indicating that the determination was based on the immigration status (excluding codes relating to SSN issues). All parties will meet and confer regarding the codes to be used pursuant to this paragraph.

c. 25 undercare cases (not included among the 50 undercare cases in ¶ 51(b) supra) in which an action to discontinue, or reduce Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, or State Medicaid was made during the relevant period at a Job Center based on the failure to furnish a Social Security number (SSN) regarding a household member who was assigned an ACI code of (1) B (Battered Qualified Alien), (2) O (PRUCOL), (3) K or S (LPR), or (4) Blank, E, or 9.

d. 25 applications (not included among the 50 applications in ¶ 51(a) supra) in which at least one household member was assigned an ACI code of (1) B (Battered Qualified Alien), (2) O (PRUCOL), (3) K or S (LPR) who also has under five years of qualifying status, (4) Blank, E, or 9, in which a determination to deny both Family Assistance and Safety Net Assistance was made during the relevant period at a Job Center based on codes indicating that the

determination was based on immigration status that trigger a separate determination for Medicaid. All parties will meet and confer regarding the codes to be used pursuant to this paragraph.

e. The strata will be defined, if feasible, by a two-way classification according to (1) status of the application (e.g., denied vs. accepted, denied for certain codes or not, denied for given types of benefits or not denied), and (2) four Alien Citizenship Indicators, grouped as identified above as (1) through (4).

52. For each application and undercare case action reviewed pursuant to ¶ 51 supra, City defendant will determine, based on all documents in the case file at the time of each determination:

a. whether each Class Member in the household was eligible for Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, or State Medicaid at the time of the determination based on immigration status;

b. whether each Class Member in the household was accepted or denied for Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, or State Medicaid at the time of the determination based on immigration status;

c. whether, in the case of applications for Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, and/or State Medicaid, the provision of benefits was delayed beyond the statutory time frame for making a decision on the person's application, denied, or not accepted because the case "errored out" in WMS.

d. in the case of actions based on failure to furnish a SSN, whether the Class Member was required to furnish a SSN as a condition of receiving the benefits that were denied, discontinued, or reduced at the time of the determination; and if so, whether the Class Member was furnished a letter that complies with ¶ 23 supra and was provided with assistance in applying for a SSN as required by this Stipulation.

e. whether adequate notice of the acceptance, denial, discontinuance and/or reduction of Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, or State Medicaid was provided in the manner required by this stipulation and within the time frames required by law for each determination.

53. If City defendant determines that an error based on immigration status was made in a case reviewed, it shall correct the error within 15 days. An “error type” refers to an error occurring within one of the strata defined in ¶ 51. If City defendant determines that the same type of error based on immigration status occurred in three or more cases reviewed during a Period, then it shall conduct reinforcement training in the affected Job Centers and/or, if necessary, shall correct any policy or procedure responsible in whole or in part for the errors. If City defendant’s position is that the error is caused by a policy or procedure of the State defendants, City defendant will notify State defendants and plaintiffs. If the State defendant in receipt of such a request agrees with City defendant, the State defendant shall modify its policy.

City Reporting

54. Within 90 days after the end of each Period, except for the last report which shall be due 60 days after the end of the final Period, City defendant shall report

the results of the reviews and determinations made pursuant to §§ 51, 52 and 56 to plaintiffs' counsel. The reports shall include identification of all cases reviewed pursuant to § 51 supra, and for each case, all information determined pursuant to § 52 supra.

55. Upon reasonable notice, City defendant will make the files reviewed by City defendant pursuant to §§ 51-52 available for inspection by plaintiffs' counsel, including but not limited to: WMS Budget Print outs, WMS Benefits History Screens, NYCWAY screens, POS screens relevant to immigration status, POS case comments, and Application Print Outs.

56. As set forth in § 54, City defendant shall submit a report to plaintiffs' counsel indicating:

- a. the total number of applications or cases in each of the categories (a) through (d) in § 51 supra, broken down by Job Center and by ACI Code;
- b. the total number of applications in category (a) in § 51 supra, in which the application was one made to add a Class Member to an existing Family Assistance, Safety Net Assistance, Food Stamps, Federal Medicaid, or State Medicaid case, broken down by Job Center and by ACI Code;
- c. the total number of applications in category (d) in § 51 supra, in which the application was accepted and denied for Medicaid based on immigration status.
- d. the total number of active undercare cases in which one household member is assigned an Alien Citizenship Indicator ("ACI") code of B

(Battered Qualified Alien), O (PRUCOL), K or S (LPR), or Blank, as of the last date of the relevant period.

57. Upon reasonable written notice by plaintiffs, within 30 days after the receipt of each semi-annual report, the plaintiffs may request a randomly drawn sample of a total of 15 applications and 15 undercare cases (occurring only at Job Centers) in which one or more household members have an ACI code of A, E, F, G, H, J, M, N, R, T, or V, for the purpose of evaluating whether such persons are Class Members in this action. After the first report is provided, or such other period as the parties may agree to, the parties will negotiate a threshold number of such misclassified persons that will require reinforcement training regarding the proper use of the ACI codes.

58. After drawing the cases as described in ¶ 51 supra, City defendant shall run the case numbers against the data contained in the Fair Hearing Information System (“FHIS”). If a fair hearing was requested, or a decision after fair hearing was rendered during the A Period or B Period being reviewed, City defendant will discard that case and draw another case of the same type so that the universe of cases consists of cases with no fair hearing requests or decisions pending or decisions after fair hearings rendered equal to the numbers in the four categories listed in ¶ 51(a)-(d).

59. City defendant shall inform counsel for all parties about the cases excluded from the list of cases reviewed pursuant to ¶ 58 supra, including the case number, fair hearing number, and sufficient identifying information to allow plaintiffs’ counsel to investigate the case and pursue remedies as plaintiffs’ counsel deems appropriate. At the same time City defendant reports pursuant to ¶ 54 infra, City

defendant shall provide plaintiffs' counsel with the complete case files, including all information referred to in ¶ 55, of all cases excluded from the sample pursuant to ¶ 58.

State Monitoring and Quality Assurance

60. Semiannually, OTDA shall review one out of every four cases reviewed by City defendant, up to a maximum of 37 cases, during the A Period and the B Period, respectively, pursuant to ¶ 51 supra. An “independently” determined review is one that is conducted de novo and in which the state reviewer does not have access to the result of City defendant's monitoring determinations pursuant to ¶¶ 52 and 53. For each case reviewed, OTDA shall determine, independently of City defendant, whether any member of the applicant household should have been categorized as a recipient of Family Assistance or Food Stamps. OTDA shall review whether persons to whom City defendant furnished Safety Net Assistance should have received ACI codes B, K or S. If OTDA determines that an error was made in a case reviewed and City defendant has not corrected the error, then it shall issue a directive to City defendant requiring City defendant to correct the identified error within fifteen (15) business days after receipt of the directive from OTDA. If OTDA determines that a policy of City defendant may have led to the errors found in cases reviewed by OTDA, OTDA shall notify City defendant of its determination and shall direct City defendant to take corrective action. If, upon receipt of such a directive, City defendant believes that a policy of OTDA governing the administration of Family Assistance or Food Stamps results in the error, City defendant shall notify OTDA of its belief, and if OTDA agrees with City defendant, OTDA shall modify its policy. If OTDA determines that the same type of errors occurred in three or more cases reviewed during a Period, then OTDA shall determine whether City defendant has conducted reinforcement training in the affected Job Centers and/or, if

necessary, whether City defendant has corrected any policy or procedure responsible in whole or in part for the errors. If City defendant has not undertaken such actions, then OTDA shall direct City defendant to conduct reinforcement training in the affected Job Centers and/or, if necessary, to correct any policy or procedure responsible in whole or in part for the errors.

