



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES**

Division of Family Development  
P.O. Box 716  
TRENTON, NEW JERSEY 08625

Chris Christie  
*Governor*

Kim Guadagno  
*Lt. Governor*

Jennifer Velez  
*Commissioner*

Jeanette Page-Hawkins  
*Director*  
Tel. (609) 588-2000

The following Decision is distributed for your information. This Decision has been made in consideration of the specific facts of this case. This Decision is not to be interpreted as establishing any new mandatory policy or procedure otherwise officially promulgated.

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES

FINAL DECISION

OAL DKT. NO. HPW 10212-14 N.S.

AGENCY DKT. NO. C198662 (CAMDEN COUNTY BOARD OF SOC. SVCS.)

Petitioner appeals the Respondent Agency's denial of her request for an extension of Emergency Assistance ("EA"). Because Petitioner appealed, the matter was transmitted to the Office of Administrative Law for a hearing. On August 21, 2014, the Honorable Linda M. Kassekert, Administrative Law Judge ("ALJ"), held a plenary hearing, took testimony and admitted documents. On August 22, 2014, the ALJ issued an Initial Decision which affirmed the Agency determination.

Neither party submitted exceptions.

As Director of the Division of Family Development, Department of Human Services, I independently reviewed the record and hereby ADOPT the Initial Decision and AFFIRM the Agency determination.

Petitioner receives Work First New Jersey/Temporary Assistance for Needy Families ("WFNJ/TANF") and Supplemental Nutrition Assistance Program, f/k/a the Food Stamp Program, benefits.

Petitioner has received 36 months of EA, thereby exhausting her 12-month lifetime EA limit, two 6-month extreme hardship extensions, and a 12-month extension of EA under the Housing Hardship Extension pilot. N.J.A.C. 10:90-6.4; -6.9. The Agency denied an extension of EA under the Housing Assistance Program ("HAP") pilot because Petitioner did not complete the application and because she was ineligible for HAP.

To qualify for an extension under HAP, a WFNJ/TANF recipient must have a Med-1 Form substantiating 12 months of disability and have applied for Supplemental Security Income ("SSI") or have appealed the denial of a SSI application. N.J.A.C. 10:90-6.10. There is no evidence Petitioner has Med-1 Form substantiating at least 12 months of disability or an appeal from the denial of SSI benefits. N.J.A.C. 10:90-6.10(a)(1). As such, I agree with the ALJ that the Agency action denying Petitioner additional EA under HAP was appropriate.

By way of comment, a copy of the Initial and Final Decisions shall be forwarded to the Division of Child Protection and Permanency to ensure the health, safety, and welfare of Petitioner's children.

For the foregoing reasons, I ADOPT the Initial Decision and AFFIRM the Agency determination.

*Signed Copy on File*  
at DFD, BARA

**AUG 29 2014**

\_\_\_\_\_  
Jeanette Page-Hawkins  
Director