



# FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner  
Policy, Procedures and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner  
Office of Procedures

## **POLICY DIRECTIVE #07-11-ELI** *(This Policy Directive Replaces PD #03-49-ELI)*

### **PROCESSING OF FOOD STAMP CLAIMS**

<b>Date:</b> March 30, 2007	<b>Subtopic(s):</b> Food Stamps
--------------------------------	------------------------------------

**AUDIENCE** The instructions in this policy directive are for Non-Public Assistance (NPA) Food Stamp (FS) Office and Job Center staff, Food Stamp Claims staff, HIV/AIDS Services Administration (HASA) and Office of Food Stamp Fiscal Operations (OFFO) staff. They are informational for all other staff.

#### **REVISIONS TO ORIGINAL DIRECTIVE**

This policy directive has been revised to reflect the following:

- the Office of Fiscal Operations (OFO) is now the Office of Food Stamp Fiscal Operations (OFFO);
- the Periodic Report (**LDSS-4310**) is now sent to Public Assistance/Food Stamp (PA/FS) households only when new income is reported by a FS-only case member;
- the instructions regarding the resolution of discrepant information at Job Centers by JOS/Workers, JOS/Supervisors, and workers in the Employment Processing Unit (EPU) and Income Clearance Program (ICP) have been removed, as these staff members are no longer responsible for these actions. The evaluation and development of all potential PA/FS overpayments are now reviewed by the Office of Food Stamp Claims with the exception of claims for HASA and NPA FS Offices. The Office of Food Stamp Claims is located at 94 Flatbush Avenue, 1st floor, Brooklyn, NY 11217. A detailed description of the responsibilities of staff at Food Stamp Claims has been added to the policy directive;
- the section on OFFO (formerly OFO) has been expanded to include a more detailed description of its claims establishment operations;

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

- OFFO can consider reducing a claim on a closed case as a collection method to maximize and expedite repayments;
- references to change reporting have been updated to reflect modifications that allow non-six-month-reporting FS households to report changes within 10 days after the end of the month in which the change occurred instead of within 10 days of the change.

**POLICY**

United States Department of Agriculture (USDA) regulations require that an overpayment evaluation be performed on all households that may have received more FS benefits than the amount to which they were entitled.

**BACKGROUND**

FS overpayments are usually discovered as a result of discrepant information received at applicant/participant interviews, through correspondence and by reports of fraudulent activity. They are also discovered through computer matches, case audits and/or information on automated Job Notices (**FIA-3A**).

New Information

OFFO can compromise claims on closed cases to maximize and expedite payments from former participants. The compromise is a collection tool to be used when OFFO determines that the claim is not fully collectible by other means. New York State has included additional language on the claims establishment notice in the Client Notice System (CNS) to offer former participants the chance to request a compromise on a closed case if they are unable to repay the full balance of the claim. Households whose claims have been compromised must agree to a repayment agreement and make regular monthly payments.

OFFO can also terminate claims deemed to be administratively uncollectible.

OFFO can terminate claims on closed cases that are determined to be administratively uncollectible if any of the following apply:

- the claim is found to be invalid in an administrative hearing;
- all adult household members are deceased;
- the claim is less than \$500;
- collection of the claim is not cost-effective; or
- the claim has been delinquent for at least three years.

To correctly identify, establish and process FS overpayments, Workers must understand the following steps and terminology:

Discrepant Information

Definition of “discrepant information”

Discrepant information is information that may affect PA and/or FS eligibility or benefit amounts. Discrepant information may also indicate that there was a past overpayment of benefits.

Discrepant information may be information that was not previously reported or, if reported, not properly acted upon.

All discrepant information must be evaluated to determine if a case change is required and/or if any PA/FS overpayments have occurred as a result of the discrepant information. This includes any current or past overpayments.