61. Semiannually, SDOH shall review 15 applications made by Class Members and reviewed by City defendant pursuant to ¶ 51(d) in which a determination to deny Family Assistance or Safety Net Assistance was made at a Job Center during the A Period or the B Period based on a reason code indicating that the determination was based on immigration status, and where the application was subsequently referred for separate determination of Medicaid eligibility. For each application reviewed, SDOH shall determine, independently of City defendant, whether any member of the applicant household should have been categorized as a recipient of federally participating Medicaid, or a recipient of State-funded Medicaid with ACI codes of B, K or S. (See earlier definition of “independently.”) If SDOH determines that a policy of City defendant may have led to the errors found in cases reviewed by SDOH, SDOH shall notify City defendant of its determination and shall direct City defendant to take corrective action. If, upon receipt of such a directive, City defendant believes that a policy of SDOH governing the administration of Federal Medicaid results in the error, City defendant shall notify SDOH of its belief and if SDOH agrees with City defendant, SDOH shall modify its policy. If SDOH determines that an error was made in a case reviewed and City defendant has not corrected the error, then it shall issue a directive to City defendant requiring City defendant to correct the error within 15 business days. If

SDOH determines that the same type of error occurred in three or more cases reviewed during a Period, then SDOH shall determine whether City defendant has conducted necessary reinforcement training and/or, if necessary, whether City defendant has corrected any policy or procedure responsible in whole or in part for the errors. If City defendant has not undertaken such actions, then SDOH shall direct City defendant to conduct reinforcement training and, if necessary, to correct any policy or procedure responsible in whole or in part for the errors.

62. City defendant shall provide State defendants with access to the information maintained on POS and the POS viewer connected to the case files drawn pursuant to ¶ 51 and copies of documents not scanned into POS but which are considered part of those case files, at State defendants' New York City Offices for the purpose of State defendants' conducting the reviews required by ¶¶ 60-61 within five (5) business days of the completion of the drawing of the sample in each six month sample period.

63. Within ninety (90) days after the end of each Period, with the exception of the last report which shall be due 60 days after the end of the final period, State defendants shall report the results of the reviews and determinations made pursuant to ¶¶ 60-61 supra to plaintiffs' counsel.

64. Plaintiff's counsel shall protect the confidentiality of all identifying information (such as name, address, case number and SSN) concerning an individual Class Member that is provided to plaintiffs' counsel by defendants under the terms of this Stipulation and shall not disclose such information to any individual, or organization other than defendants and the individual whose case is involved, except to the extent

necessary to enforce any right that individual Class Member may have under this Stipulation.

Other Provisions

65. During the term of this Stipulation, prior to taking any action against defendants based on alleged non-compliance with the provisions of this Stipulation, plaintiffs' counsel shall notify defendants' counsel in writing of the specific basis and evidence for the claim of non-compliance. Within thirty (30) days of such notice, counsel for the parties shall meet and confer in an attempt to resolve any differences or disputes arising from or out of the Stipulation. At the end of that 30-day period, plaintiffs may, if necessary, take steps to enforce and/or modify this Stipulation. Defendants may oppose.

66. The Court shall retain jurisdiction over this matter against City defendant solely for purposes of modification and enforcement of this Stipulation until four years after its Effective Date, except as set forth in §§ 68 and 70 *infra*, at which time the Court's jurisdiction over City defendant shall end and City defendant's obligations under this Stipulation shall terminate.

67. The Court shall retain jurisdiction over this matter against State defendants solely for purposes of modification and enforcement of this Stipulation until thirty-one months (31) past the date the second monitoring reports by State defendants are due pursuant to § 63, except as set forth in §§ 69 and 70 *infra*, at which time the Court's jurisdiction over the State defendants shall end and State defendants' obligations under this Stipulation shall terminate.

68. Plaintiffs may, by motion filed no later than two (2) months prior to termination of this Stipulation as against City defendant, seek an order extending the term

of this Stipulation, based upon City defendant's alleged non-compliance with its provision(s). Plaintiffs will notify the defendants in writing of their intention to make such a motion at least twenty (20) days prior to making the motion. In any motion to extend the term of this Stipulation, plaintiffs shall bear the burden of establishing that the alleged noncompliance is not minimal and isolated, but is sufficiently frequent or widespread as to be systemic. In any motion to extend the term or modify the provision(s) of this Stipulation, no party shall rely on the first set of reports provided pursuant to §§ 54 and 63. If the Court determines that there has been a systemic failure by City defendant to comply with the provision(s) of the Stipulation, it may extend the Stipulation for an additional period as against City defendant to be determined by the Court in accordance with § 70. In the event that plaintiffs move to seek an order extending the jurisdiction of the Court, the jurisdiction shall not lapse and this Stipulation shall remain in full force and effect until such motion has been decided.

69. Plaintiffs may, by motion filed prior to the termination of this Stipulation, seek an order extending the term of this Stipulation as against either State defendant based on that individual State defendant's alleged non-compliance with the Stipulation's provisions or extending the term of the Stipulation as against both State defendants, based upon both State defendants' alleged non-compliance with the provisions of the Stipulation. Plaintiffs will notify the defendants in writing of their intention to make such a motion at least twenty (20) days prior to making the motion. In any motion to extend the term of this Stipulation, plaintiffs shall bear the burden of establishing that the alleged noncompliance is not minimal and isolated, but is sufficiently frequent or widespread as to be systemic. In any motion to extend the term

or modify the provision(s) of this Stipulation, no party shall rely on the first set of reports provided pursuant to §§ 54 and 63. If the Court determines that there has been a systemic failure to comply with the provision(s) of the Stipulation, it may extend the Stipulation for an additional period to be determined by the Court. In the event that plaintiffs move to seek an order extending the jurisdiction of the Court, the jurisdiction shall not lapse and this Stipulation shall remain in full force and effect against either or both State defendant(s) until such motion has been decided. In the event that plaintiffs make a motion to extend pursuant to § 68 to extend jurisdiction against City defendant based upon conduct related to the provision of Family Assistance, Federal Medicaid and/or Food Stamps required to be monitored by either or both State defendant(s) pursuant to this Stipulation, plaintiffs may move the Court for an order extending jurisdiction against the State defendant(s) responsible for monitoring such conduct pursuant to this Stipulation.

70. In the event that plaintiffs seek further extensions of the Stipulation as against City defendant, the provisions of § 68 shall apply to each extension against City defendant, provided, however, that the total duration of the Stipulation shall not exceed seven years. In the event that plaintiffs seek further extensions of the Stipulation as against State defendants, the provisions of § 69 shall apply to each extension against State defendant, provided, however, that the total duration of the Stipulation shall not exceed seven years. Any motion for an extension of the Stipulation against State defendants shall be based on a systemic failure by City defendant to provide Family Assistance, Food Stamps, or Federal Medicaid to Class Members, or a systemic failure to provide adequate and timely notice regarding Family Assistance, Safety Net Assistance, Food

Stamps, Federal Medicaid, or State Medicaid to Class Members. In such event, the motion shall be made two (2) months before the end of the extension period. Any additional extensions shall be for a period to be determined by the Court, but the total duration of the Stipulation, including all extensions, shall not exceed seven years. Nothing herein shall preclude the plaintiffs from moving for an award of attorney's fees and costs in connection with enforcing or extending the term(s) of the Judgment.

