

Restaurant Allowance

If I am applying for or receiving public assistance, can I qualify for special benefits if I can't prepare meals at home?

Yes. You may qualify for a Restaurant Allowance if you cannot prepare meals at home.

What do I have to show in order to qualify for a Restaurant Allowance?

You must show that you do not have access to adequate cooking facilities where you live. This includes a stove and refrigerator. It may be that you do not have any cooking facilities or that they do not work.

If your cooking facilities do not work, the Erie County Department of Social Services may choose to repair or replace them. The Erie County Department of Social Services must give you a Restaurant Allowance while this is being done.

What are "adequate" cooking facilities?

The definition of "adequate" depends on the facts of each case. *Cooking facilities located outside of your home are never considered adequate.*

How much will I receive as a Restaurant Allowance?

The amount you receive will depend on the number (and age) of the people in your household and whether you can prepare any of your meals in your home. The monthly allowance for each person in the household is as follows:

Must eat dinners in restaurants:	\$29
Must eat lunch and dinners in restaurant:	\$47
Must eat all meals in restaurant:	\$64

Is this the most that will be paid?

No. An additional \$36 per month will be given to the following:

1. Any pregnant woman
2. Any person under 18 years of age
3. Full-time students under the age of 19 who are in a high school or vocational program and will complete the program before turning age 19.

How do I apply for a Restaurant Allowance?

Fill out the attached form, "Request for an Additional Allowance by a Public Assistance Recipient." Fill it out and mail or take it to your Erie County Department of Social Services worker. **Be sure to keep a copy.**

You may also call your worker on the telephone and ask for a Restaurant Allowance. Be sure to keep notes of when you spoke to your worker about this. You should follow up your call with a written request. **Be sure to keep a copy.**

When you make your request, ask for a Restaurant Allowance dating back to the time when, as a person applying for or receiving public assistance, you were first unable to prepare meals at home. You can also ask for a voucher for a stove and/or refrigerator.

How long does the Erie County Department of Social Services have to decide if I am eligible for a Restaurant Allowance?

The Erie County Department of Social Services must let you know within 30 days of your request.

What can I do if the Erie County Department of Social Services denies my request, takes longer than 30 days to decide, or I think they've made a mistake in the amount of the allowance?

Call us at 847-0650 immediately. We will review your case and tell you how to challenge the Erie County Department of Social Services' decision, or we may agree to take your case. You must ask for a Fair Hearing within 60 days of the date of Erie County Department of Social Services notice to you. To request a Fair Hearing, notify the New York State Office of Temporary and Disability Assistance (OTDA) by telephone, fax, or mail that you want a Fair Hearing. You can write on the back of your notice the reason for requesting the hearing. If you phone, get the name of the person you speak to. If you write, send your letter by certified mail and keep a copy. The correct address is:

New York State Office of Temporary and Disability Assistance (OTDA)
Office of Administrative Hearings
P.O. Box 1930
Albany, New York 12201-1930
Telephone No.: 1-800-342-3334
Fax No. (518) 473-6735 (*you must use the form from Albany*)

REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER HELP BY A TEMPORARY ASSISTANCE RECIPIENT

Case Name: _____ Address: _____ _____	Case Number: _____ Telephone Number: _____
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I am requesting the following Temporary Assistance allowance(s) for special need(s): <input type="checkbox"/> Restaurant Allowance because I cannot prepare meals at home. <input type="checkbox"/> Pregnancy Allowance <input type="checkbox"/> Housing and Shelter Related Items <div style="margin-left: 20px;"> <input type="checkbox"/> Moving Expenses <input type="checkbox"/> Rent Security Deposit or Agreement <input type="checkbox"/> Brokers' or Finders' Fee <input type="checkbox"/> Storage of Furniture and Personal Belongings <input type="checkbox"/> Repair of Essential Household Items <input type="checkbox"/> Property Repairs <input type="checkbox"/> Back Rent <input type="checkbox"/> Back Mortgage and/or Taxes <input type="checkbox"/> Furniture and Other Household Items </div> <input type="checkbox"/> Other _____ _____ _____ _____	I am requesting other help: <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> I am working. <input type="checkbox"/> I am under 21 and wish to obtain a high school equivalency diploma. <input type="checkbox"/> I wish to attend approved occupational training. <input type="checkbox"/> I am sick and incapacitated and cannot care for my children. <input type="checkbox"/> Other _____ _____ _____
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FOR WORKER'S USE ONLY
CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST _____ _____ _____

CLIENT'S SIGNATURE X	DATE	WORKER'S SIGNATURE X	DATE
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