The following are some situations where discrepant information could result in an overpayment:

Situations that may result in an overpayment

- the household reported incorrect or incomplete information;
- the household did not report a change in financial circumstances (earned and unearned income) or other circumstances;
- the household did not report a change in financial or other circumstances in a timely manner;
- the Agency failed to take action in a timely manner on a change reported by the household;
- the Agency incorrectly computed the household’s budget.

Other sources of discrepant information that could result in potential overpayment claims include, but are not limited to:

Other sources of discrepant information

- information received from a participant at recert or other contact;
- computer matches and other automated lists;
- mail correspondence;
- quality control findings;
- Periodic Report and/or Eligibility Questionnaire returns;
- **FIA-3A** referrals; and
- Bureau of Fraud Investigation (BFI), Division of Financial Review and Processing (DFRP) and/or Office of Quality Assurance (OQA) referrals.

Date of Discovery

Definition of “date of discovery”

The date of discovery is based on the source of the discrepant information. Refer to the Desk Guide for Determining Date of Discovery and Due Dates for Discrepancy Resolution and Claim Evaluation/Development (**W-203U**) for detailed instructions regarding how to determine the date of discovery.

Use of discovery date      The date of discovery is used:

- when tracking the time that it takes to assess the discrepant information;
- to make changes to the case; and
- if appropriate, to establish a FS overpayment claim, including the FS overpayment period.

The date of discovery must be recorded in the case record/folder whenever discrepant information may result in a potential FS overpayment claim.

Discrepant information is known to apply to the household.

For discrepant information that is known to apply to the household the date of discovery is the date the Supervisor or Worker receives information that may affect a household's FS case. Do not use the date the information is verified. Examples of information that is known to apply to the household include computer matches that are considered verified upon receipt and changes reported directly by the household.

See [PD #06-31-OPE](#) for matches considered verified upon receipt.

Discrepant information is not known to apply to the household.

For discrepant information resulting from computer matches or other automated lists containing information that is not known to apply to the household or other miscellaneous referrals requiring additional follow-up to determine whether it is about the case in question, the date of discovery is the date the Worker determines that the information applies to the household.

Agency error

The date of discovery for an Agency Error (AE) overpayment is the date the Agency discovered the error that led to the overpayment, not the date it originally occurred.

The evaluation and development of all potential FS overpayments are now reviewed by the Office of Food Stamp Claims with the exception of claims for HASA and NPA FS Offices. HASA and NPA FS Offices are responsible to evaluate and develop their own claims.

Claim Determination Process for HASA and NPA FS Offices

**Step 1 – Resolution**

Worker reviews information, and, if required, takes action to correct the case and uses the **W-140M** to determine if a claim exists.

The resolution process begins when the Worker reviews the discrepant information received and, if required, takes action to correct the case. At this point, the Worker must also use the Discrepant Information Tracking Form (**W-140M**) to determine if there is a possible FS overpayment claim to pursue based on the discrepant information. The Worker initiates the **W-140M** if the discrepant information is reported to or directly sent to him/her. If the Site Manager’s Designee receives the discrepant information, s/he will initiate the **W-140M** and forward it to the Worker to be completed.

Use of form **W-140M**

The **W-140M** documents the Worker’s decision regarding the:

- pursuit of a FS overpayment claim;
- date of discovery of the discrepant information; and
- time taken to establish the claim.

Revised **W-140M**

The **W-140M** is required even if the documentation needed to verify the possible claim is incomplete. The **W-140M** has been revised to reflect the changes in this directive. Instructions for completing the **W-140M** are located on page 2 of the form.

The **W-140M** must be forwarded to the Supervisor for monitoring and control as soon as possible, but no later than 30 days after the receipt of the discrepant information.

**Step 2 – Evaluation**

Confirm amount and period of overpayment

Complete **W-140CC**

Evaluation of an overpayment claim requires obtaining information needed to confirm the amount and period of overpayment. The Worker may have initially detected, during the resolution process, a possible overpayment requiring a claim. However, additional evidence obtained during the evaluation phase may then show that there was no overpayment. In either case, the Worker completes the New Claims Prescreening Form (**W-140CC**) to indicate the result of this phase of the claim determination process.