71. In the event that the State defendants comply with the injunctive provisions of the Court's Orders of August 29, 2006, and fully and timely fulfill their obligations regarding Monitoring and Quality Assurance set forth in §§ 60 and 61 supra, including promptly issuing corrective action orders to City defendant when violations of this Stipulation are found, then the plaintiffs will not seek to hold State defendants responsible for any violations by City defendant of the terms of this Stipulation. In the event of such violations by City defendant, nothing in this paragraph shall prohibit the plaintiffs from seeking additional relief against State and City defendants regarding Monitoring and Quality Assurance as may be necessary to remedy violations of this Stipulation, provided, however, that the total number of cases reviewed as part of Monitoring and Quality Assurance by City and State defendants shall not exceed the number set forth in this Stipulation.

72. In the event of any change in federal or state law that any party believes changes his or her responsibilities pursuant to this Stipulation, such party shall so notify all other parties and the parties shall attempt to come to an agreement as to any modifications of the Stipulation that are warranted by the changes in federal or state law. If, after thirty (30) days, the parties have not been able to agree, the dispute shall be

submitted to the Court. If any defendant seeks to modify its responsibilities based on a change in federal or state statutory law or federal regulation, in order to stay the proposed modification plaintiffs shall seek relief from the Court. If any defendant seeks to modify its responsibilities based on a change in state regulation not required by Federal statute or regulation or state statute, the defendant must seek approval of the Court to implement the proposed modification. Any application to the Court with respect to alleged changes in law shall be made pursuant to Rule 60(b) of the Federal Rules of Civil Procedure.

When plaintiffs have sought to prevent or modify implementation of the proposed change, City defendant will not implement the proposed modification until plaintiffs' application has been decided by the District Court, or one hundred and twenty (120) days after the application was filed, whichever is sooner. The filing by plaintiffs of an appeal of an adverse decision shall not operate as a stay of the defendant's right to implement the proposed modification without further order of the District Court or the Court of Appeals.

73. Upon the Court's approval of this Stipulation as fair, reasonable and adequate, plaintiffs, individually and on behalf of each member of the Class, and on behalf of the respective heirs, executors, administrators, personal representatives, successors and assigns of each of themselves and each of the members of the Class (the "Releasers"), hereby jointly and severally release and forever discharge, on the merits with prejudice, City defendant, the City of New York, including without limitations its past and present officials, employees, departments, agencies, representatives, directors and agents, their successors and assigns and their respective heirs, executors, administrators, personal representative, and transferees and each of them, and the State

defendants, the State of New York, including without limitations its past and present officials, employees, departments, agencies, representatives, directors and agents, their successors and assigns and their respective heirs, executors, administrators, personal representatives, and transferees and each of them (collectively the “Releasees”), from any and all claims, actions, costs, expenses and attorneys’ and expert fees whether known or unknown, foreseen or unforeseen, matured or unmatured, accrued or not accrued, direct or indirect, from the beginning of time through the date the Court “so orders” this Stipulation that the individual plaintiffs and the members of the Class, and each of them, ever had, now has or have, or can, shall or may hereafter have against the Releasees or any of them, either alone or in any combination with others, for, by reason of, involving, concerning, arising from or in any way relating to any claim which has been raised, or any claim fairly encompassed in the named, individual plaintiffs’ claims or the claims of the Class that could have been raised based upon the facts, acts or omissions alleged against the Releasees in the complaint filed in this action. Nothing herein releases the defendants from complying with the terms of this Stipulation.

74. If any of the dates or periods of time described in this Stipulation fall or end on a public holiday or on a weekend, the date or period of time shall be extended to the next business day.

75. Nothing contained herein shall be deemed to be an admission by City defendant, the City of New York, HRA, or State defendants, State of New York, SDOH and OTDA, of liability or of the truth of any of the allegations set forth in the complaint, or that they have in any manner or way violated plaintiffs’ rights, or the rights of any other person or entity, as defined in the constitutions, statutes, ordinances, rules or

regulations of the United States, the State of New York, the City of New York, or any other rules, regulations or bylaws of any department or subdivision of the City of New York or of the State of New York.

76. This Stipulation contains all of the terms and conditions agreed upon by the parties and no oral agreement entered into at any time nor any written agreement entered into prior to the execution of this Stipulation regarding the subject matter of the Stipulation shall be deemed to exist, or to bind the parties or to vary the terms and conditions contained herein.

77. Each of the undersigned represents that he or she has been duly authorized to enter into this Stipulation.

78. All parties to this Stipulation have participated in its drafting; consequently, any ambiguity shall not be construed for or against any party.

79. All correspondence concerning this Stipulation should be sent to the following (or to such other address as the recipient named below shall specify by notice in writing hereunder):

To City defendant:

David Lock
Deputy General Counsel
HRA Office of Legal Affairs
180 Water Street, 17th Floor
New York, NY 10038
Email: lockd@hra.nyc.gov

Jane Tobey Momo
Jesse Levine

Corporation Counsel of the
City of New York
100 Church Street, Room 2-192
New York, New York 10007
(212) 788-1281
Email: jmomo@law.nyc.gov
jlevine@law.nyc.gov

To the State defendants:

Robert L. Kraft
Ivan B. Rubin
Assistant Attorneys General
Office of the Attorney General
120 Broadway, 24th Floor
New York, New York 10271
Email: robert.kraft@oag.state.ny.us
ivan.rubin@oag.state.ny.us

John DiBari, Esq.
Associate Attorney
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, New York 12243
Email: john.dibari@otda.state.ny.us

Jane E. McCloskey, Esq.
Senior Attorney
New York State Department of Health
Corning Tower, 24th Floor
Albany, New York 12237
Email: jem07@health.state.ny.us

To plaintiffs' counsel:

Scott A. Rosenberg
The Legal Aid Society
199 Water Street, 3d Floor
New York, New York 10038
Attn: M.K.B. v. Eggleston
Email: srosenberg@legal-aid.org

Jane Greengold Stevens
Caroline Hickey
New York Legal Assistance Group
450 West 33rd Street, 11th Floor

New York, NY 10001
Attn: M.K.B. v. Eggleston
Email: jstevens@nylag.org
chickey@nylag.org

Hughes Hubbard & Reed LLP
One Battery Park Plaza
New York, NY 10004
Attn: Chair, Pro Bono Committee

All reports to be sent to any party pursuant to this Stipulation shall be sent to all parties at the addresses indicated above.

Attorneys Fees

80. All parties shall attempt to come to an agreement on attorneys' fees. If the parties are unable to agree, within sixty (60) days of the date this Stipulation is signed, or such additional time as the parties agree to, plaintiffs shall move the Court, pursuant to Rule 54 of the Federal Rules of Civil Procedure, for an Order awarding reasonable costs, fees and disbursements to plaintiffs pursuant to 42 U.S.C. § 1988.

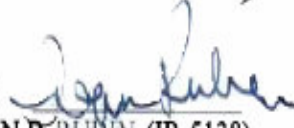
Notice, Opportunity to Comment and Approval of this Stipulation

81. After notice and an opportunity to comment on this Stipulation have been provided to the Class, the Court shall determine whether to approve this Stipulation as being a fair, reasonable and adequate settlement of this action. Pursuant to Federal Rules of Civil Procedure Rule 23(e), the Court will determine the manner in which notice of this Stipulation and an opportunity to comment will be given to members of this Class. This Stipulation shall not take effect until the Court enters an order approving the Stipulation as a fair, reasonable and adequate settlement of this action.

