



**ASSEMBLY STANDING COMMITTEE ON  
SOCIAL SERVICES**

**NOTICE OF PUBLIC HEARING**

**SUBJECT** Public Assistance Benefits in New York State

**PURPOSE:** To examine the current public assistance benefits in light of the economic instability caused by the COVID-19 pandemic and rising inflation.

**New York City  
Thursday, September 29, 2022  
11:00 am  
250 Broadway, Assembly Hearing Room 1923, 19<sup>th</sup> Floor  
New York, NY**

As New York State works to rebuild its economy in the wake of the COVID-19 pandemic, families continue to struggle to make ends meet. The most recent United States Department of Labor data shows that inflation rose to a record 9.1% in June 2022, the largest gain in nearly four decades, reflecting increased food, shelter, and fuel costs nationwide. In that same time period, United States Census Bureau Household Pulse Data Survey results revealed that 66% of respondents had difficulty paying for usual household expenses.

In an effort to further mitigate the financial burdens caused by the pandemic, the Fiscal Year 2022-23 enacted budget included changes to the State's public assistance eligibility determination requirements in an attempt to capture additional potential recipients. Although these changes are laudable and will expand eligibility, those who receive public assistance benefits may continue to face financial challenges. A recent report by the Empire Justice Center highlights the fact that even with public assistance, recipients are still more than 50% below the federal poverty level in every county in the State, making it difficult to afford their basic necessities.

The Committee seeks to receive testimony from key stakeholders to examine the current public assistance benefits in light of the economic instability caused by the COVID-19 pandemic and rising inflation.

Oral testimony will be limited to 5 minutes. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff no later than Friday, September 23, 2022.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Linda B. Rosenthal  
Member of Assembly  
Chair, Committee on Social Services**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Public Assistance Benefits in New York State are requested to complete and return the reply form no later than Friday prior to the hearing.

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- I plan to attend the following public hearing on Public Assistance Benefits in New York State to be conducted by the Assembly Committee on Social Services on Thursday, September 29, 2022.
- I plan to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

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- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** \_\_\_\_\_

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NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_