Use of **W-140CC**

The **W-140CC** is used to:

- document the reason for the claim;
- provide the coding needed for tracking and monitoring reports;
- change the discrepant information resolution decision from “potential claim” to “no claim required.”

Revised **W-140CC**

The **W-140CC** has been revised to remove EPU, ICP and CMU from the form. The instructions for completing the **W-140CC** are located on page 3 of the form.

**Step 3 – Calculation**

Calculate amount and duration of overpayment

The Worker uses the information gathered during the evaluation phase to calculate the amount and duration of the overpayment.

Prepare claim packet

S/he also prepares a claim packet for transmittal to OFFO for claim establishment and data entry.

Use **W-203U** to determine time frames.

Processing Time Frames

New information

The resolution and evaluation of discrepant information, the calculation of overpayments, if required, and the forwarding of the claim to OFFO for establishment and data entry in WMS must be completed within 120 days of the date of discovery. OFFO has an additional 60 days to process the claim, once received, for a total time frame of 180 days. See the **W-203U** for detailed information regarding specific time frames.

Unless otherwise advised, steps 1, 2 and 3 must be completed within 120 days of the discovery date.

**REQUIRED ACTION**

NPA FS Offices

Workers in NPA FS Offices must complete all three steps of the claim determination process: resolution of discrepant information, evaluation of potential claims and calculation of overpayment claims.

Resolution of Discrepant Information

Using the **W-140M**

If the discrepant information is reported to or directly received by the Worker, s/he must initiate and use the **W-140M**. The Worker must then determine if a change to the current FS budget is required as a result of the discrepant information. If a change is required, the Worker must:

- initiate required change(s) to the budget within prescribed time frames to make changes to an active case;
- assess the file to determine if a FS overpayment occurred as a result of the discrepant information.

For reduction, closing and overpayment, complete the **W-140M** in triplicate.

Complete the **W-140M** in triplicate if resolution of the discrepant information results in:

- a FS budget reduction or case closing; and/or
- discovery that a benefit overpayment occurred.

**NOTE:** Do not prepare a **W-140M** in triplicate where the information does not result in a FS budget reduction, case closing or FS overpayment.

Forward all three copies of the **W-140M** to the Supervisor if the claims package is being submitted. If the claims package cannot be completed in a timely manner because of additional required verification and/or calculation of the overpayment claim, the Worker must:

- keep the case record/folder so that s/he will be able to complete the claim determination upon receipt of the required documentation;
- forward the original and one copy of the **W-140M** to the Supervisor; and
- file the remaining copy in the case record/folder.

If the **W-140M** is initiated by the Site Manager's Designee, the Worker must:

- complete Sections II, III and IV of the **W-140M** in duplicate;
- return the two copies of the completed **W-140M** with the case record/folder to the Supervisor by the resolution due date on the form. The **W-140M** must be returned by the resolution due date even if there is no action to be taken on the present or prior case budget and no prior overpayment is indicated;
- file the original **W-140M** in the case record/folder;
- if preparation of an overpayment claim is required and the claim cannot be completed by the resolution due date, return the original and two copies of the completed **W-140M** to the Supervisor by the resolution due date and keep the case record/folder until the claim is completed.

Actions to take in case of a potential Intentional Program Violation (IPV)

When it appears that an Intentional Program Violation may exist (see [PD #00-18R](#)), prepare an additional copy of the **W-140M** and forward it to BFI.