IN WITNESS WHEREOF, the undersigned, counsel for the parties in this action,
have executed this stipulation on January 12, 2007.


ANDREW M. CUOMO
Attorney General of the State of New York
120 Broadway, 24th Floor
New York, New York 10271
Attorney for State defendants


By: 
ROBERT L. KRAFT (RK 5418)
Assistant Attorney General
(212) 416-8632

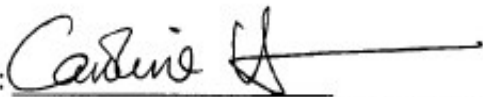
By: 
IVAN B. RUBIN (IR-5138)
Assistant Attorney General
(212) 416-6046

MICHAEL A. CARDOZO
Corporation Counsel of the
City of New York
Attorney for City Defendant
100 Church Street, Room 2-192
New York, New York 10007
(212) 788-1281

By: 
Jane Tobey Momo
Assistant Corporation Counsel
(JM-1013)

By: 
Jesse I. Levine
Assistant Corporation Counsel
(JL-8829)

By: 
THE LEGAL AID SOCIETY
Steven Banks, Attorney-in-Chief (SB-0987)
Adriene L. Holder (ALH-1872)
Attorney-in-Charge, Civil Practice
Scott A. Rosenberg (SAR-5579)
Attorney-in-Charge, Law Reform, Civil Practice
Christopher D. Lamb (CDL-8145)
Attorney-in-Charge, Staten Island Neighborhood Office
Jennifer Baum, of Counsel (JB-4030)
Camille Carey, of Counsel (CC-1435)
199 Water Street, 3rd Floor
New York, New York 10038
212-577-3325

By: 
NEW YORK LEGAL ASSISTANCE GROUP
Yisroel Schulman (YS3107)
Jane Greengold Stevens (JS4790)
Caroline Hickey (CH1410)
450 West 33rd Street, 11th Floor
New York, NY 10001
212-613-5000

By: 

HUGHES HUBBARD & REED LLP

Ronald Abramson (RA-0979)

Russell Jacobs (RJ-3657)

One Battery Park Plaza

New York, N.Y. 10004

212-837-6000

So ordered:

Hon. Jed S. Rakoff

Dated:

New York, New York

_____, 2006

EXHIBIT A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

M.K.B., et al,

Plaintiffs,

05 CV 10446 (JSR)

- against -

**DECLARATION OF
APPLICATION FOR A
SOCIAL SECURITY
NUMBER**

VERNA EGGLESTON, et al,

Defendants.

-----X

1. On _____, 20____, I,

Month Day Year Name

submitted a complete application for a Social Security Number in connection with my combined application for Safety Net Assistance and State-funded Medicaid at the following office of the Federal Social Security Administration:

Address:

Street City State

2. I applied for a Social Security Number for: (check all applicable boxes):

___ myself

___ another household member whose name is: _____
(Name of public benefits Applicant)

___ another household member, whose name is: _____
(Name of public benefits Applicant)

___ another household member, whose name is: _____
(Name of public benefits Applicant)

___ another household member, whose name is: _____
(Name of public benefits Applicant)

3. I offered a Social Security Administration employee the letters for myself and each household member I was given by an employee of the New York City Human Resources Administration that requests the Social Security Administration to assign a Social Security Number to me and other household members named in paragraph 2.
4. The Social Security Administration employee took my application for a Social Security Number.
5. I asked the Social Security Administration employee for a written acknowledgment that I applied for a Social Security Number for myself and for other household members named in paragraph 2, but the Social Security Administration employee did not give it to me. .
6. I have not received a letter from the Social Security Administration denying the application I made on behalf of myself or any household member named in paragraph 2 for a Social Security Number.
7. I understand that if I did not apply for a Social Security Number I may be ineligible for Safety Net Assistance and/or State-funded Medicaid and/or subject to recovery of any benefits that I did receive.

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the foregoing is true and correct.

(Signature)

Date: _____

EXHIBIT B1

M.K.B. NOTICE OF DETERMINATION

HRA LOGO

DATE

IMPORTANT NOTICE: SOMEONE IN YOUR HOUSEHOLD IS ELIGIBLE TO RECEIVE BENEFITS THEY DID NOT RECEIVE IN THE PAST.

Dear _____:

You are receiving this notice because you or someone in your household is a member of a class in a lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of the settlement of that lawsuit, we have reviewed the denial and/or discontinuance of public benefits (cash assistance, Medicaid and/or Food Stamps) for class members in your household. This letter explains the determination we have reached in your case.

We have enclosed an insert describing the lawsuit, who is a class member and who may be entitled to benefits as a result of the settlement of the lawsuit. It is possible that not every member of your household is a class member. Only class members are eligible to receive retroactive public benefits as a result of the settlement.

CASH ASSISTANCE

In deciding how much retroactive public assistance that each class member in your household is eligible to receive, we used a starting date of either December 13, 2002, or the date your cash assistance application was denied or your cash assistance was discontinued if it was after December 13, 2002. We used an ending date for the retroactive period of either the date of this notice, or the date you started to receive cash assistance or the date you became ineligible if it was before the date of this notice.

_____ In reviewing your retroactive cash assistance, we determined that the following class members ARE eligible to receive retroactive cash assistance under the settlement in the amounts below:

NAME	AMOUNT	START DATE	END DATE

_____ In reviewing your retroactive cash assistance, we determined that the following class members are NOT eligible to receive retroactive cash assistance under the settlement:

NAME	REASON FOR DENIAL

FOOD STAMPS

In deciding how much retroactive food stamps that each class member in your household is eligible to receive, we used a starting date of either December 13, 2004, or the date your food stamps application was denied or your food stamps were discontinued if it was after December 13, 2004. We used an ending date for the retroactive period of either the date of this notice, or the date you started to receive food stamps or the date you became ineligible if it was before the date of this notice.

_____ In reviewing your retroactive food stamps, we determined that the following class members ARE eligible to receive retroactive food stamps under the settlement in the amounts below:

NAME	AMOUNT	START DATE	END DATE

_____ In reviewing your retroactive food stamps, we determined that the following class members are NOT eligible to receive retroactive food stamps under the settlement:

NAME	REASON FOR DENIAL

MEDICAID

Members of your household who are eligible for retroactive cash assistance as listed above may also be eligible for retroactive Medicaid. There are certain exceptions as described in the enclosed insert.

We have determined that the following class members may be eligible for retroactive Medicaid for the periods listed below (from Start Date to End Date).

NAME	START DATE	END DATE

Class Members in your household who are not eligible for retroactive cash assistance as listed above may be eligible for retroactive Medicaid and will be referred for a separate determination. To be eligible for retroactive Medicaid, the individuals must meet the requirements described in the enclosed insert. The individuals referred for a separate determination will receive a separate notice informing them of whether they are eligible for retroactive Medicaid under the settlement.

HOW YOUR RETROACTIVE MEDICAID WILL BE PROCESSED:

If the person listed above as eligible for retroactive Medicaid has bills for medical services provided during this period that are unpaid or for which they have not been reimbursed, you must mail or bring copies of any such bills, along with a copy of this notice, to:

Medicaid Reimbursement Unit,
330 West 34th Street, 9th Floor,
New York, New York 10001,
Attention MKB.

HOW YOUR CASH ASSISTANCE AND/OR FOOD STAMPS BENEFITS WILL BE ISSUED TO YOU:

- _____ EBT card.
If you do not currently have an active EBT card, please contact HRA at [INSERT]. If you do not receive the additional benefits as listed above, please call HRA TEL NUMBER.