### Claims Evaluation

If during the resolution process it appears that a FS overpayment may have occurred as a result of the discrepant information, the need for additional information must be evaluated to verify whether there was an overpayment. The Worker must:

- evaluate the potential FS overpayment using the New Claims Prescreening Form (**W-140CC**);

Evaluate potential FS overpayments using **W-140CC**

IPVs are pursued by BFI

- obtain any additional documentation needed to support the overpayment claim when a FS overpayment claim is indicated;
- access the Welfare Management System (WMS) **Food Stamp Benefit Issuance** screen or request a **benefit issuance** archive;
- determine the type of overpayment: Agency Error (AE), Intentional Household Error (IHE) or Intentional Program Violation (IPV);
- determine the first month of overpayment using the following standards:

- Application

The initial month of overpayment is the month of the household's application for food stamps.

This discrepant information relates to a situation existing when the application was filed. For information left unreported or inaccurately reported at application, the initial month of overpayment is the month of application for FS benefits. This includes changes that occurred between the date of the application interview and the date eligibility was determined.

Example:

An applicant household applies on January 10, 2006, and is accepted for FS benefits on February 1, 2006, but failed to report household circumstances known to him/her during the application process. The initial month of overpayment would be January 2006.

Please see [PB #06-41-OPE](#)

- Change Reporting (Non-Six-Month-Reporting Households)

This discrepant information relates to a situation that began while the household was receiving assistance. The first month of overpayment for changes that were not reported by a non-six-month-reporting household is the second month after the month in which the change occurred. This allows for the FS reporting standard of 30 days, the time frame that would have been applied if the change had been reported on time (10 days after the end of the calendar month in which the change occurred for the participant to report the change, 10 days for case action[s] and 10 days for timely notice).

To simplify and standardize procedures, the second month after the change month is always used as the initial overpayment date even if the actual calendar date indicates that the change to the case could have been made as early as the month after the change occurred.



Example:

A household received income from a new source on February 15, 2006, but did not report it. The household should have reported the change by March 10, 2006 (10 days after the end of the calendar month in which the change occurred). The FS Worker would have been required to send a notice by March 20, 2006. The 10-day notice time frame would have ended March 30, 2006. The first month of the overpayment would be April 2006.

The exception to this is a change that occurs in the last month of a recertification period. These changes should be reported to the FS Worker before the new budget and certification of the case is completed. In this instance, the first month of overpayment is the first month of the new certification period.

Please see  
[PD #02-41-ELI](#)

- **Change Reporting (Six-Month-Reporting Households)**

FS households in six-month reporting must report changes according to the six-month-reporting rules. These households are required to report changes for FS purposes only as follows:

- Income exceeds 130 percent of poverty level

These households must report income changes that cause the household's gross income to exceed 130 percent of the poverty level by the 10th day of the month following the month in which the household's total gross income exceeded 130 percent of the poverty level for that size household.

If a six-month-reporting household fails to report that its gross income exceeded 130 percent of the poverty level for any given calendar month, the initial month of overpayment is the second month following the month that the income exceeded 130 percent of the poverty level.

Example:

A household's income exceeds 130 percent of the poverty level in March 2006. The household must report this by April 10, 2006. The first month of overpayment is May 2006 if the household fails to report the change.

Reporting change at  
recertification

- Recertification

All changes must be reported at recertification. A change that a six-month-reporting household fails to report at recertification causes an overpayment as of the first month of the new certification period.

Example:

A six-month-reporting household had a certification period of January 1, 2006, through June 30, 2006. The household did not report at its June 2006 recertification interview that the household's income increased on May 1, 2006. The first month of overpayment is July 2006.

New information

The report is sent to PA/FS households only when they report the receipt of new employment income for a FS-only participant.

Periodic Report

For PA/FS households, the Periodic Report (**LDSS-4310**) is a mailer that is sent when a household reports the receipt of new employment income by a FS-only participant on a PA case and, at the point the report is made; the household has seven or more months remaining in its current certification period. All changes must be reported on this mailer. After the current certification period ends, these households will be recertified every six months for as long as the FS-only household member is in receipt of employment income.

A change not reported on a periodic report filed by a household with a certification period of seven months or longer causes an overpayment in the first month after the report process month, which is the seventh month of the certification period.

For FS purposes, these households must report income changes that cause the household's gross income to exceed 130 percent of the poverty level by the 10th day of the month following the month in which the household's total gross income exceeded 130 percent of the poverty level for that size household.

Example:

A household's income exceeds 130 percent of the poverty level in March 2006. The household must report this by April 10, 2006. The first month of overpayment is May 2006 if the household fails to report the change.

For NPA FS households in receipt of unearned income that have a 12-month certification period, the periodic report is sent at the six-month point.

Once a household becomes a six-month-reporting household, it continues to report changes based on the six-month-reporting standards until the end of its certification period, even if it is no longer receiving earned or unearned income.

Example:

A six-month-reporting household with a six-month certification period of January through June reports and verifies in February that it lost its income. The Worker must change the budget to reflect the loss of income. The household remains on six-month-reporting and is not required to report any changes until recertification unless the household's income rises above 130 percent of the poverty level. If the household does not receive any additional income by the next recertification, the household becomes a change reporting household.

This rule also applies to households with 12-month certification periods that file periodic reports. The amount of household benefits is changed based on the information on the report, but the household remains on six-month reporting until the end of the 12-month certification period.

- Start Date of Claim Period

The initial month of overpayment is determined by the application of the change reporting rules (as discussed on the prior pages of this directive). The date of discovery of the discrepant information determines the start date of the claim.

For claims classified as AEs or IHEs, the claim period can go back only one full year (12 months) from the date of discovery. Although the overpayment period may be greater than 12 months, we cannot go beyond 12 months.

Example:

On June 25, 2007, the Worker determined that the Agency failed to budget new earned income that a change-reporting household began receiving on January 10, 2006, and reported to the Agency on January 15, 2006.

The Worker classified the overpayment as AE. Taking into consideration the reporting notice time frames, the change to the FS benefits should have occurred on March 1, 2006. However, since the household cannot be held liable for an AE overpayment amount for a past period longer than one year from the date of discovery (June 25, 2007), the start date of the overpayment claim period is July 1, 2006.

Count the date of discovery month as month one when counting back to determine the start date of the claim period.

Example:

In the above example, the month of discovery is June 2007 (month one: June 2007; month two: May 2007; month three: April 2007; month 12: July 2006).

For claims classified as IPVs, the claim period may go back up to six years (72 months) from the date of discovery.

Example:

If, in the above example, an IPV determination is obtained, the start date of the claim period would be March 1, 2006.

- End Date of Claim Period

The end date of the claim period is the date the change is made to the case or the date the information no longer applies to the case. The claim period includes overpayments made during the time between the date of discovery and when the change is made, including the notice time period. The total claim period can exceed 12 months for AEs and IHEs or six years for IPVs when these “forward” months are included.

Example:

A change-reporting household started receiving unearned income on January 10, 2005. The household reported the change on January 15, 2005. On June 25, 2006, the Worker discovered that the Agency failed to make the change. The Worker sent a timely notice to change the current budget as of July 31, 2006.

This is an AE overpayment. The date of discovery is June 25, 2006. The claim period is July 1, 2005 (one year prior to the date of discovery) to July 31, 2006 (the date the change was made to the case). The claim period is 13 months.

Claims Calculation

The Worker uses additional information gathered during the evaluation to calculate the overpayment period and the overpayment amount. S/he then develops the FS overpayment claim packet. The Worker calculates an overpayment claim by:

AE and IHE claim start date cannot exceed 12 months prior to date of discovery.

- determining the period of overpayment. While the initial month of an overpayment is determined by applying the change reporting rules, the type of claim and date of discovery of the discrepant information determine the amount of overpayment that must be repaid. For an AE or IHE claim, the overpayment period may not begin more than 12 months prior to the date of discovery.