- _____ Underpayment Correction Credit
Because you are not currently eligible to receive public benefits, or you failed to attend a previously scheduled appointment in connection with your eligibility for retroactive benefits, we have issued the retroactive benefits listed above as an underpayment correction credit. This means you will receive the retroactive benefits listed above if and when you start to receive public benefits in the future.

IF YOU DISAGREE WITH THIS DETERMINATION, SEE THE INSTRUCTIONS ON THE FOLLOWING PAGE.

If you have any questions regarding this notice, please call ---.---.--- [at HRA]. You may also call one of the legal services offices listed on the last page, which represent you.

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

These time limits apply even if you have asked for a conference (meeting) with us.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

I want a fair hearing. I do not agree with the agency’s action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor’s statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you should call one of the legal offices listed at the end of this notice or another lawyer of your choice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT B2

M.K.B. NOTICE OF DENIAL

HRA Logo

Date

IMPORTANT: NOTICE OF DENIAL OF PAST BENEFITS UNDER SETTLEMENT OF A LAWSUIT. YOU HAVE THE RIGHT TO APPEAL. PLEASE READ CAREFULLY.

Dear _____:

You are receiving this notice because you or someone in your household is a member of a class in a lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of the settlement of that lawsuit, we have reviewed the denial and/or discontinuance of public benefits (cash assistance, Medicaid and/or Food Stamps) for class members in your household. This letter explains the determination we have reached in your case.

We have enclosed an insert describing the lawsuit, who is a class member and who may be entitled to benefits as a result of the settlement of the lawsuit. It is possible that not every member of your household is a class member. Only class members are eligible to receive retroactive public benefits as a result of the settlement.

We have determined that the following individuals are not eligible for retroactive benefits, as described below, under the settlement.

CASH ASSISTANCE

In deciding whether class members in your household are eligible to receive retroactive cash assistance, we used a starting date of either December 13, 2002, or the date your cash assistance application was denied or your cash assistance was discontinued if it was after December 13, 2002. We used an ending date for the retroactive period of either the date of this notice, or the date you started to receive cash assistance or the date you became ineligible if it was before the date of this notice.

In reviewing your retroactive cash assistance, we determined that the following class members are NOT eligible to receive retroactive cash assistance under the settlement:

NAME	REASON FOR DENIAL	START DATE	END DATE

FOOD STAMPS

In deciding whether class members in your household are eligible to receive retroactive food stamps, we used a starting date of either December 13, 2004, or the date your food stamps application was denied or your food stamps were discontinued if it was after December 13, 2004. We used an ending date for the retroactive period of either the date of this notice, or the date you started to receive food stamps or the date you became ineligible if it was before the date of this notice.

In reviewing your retroactive food stamps, we determined that the following class members are NOT eligible to receive retroactive food stamps under the settlement:

NAME	REASON FOR DENIAL	START DATE	END DATE

MEDICAID

Class Members in your household who are not eligible for retroactive cash assistance as listed above may be eligible for retroactive Medicaid and will be referred for a separate determination. To be eligible, the individuals must meet the requirements described in the enclosed insert. The individuals referred for a separate determination will receive a separate notice informing them of whether they are eligible for retroactive Medicaid under the settlement.

IF YOU DISAGREE WITH THIS DETERMINATION, SEE THE INSTRUCTIONS ON THE FOLLOWING PAGE.

If you have any questions regarding this notice, please call ---.---.--- [at HRA]. You may also call one of the legal services offices listed on the last page, which represent you.

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

These time limits apply even if you have asked for a conference (meeting) with us.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you should call one of the legal offices listed at the end of this notice or another lawyer of your choice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT C

M.K.B. NOTICE OF DETERMINATION REGARDING PAST STATE FOOD ASSISTANCE

HRA LOGO

DATE

IMPORTANT: NOTICE OF DECISION ON PAST STATE FOOD ASSISTANCE BENEFITS UNDER SETTLEMENT OF A LAWSUIT. YOU HAVE THE RIGHT TO APPEAL. PLEASE READ CAREFULLY.

Dear _____:

You are receiving this notice because you or someone in your household is a member of a class in a lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of the settlement of that lawsuit, we have reviewed the previous denial and/or discontinuance of state food assistance benefits as described below. This letter explains the determination we have reached in your case.

We have enclosed an insert describing the lawsuit, who is a class member and who may be entitled to benefits as a result of the settlement of the lawsuit. It is possible that not every member of your household is a class member. Only class members are eligible to receive retroactive public benefits as a result of the settlement.

Some time between December 13, 2002 and September 30, 2005, you, or a member of your family, applied at a Job Center for Family Assistance, Safety Net Assistance, Medicaid Food Stamps and/or State Food Assistance. Your State Food Assistance application may have been mistakenly denied or not accepted because of your immigration status. Or you, or a member of your family, may have had some or all of your Food Stamps benefits mistakenly reduced or discontinued because of your immigration status.

In deciding how much each class member in your household will be paid, we used a starting date of either December 13, 2002, or the date the class member's State Food Assistance application was denied or was discontinued if it was after December 13, 2002. We used an ending date of September 30, 2005 or the date the class member became ineligible if it was before September 30, 2005. This payment will be 50% of the benefit the class member would have received under the State Food Assistance program.

We have determined that the following members of your household are eligible to receive such a payment for the periods described below.

NAME	START DATE	END DATE	AMOUNT

We have determined that the following members of your household are NOT eligible for such a payment.

NAME	REASON FOR DENIAL

If you disagree with the decision described in this notice, you should contact one of the legal services offices listed below. They will assist you in seeking review of this decision through an informal relief process. If you do not contact the legal services office within sixty days of the date of this notice, you will lose your right to a review of this decision – even if you have already requested a fair hearing about other benefits.

If you have any questions regarding this notice, you may call one of the legal services offices listed below, which represent you.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT D

M.K.B. NOTICE OF MEDICAID DETERMINATION

HRA Logo

Date

IMPORTANT: NOTICE OF DECISION ON PAST MEDICAID BENEFITS UNDER SETTLEMENT OF A LAWSUIT. YOU HAVE THE RIGHT TO APPEAL. PLEASE READ CAREFULLY.

Dear _____:

You are receiving this notice because you or someone in your household is a member of a class in a lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of the settlement of that lawsuit, we have made a separate determination about the eligibility of class members in your household for retroactive Medicaid during the period listed below.

We have enclosed an insert describing the lawsuit, who is a class member and who may be entitled to benefits as a result of the settlement of the lawsuit. It is possible that not every member of your household is a class member. Only class members are eligible to receive retroactive public benefits as a result of the settlement.

_____ We have determined that the following members of your household are eligible for retroactive Medicaid for the following periods:

NAME	START DATE	END DATE

If the person listed above as eligible for retroactive Medicaid has bills for medical services provided during this period that are unpaid or for which they have not been reimbursed, you must mail or bring copies of any such bills, along with a copy of this notice to:

Medicaid Reimbursement Unit,
330 West 34th Street, 9th Floor,
New York, New York 10001,
Attention MKB.

Some of these same individuals listed above may have been denied retroactive Medicaid for the following periods for the following reasons:

NAME	START DATE	END DATE	REASON FOR DENIAL

Some individuals in your household have been denied retroactive Medicaid for the entire period we reviewed:

NAME	START DATE	END DATE	REASON FOR DENIAL

IF YOU DISAGREE WITH THIS DETERMINATION, SEE THE INSTRUCTIONS ON THE FOLLOWING PAGE.