Example:

On June 25, 2006, the worker determines that the Agency failed to budget new unearned income that a Six-Month-Reporting household reported during a recertification interview held in January 2005. The household's new certification period started February 1, 2005.

The household was overpaid starting in February 2005. The worker classifies the overpayment as an AE.

The time period between the Date of Discovery, June 25, 2006 and the date the overpayment started is longer than 12 months. A household cannot be held liable for AE or IHE overpayment amounts for a past period longer than one year from the Date of Discovery. The start date of the overpayment claim period is July 1, 2005, one year from the Date of Discovery.

Claims may continue to the prospective date of change.

For all types of claims, the overpayment continues forward from the date of discovery to the prospective date the change is made, including payments made during the notice time periods. In the above AE example, the Worker sent a timely notice on June 25, 2006, to change the FS benefits as of August 1, 2006. The benefits paid during the timely notice period in July were an overpayment. The total period of the overpayment is July 1, 2005 to July 31, 2006 (13 months).

Only BFI can pursue the establishment of an IPV claim

A claim cannot be classified as an IPV unless it has been determined in a court of appropriate jurisdiction or in an Administrative Disqualification Hearing (ADH). The overpayment period may not begin more than six years prior to the date of discovery.

Simplified claims calculation method (use form **W-140DD**)

- calculating the actual amount of FS the household was entitled to, using the simplified claims calculation method (New Claim Calculation Worksheet [**W-140DD**]) for earned or unearned income. The claim period begins with the date the overpayment began and ends with the effective date of the budget change. If the household was ineligible for benefits, the total benefit amount paid is the amount of the claim. At no time should the monthly overpayment amount exceed the monthly amount of FS that the household received;
- using the conventional calculation method to develop a claim when the household change is not related to earned or unearned income.

Conventional calculation method (use forms **W-122A/W-122AA**)

If using the Monthly Food Stamp Worksheet (NPA) (**W-122A**) and the Monthly Food Stamp Worksheet (SSI/Aged/Disabled) (**W-122AA**), the **Benefit Issuance** screens, prior budget summaries and archive information for the claim period must also be used. Compare the amount that the household was entitled to receive to the amount received for the period of overpayment in order to determine the amount of the FS claim.

Prepare and attach documentation

- Prepare a Report of Claim Determination (**W-124H**) form in duplicate. This form indicates the claim type (category), the date of discovery, a breakdown of the overpayment amount, the reason for the overpayment and the action taken to resolve the discrepancy. Attach documentation to support the overpayment claim; sign and date. The **W-124H** has been revised with corrected information for the Office of Food Stamp Fiscal Operations;

Revised **W-124H**

- Complete the New Claims Prescreening Form (**W-140CC**). If it is determined that the discrepant information originally identified as a possible FS overpayment does not result in a claim, indicate this on the **W-140CC**;
- Assemble the FS overpayment claim packet.

### Food Stamp Claim Packets

Food Stamp claim packets must include the following:

- New Claims Prescreening Form (**W-140CC**);
- Discrepant Information Tracking Form (**W-140M**) (one copy);
- Original Report of Claim Determination (**W-124H**);
- New Claim Calculation Worksheet (**W-140DD**), if earned/unearned income;
- Monthly Food Stamp Budget Worksheet (NPA) (**W-122A**) or Monthly Food Stamp Budget Worksheet – NPA (SSI/Aged/Disabled) (**W-122AA**) for NPA FS Offices or Family Budget Computation (**W-648**) and Monthly Food Stamp Budget Worksheet (PA) (**W-122D**) or Food Stamp Budget Worksheet (PA – SSI/Aged/Disabled) (**W-122DD**) for HASA Centers and Food Stamp Claims staff, if the conventional calculation method was used;
- verification of monthly income with supporting documentation (e.g., pay stubs, letters from employers, bank statements, etc.) used to substantiate the FS overpayment claim;
- verification of household changes other than earned or unearned income that caused a FS overpayment;
- copies of recertification application forms for the period prior to, during and immediately after the claim period, especially if the overpayment was due to a potential IPV;
- copies of the **Benefit Issuance** screens and PA/FS budgets for the overpayment period;
- current TAD; and
- History Sheet (**W-25**) with any information relevant to the claim that is not included on any of the other forms and documents that are being submitted.