If you have any questions regarding this notice, please call ---.---.---- [at HRA]. You may also call one of the legal services offices listed below, which represent you.

[INSERT LEGAL OFFICES]

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

These time limits apply even if you have asked for a conference (meeting) with us.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you should call one of the legal offices listed at the end of this notice or another lawyer of your choice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

EXHIBIT E

M.K.B. APPOINTMENT NOTICE

HRA LOGO

DATE

IMPORTANT NOTICE: YOU MAY NOW BE ELIGIBLE TO RECEIVE BENEFITS NOT ISSUED TO YOU IN THE PAST (EVEN IF YOU ARE NOT NOW RECEIVING PUBLIC BENEFITS)

Dear _____:

You are receiving this notice because of a settlement of a class action lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of that settlement, you may now be entitled to receive benefits not issued to you in the past. These benefits include cash assistance, food stamps and Medicaid, including reimbursement of certain medical bills. For more information about the settlement of the lawsuit and how it affects you, please read the enclosed M.K.B insert.

Some time between December 13, 2002 and _____(Date of identification of autos list), you, or a member of your family, applied at a Job Center for Family Assistance, Safety Net Assistance, Medicaid and/or Food Stamps. This application may have been mistakenly denied or not accepted because of your immigration status. Or you, or a member of your family, may have had some or all of your public benefits mistakenly reduced or discontinued because of your immigration status.

Now, as a result of the settlement of the M.K.B. v. Eggleston case, we are reviewing your household's eligibility to receive the benefits not issued to your household in the past. In order to decide whether you will receive these benefits and if so, how much, we need more information from you.

WE HAVE MADE AN APPOINTMENT FOR YOU TO COME TO _____ AT _____. If you are unable to make this appointment, you MUST call TEL NO. _____ on or before the date of the appointment to reschedule.

IMPORTANT: IF YOU DO NOT ATTEND THIS APPOINTMENT OR RESCHEDULE IT, YOU MIGHT NOT RECEIVE ANY OF THE BENEFITS DESCRIBED ABOVE OR YOU MIGHT RECEIVE ONLY A REDUCED AMOUNT.

If you have any questions regarding this notice, please call ---.---.--- [at HRA]. You may also call one of the legal services offices listed below, which represent you.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT F

M.K.B. IMPORTANT NOTICE OF YOUR RIGHT TO REQUEST RETROACTIVE BENEFITS

HRA LOGO

DATE

IMPORTANT NOTICE: YOU MAY NOW BE ELIGIBLE TO RECEIVE BENEFITS NOT ISSUED TO YOU IN THE PAST (EVEN IF YOU ARE NOT NOW RECEIVING PUBLIC BENEFITS)

Dear _____:

You are receiving this notice because of a settlement of a class action lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of that settlement, you may be entitled to additional public benefits. The additional public benefits you might receive include cash assistance, food stamps and Medicaid, including reimbursement of certain medical bills.

Some time between December 13, 2002 and _____ (Date of creation of retro universe), you, or a member of your family, applied at a Job Center for Family Assistance, Safety Net Assistance, Medicaid and/or Food Stamps. This application may have been mistakenly denied or not accepted because of your immigration status. Or you, or a member of your family, may have had some or all of your public benefits mistakenly reduced or discontinued because of your immigration status.

We have enclosed an insert describing the lawsuit, who is a class member and who may be entitled to benefits as a result of the settlement of the lawsuit. It is possible that not every member of your household is a class member. Only class members are eligible to receive retroactive public benefits as a result of the settlement.

IF YOU WANT AN OPPORTUNITY TO RECEIVE RETROACTIVE BENEFITS YOU MUST FILL IN THE FORM THAT IS ENCLOSED WITH THIS NOTICE AND RETURN IT TO US IN THE ENCLOSED ENVELOPE, TO

[INSERT ADDRESS]

IF YOU DO NOT REQUEST A REVIEW WITHIN ONE YEAR FROM THE DATE OF THIS NOTICE, YOU WILL NOT BE ENTITLED TO RECEIVE ANY ADDITIONAL BENEFITS.

If you request a review, we will require you to attend an appointment in order to determine if you are entitled to receive retroactive benefits.

If you have any questions about this notice, please call ---.---.---- [at HRA]. You may also call one of the legal services offices listed below, which represent you.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT G

M.K.B. APPOINTMENT NOTICE FOLLOWING REQUEST FOR REVIEW

HRA LOGO

DATE

IMPORTANT NOTICE: YOU MAY NOW BE ELIGIBLE TO RECEIVE BENEFITS NOT ISSUED TO YOU IN THE PAST (EVEN IF YOU ARE NOT NOW RECEIVING PUBLIC BENEFITS)

Dear _____:

You are receiving this notice because you requested a review pursuant to M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). In order to decide whether you will receive additional benefits and if so, how much, we need more information from you.

WE HAVE MADE AN APPOINTMENT FOR YOU TO COME TO

_____ **AT** _____. If you are unable to make this appointment, you MUST call TEL NO. _____ to reschedule on or before the date of the appointment.

IMPORTANT: IF YOU DO NOT ATTEND THIS APPOINTMENT OR RESCHEDULE IT, WE WILL NOT REVIEW YOUR CASE AND YOU WILL NOT RECEIVE ANY ADDITIONAL BENEFITS.

If you have any questions regarding this notice, please call ---.---.---- [at HRA].

You may also call one of the legal services offices listed below, which represent you.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT H

M.K.B. IMPORTANT NOTICE OF YOUR RIGHT TO REQUEST RETROACTIVE BENEFITS AND A PAYMENT IN PLACE OF PAST STATE FOOD ASSISTANCE

HRA LOGO

DATE

IMPORTANT NOTICE: YOU MAY NOW BE ELIGIBLE TO RECEIVE BENEFITS NOT ISSUED TO YOU IN THE PAST (EVEN IF YOU ARE NOT NOW RECEIVING PUBLIC BENEFITS)

Dear _____:

You are receiving this notice because of a settlement of a class action lawsuit called M.K.B. v. Eggleston, 05 Civ. 10446 (JSR). As a result of that settlement, you may be entitled to additional public benefits. The additional benefits you might receive include cash assistance, Food Stamps and/or Medicaid, including reimbursement of certain medical bills. You may also be eligible to receive a payment from the City of New York to replace State Food Assistance benefits not issued to you in the past.

Some time between December 13, 2002 and September 30, 2005, you, or a member of your family, applied at a Job Center for Family Assistance, Safety Net Assistance, Medicaid, Food Stamps and/or State Food Assistance. This application may have been mistakenly denied or not accepted because of your immigration status. Or you, or a member of your family, may have had some or all of your benefits mistakenly reduced or discontinued because of your immigration status.

We have enclosed an insert describing the lawsuit, who is a class member and who may be entitled to benefits as a result of the settlement of the lawsuit. It is possible that not every member of your household is a class member. Only class members are eligible to receive retroactive public benefits and/or a payment from the City of New York as a result of the settlement.

IF YOU WANT AN OPPORTUNITY TO RECEIVE RETROACTIVE BENEFITS YOU MUST FILL IN THE FORM THAT IS ENCLOSED WITH THIS NOTICE AND RETURN IT TO US IN THE ENCLOSED ENVELOPE, TO

[INSERT ADDRESS]

IF YOU DO NOT REQUEST A REVIEW WITHIN ONE YEAR FROM THE DATE OF THIS NOTICE, YOU WILL NOT BE ENTITLED TO RECEIVE ANY ADDITIONAL BENEFITS.

If you request a review, we will require you to attend an appointment in order to determine if you are entitled to receive additional benefits.

If you have any questions about this notice, please call ---.---.---- [at HRA]. You may also call one of the legal services offices listed below, which represent you.

[INSERT LIST OF LEGAL SERVICES OFFICES]

EXHIBIT I

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

M.K.B., O.P., L.W., M.A., Marieme Diongue,
M.E., P.E., Anna Fedosenko, A.I., L.A.M., L.M.,
Denise Thomas, and J.Z., on their own behalf,
and on behalf of their minor children and all
others similarly situated,

05 Civ. 10446 (JSR)

Plaintiffs,

- against -

VERNA EGGLESTON, as Commissioner of the
New York City Human Resources
Administration; ROBERT DOAR, as
Commissioner of the New York State Office of
Temporary and Disability Assistance; and
ANTONIA C. NOVELLO, as Commissioner of
the New York State Department of Health,
Defendants.

**THIS IS AN IMPORTANT EXPLANATION OF YOUR RIGHTS UNDER
THE SETTLEMENT OF THE M.K.B. v. EGGLESTON LAWSUIT.**

What is the M.K.B. v. Eggleston lawsuit?

In December 2005, a lawsuit called MKB v. Eggleston, 05 Civ. 10446 (JSR), was filed in the federal court for the Southern District of New York. The lawsuit is a class action. This means that the individuals who brought the case (“the named plaintiffs”) represent everyone else in the same situation. Non-citizens who are affected by the case are called members of the class. The case is about whether or not certain non-citizens who applied for public benefits at New York City Job Centers correctly received the public benefits for which they applied.

Why am I receiving a notice about this lawsuit?

You are receiving this notice because you, or a member of your household, may be a member of the class in this case. This means that you, or a member of your household, appear to be in one of the immigration statuses listed below and may have been incorrectly denied public benefits because of that immigration status. In some households, some people may be members of the class even though other people in the household are not.

Who is a member of the class?

The class in this case has been defined by the Court. It includes certain non-citizens in the categories described below who were incorrectly denied cash assistance, Food Stamps, Medicaid and/or State Food Assistance Payments (FAP) at a New York City Job Center.

<p>Lawful Permanent Resident who has been in that status for less than five years</p>	<p>This means people who are Lawful Permanent Residents (I-551 Permanent Resident Card or “green card” holders) who had their Lawful Permanent Resident status for less than five years when they applied for public benefits.</p>
<p>Battered Qualified Alien (and their battered children)</p>	<p>This includes individuals who are in certain immigration statuses, such as those set forth below, who have proof of domestic violence, for example:</p> <ul style="list-style-type: none"> • Prima facie notice for Violence Against Women Act (VAWA) self-petition (FORM I-360) • Approval notice for VAWA self-petition (FORM I-360) • Pending or Approved I-130 Petition • K3 or K4 visa • V-1, V-2 or V-3 visa • Employment Authorization Card with Category Code (a)(9) or (a)(15) <p>Even if you are not in one of these specific categories, you may still be a Battered</p>

	Qualified Alien.
Permanently Residing Under Color Of Law (PRUCOL)	<p>Generally, this includes non-citizens whom the immigration service knows are in the U.S. and permits to remain. For example:</p> <ul style="list-style-type: none"> • K Visa • S Visa • V Visa • U-Visa Interim Relief • Asylum Applicant (Notice of Receipt of Form I-589)(Medicaid only) • Employment Authorization Card with certain Category Codes <p>Even if you are not in one of these specific categories, you may still be PRUCOL.</p>

The full definition of the plaintiff class, as ordered by the Court is:

All Affected Immigrants who are, have been, or will be eligible for state or federally funded public assistance, Medicaid, or food stamps, and who either (a) have been or will be denied public benefits in whole or in part; (b) had or will have benefits discontinued or reduced, (c) have been or will be discouraged or prevented from applying; (d) have been or will be encouraged to withdraw an application by a New York City Job Center because of a misapplication of immigrant eligibility rules.

For purposes of the foregoing paragraph, the term “Affected Immigrants” means (1) battered spouses and battered children of U.S. citizens or lawful permanent residents, who are Qualified Aliens as defined in 8 U.S.C. §1641(c); (2) their immigrant children, or in the case of battered children, their immigrant parents, provided that they too are Qualified Aliens as defined in 8 U.S.C. §1641(c); (3) lawful permanent residents who have been in that status for less than five years; and (4) persons who are Permanently Residing Under Color of Law (PRUCOL).

What happened in the lawsuit?

The plaintiffs in this case claimed that the New York City Human Resources Administration (“HRA”) had incorrectly denied them cash assistance benefits (Family Assistance and/or Safety

Net Assistance), Medicaid, Food Stamps, and/or State Food Assistance Program Benefits (“FAP”) because of their immigration status. Plaintiffs also sued the New York State Department of Health (“SDOH”) and the New York State Office of Temporary and Disability Assistance (“OTDA”) claiming that they did not supervise HRA properly. HRA, SDOH and OTDA denied all claims.

The immigrant plaintiffs and the Defendants agreed to settle the case instead of having a full trial. The settlement has been approved by the Court and is binding on all class members. As part of the settlement of the case, the Defendants agreed to make changes to their procedures and their computer systems. HRA agreed to provide additional training for some staff. HRA also agreed to review the cases of certain members of the class to see if they were incorrectly denied benefits and should receive retroactive benefits. Although the Defendants agreed to settle the case, they did not admit liability.

A copy of the full settlement agreement is on file with the Court. To receive a copy, you may contact one of the legal offices listed below.

Who is eligible to receive retroactive benefits under the settlement?
--

Members of the class may be eligible to receive retroactive benefits under the settlement. Each class member is being sent a notice with this insert that describes what the class member must do in order to receive retroactive benefits. Please read the notice that has been sent to you with this insert and follow all of the instructions in that notice in order to receive retroactive benefits under this settlement.

This insert describes the process that HRA has or will use to review your case for retroactive benefits under the settlement. Each class member has been placed into a group. The process HRA has or will use to review your file depends upon the group in which you (or a member of your household has been placed). Each group is described below.

Group 1.

If your public benefits application was denied because of your immigration status, but the public benefits application of your U.S. citizen child(ren) was accepted, your case will be automatically reviewed.

Group 2.

If according to HRA's records you are a battered qualified alien (see description above) or a Lawful Permanent Resident who has been in that status for less than five years, and your non-citizen child(ren) were denied Food Stamps based on immigration status, your case will be automatically reviewed.

For class members in Group 1 or Group 2, HRA will look at your household's case file to see if class members in your household were incorrectly denied Family Assistance, Safety Net Assistance, Medicaid, Food Stamps and State Food Assistance Payments. If HRA has enough information in its own files to make this decision, then it will decide whether you will receive retroactive benefits and will notify you of the outcome of its review, the amount of any retroactive benefits that you will receive and your right to appeal that decision. HRA will also determine whether you were incorrectly denied FAP benefits and, if so, will issue you a payment equal to fifty percent of the FAP benefits it determined you should have received.

If HRA does not have enough information to decide whether a class member in Group 1 or Group 2 is eligible to receive retroactive benefits or a payment (or the correct amount of the benefits or payment) under the settlement, then class members will receive a notice called "M.K.B. APPOINTMENT NOTICE."

If you received an "M.K.B. APPOINTMENT NOTICE", it means HRA does not have enough information in its files to determine if the decision to deny your or your child's public benefits was correct, or the amount of retroactive benefits your household may receive under the settlement. If the notice you receive asks you to attend an appointment, you must cooperate with the request, and attend the appointment, or reschedule it and attend a rescheduled appointment. If you do not cooperate, you will not get the retroactive benefits

you may be eligible for, or you may get only a reduced amount of retroactive benefits based on just the information already in HRA's files.

IF YOU RECEIVED A NOTICE CALLED "M.K.B. IMPORTANT NOTICE OF YOUR RIGHT TO REQUEST RETROACTIVE BENEFITS", or "M.K.B. IMPORTANT NOTICE OF YOUR RIGHT TO REQUEST RETROACTIVE BENEFITS AND A PAYMENT IN PLACE OF PAST STATE FOOD ASSISTANCE" YOU ARE A MEMBER OF GROUP 3.

Group 3.

If you are in Group 3, then you have been identified as a class member but you will only have your public benefits case reviewed if you ask for a review. If the notice you are receiving asks you to mail back a completed form to request a review, you must send back the form to request a review. After you send back the form, HRA will send you a letter telling you the date and time of your appointment. **You must keep that appointment, or reschedule it and attend a rescheduled appointment. IF YOU DO NOT ATTEND SUCH AN APPOINTMENT, YOU WILL NOT RECEIVE ANY RETROACTIVE BENEFITS UNDER THIS SETTLEMENT.**

<p>How will HRA determine the amount of retroactive benefits a class member may receive under the settlement?</p>
--

How the amount of retroactive cash assistance benefits a class member is eligible for under the settlement is calculated:

If a class member's application for cash assistance (Family Assistance or Safety Net Assistance) was incorrectly denied or the class member's cash assistance was incorrectly terminated based on immigration status during the time periods described in the next two sentences, then the class member is eligible to receive the cash assistance he or she would have received. The retroactive cash assistance will be for the period beginning on the date the application was incorrectly denied, or the class member's cash assistance was incorrectly terminated based on immigration status (but not before December 13, 2002). The period will continue until either (i) the date of the notice in this mailing, or (ii) the

date the class member started to receive cash assistance, or (iii) the date the class member became ineligible for cash assistance. If the notice you receive with this document tells you about the decision HRA has made about your case, the Start Date and End Dates of your household's retroactive cash assistance and what amount, if any, retroactive cash assistance your household is eligible for under the settlement are listed on that notice. The class member is eligible for cash assistance that he or she should have received for each month.

How the amount of retroactive Food Stamps benefits a class member is eligible for under the settlement is calculated:

If the class member's food stamps application was incorrectly denied, or the class member's food stamps were incorrectly terminated, based on immigration status during the time periods described in the next two sentences, the class member is eligible for the food stamps he or she would have received. The retroactive Food Stamps will start from the date the class member's application was incorrectly denied (but not before December 13, 2004) or the class member's Food Stamps were incorrectly terminated (but not before December 13, 2004). The class member's retroactive Food Stamps will continue until either (i) the date of this notice; or (ii) the date the class member started to receive food stamps; (iii) the date an otherwise eligible child turned 18; or (iv) the date the class member became ineligible for food stamps. If the notice you receive with this document tells you about the decision HRA has made about your case, the Start Date and End Dates of your household's retroactive food stamps and what amount, if any, retroactive food stamps your household is eligible for under the settlement are listed on that notice. The class member is eligible for the amount of food stamps that he or she should have received for each month.

How your retroactive Medicaid is determined:

If you are eligible for retroactive cash assistance under the settlement, you are eligible for retroactive Medicaid. This means that you can submit unpaid medical bills that HRA will process so that your medical provider can be paid. You can also submit certain

medical bills that you paid for reimbursement. These medical bills must be for medical services that were provided during the period beginning three months before the date of your public benefits application until the date that your retroactive cash assistance ended -- (i) the date of this notice, or (ii) the date you started to receive cash assistance, or (iii) the date you became ineligible for cash assistance.

- You are not eligible for retroactive Medicaid under this settlement for any period during which you already received Medicaid based on a separate application for Medicaid-only.
- You are not eligible to receive reimbursement under this settlement for medical bills previously submitted, or that were or could have been submitted for reimbursement at the same time you submitted bills for reimbursement pursuant to the final order in Aliessa v. Novello, Index No.403748/98 (Sup Ct., N.Y. Co.)
- If you made a separate application for Medicaid that was denied for reasons other than immigration status, you may only be eligible for retroactive Medicaid under this settlement up to the date three months prior to the denial of that separate application.

<p>If I am eligible for retroactive benefits, how will I get them?</p>

Cash Assistance (Family Assistance/ Safety Net Assistance):

If you, or a member of your household currently receives cash assistance (Family Assistance or Safety Net Assistance), then any retroactive cash benefits your household is eligible for under this settlement will be issued to your EBT card.

If you or a member of your household does not currently receive cash assistance (Family Assistance or Safety Net Assistance), then there are three possibilities:

- You may apply for ongoing public benefits. If your application for ongoing public benefits is approved, the retroactive benefits you are eligible for under this settlement will be issued to your EBT card
- If you received public benefits in the past but do not want to, receive ongoing public benefits now, you may apply for a one-time payment. To do this, you must give information regarding your financial eligibility for public benefits to HRA. This means you will only have to give information about your finances. You will not be required to attend any appointment not related to your financial eligibility or give any other information. If you are currently financially eligible, you will receive the retroactive benefits you are eligible for now as a one-time payment. This means you will be given a short-term EBT card and your retroactive benefits will be issued to that card. .
- If you do not want to apply for ongoing public benefits now or for a one-time payment, or if your application for ongoing public benefits or a one-time payment is denied, then the retroactive benefits you are eligible for will be issued as an underpayment correction credit. This means you will only receive the retroactive benefits you are eligible for if and when you start to receive public benefits in the future.

Retroactive Food Stamps:

Your retroactive Food Stamps will be issued to the head of your household on an EBT card. You will receive any retroactive Food Stamps you are eligible for even if your public assistance case is closed, and even if you are not currently eligible for public assistance.

Retroactive Medicaid and how to submit unpaid medical bills:

If you are eligible for retroactive Medicaid and have bills for medical services that are unpaid or medical bills that you paid, you must mail copies of any such bills, along with a copy of this notice, to the Medicaid Reimbursement Unit, 330 West 34th Street, 9th Floor, New York, New York 10001, Attention MKB.

How to get a payment if you were incorrectly denied benefits under the State Food Assistance program:

If HRA determines that State Food Assistance benefits were incorrectly not paid to you in the past, you will receive money, in the form of a check, to replace these benefits. The

amount of money you will get represents fifty percent of the benefits you should have received under the State Food Assistance Program while it was in effect.

What if I disagree with the decision about the amount of retroactive benefits I am eligible for under the settlement?

If you disagree with any decision made about the retroactive cash assistance, food stamps and/or Medicaid benefits you are eligible for under this settlement, you can request a fair hearing to challenge the decision. Instructions about how to request a fair hearing are on the notice you received in this mailing.

If you disagree with any decision made about the payment you are eligible for under the settlement to replace State Food Assistance benefits, you can call one of the legal services offices listed below who will help you seek a review of the decision through an informal relief process.

I have questions. Who should I call to get more information?

If you have any questions about the M.K.B. v. Eggleston lawsuit, why you are receiving this notice, any other notice you may have received in connection with the M.K.B. lawsuit, or your retroactive benefits under the settlement, you should call INSERT LEGAL SERVICES OFFICE at 212.666.6666. They represent you, and all other members of the class, in the M.K.B. case - they are your attorneys.

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