Documentation of non-income-related reason for FS overpayment claim required in packet

In some instances, the NPA FS Office Worker will be able to complete the claim packet within the allowable time frame for processing any necessary change action (e.g., reduction or closing). When this occurs, the **W-140M** and the FS overpayment claim packet are forwarded to the Supervisor at the same time. If the claim packet cannot be completed in time to be forwarded along with the necessary case action, forward the completed claim packet to the Supervisor immediately upon completion.

Send completed claim packets to OFFO within the 120-day date-of-discovery time frame.

Remember that depending on the date of discovery, all FS overpayment claim packets must be forwarded to OFFO for review and data entry within 120 days of the date of discovery. Refer to the **W-203U** to determine the correct time frame.

### FS Office Group Supervisor

When the FS Office Group Supervisor receives a case record/folder containing discrepant information for review and sign-off, s/he must:

Monitor and control the group's resolution of discrepant information using forms **W-140M** and **W-140Q**.

- review all budget reductions and case closing actions and ensure that a **W-140M** has been completed;
- review all submitted **W-140Ms** for accuracy;
- forward one copy of the completed **W-140M** to the Site Manager's Designee for monitoring and control purposes, file the original in the case record/folder and file one copy in a completed **W-140M** control file;
- maintain, monitor and report on the group's discrepant information resolutions and inventory of potential FS overpayment claims using the **W-140M** and the Potential Food Stamp Claims Control Log (**W-140Q**);
- ensure that the case record/folder is returned to the Worker for completion of the overpayment claim after the change to the current case (e.g., reduction or closing) is submitted for review and sign-off prior to completion of the claim calculation.

Information received from the Site Manager's Designee

When the FS Office Group Supervisor receives discrepant information with an original **W-140M** and a copy attached (via the Site Manager's Designee), s/he must:

- file the copy of the **W-140M** in a tickler file for monitoring and control. The tickler file is used to ensure that resolution of the data is completed by the resolution due date indicated on the form;
- forward the discrepant information and the original **W-140M** to the appropriate Worker for all required actions;
- when the completed **W-140M** is returned by the Worker, attach a copy to the original received from the Site Manager's Designee;
- ensure that either the original or a very clear copy of the **W-140M** is filed in the case record/folder. The record/folder is received from the Worker when the **W-140M** is completed or after a claim has been determined.



Receipt of FS overpayment claim packet

When the FS Office Group Supervisor receives a FS overpayment claim packet from the Worker, s/he must:

- review/sign off on the FS overpayment claim packet;
- ensure that the correct date of discovery and claim type have been selected on the **W-124H**. Also check that the correct months of overpayment are indicated and supporting documentation is attached;
- ensure that the **W-140CC** is accurately completed;
- ensure that if a change to the current case is submitted at the same time as the claim packet, the case record and all required forms to support the case rebudgeting action(s) are forwarded for data entry;
- forward all completed claims packets as soon as possible to the Site Manager's Designee;
- complete the Potential Food Stamp Overpayments/Claims Tracking Report (**W-140FF**) on the first business day of each week and forward the completed report to the Site Manager's Designee. The **W-140FF** has been revised to remove EPU, ICP and the Computer Match Unit from the form.

Revised **W-140FF**

FS Site Manager's Designee

The FS Site Manager's Designee controls and monitors all activities associated with incoming discrepant information received via the Manager's office or reported directly to the Worker. The FS Site Manager's Designee must:

- initiate the **W-140M** by completing Section I of the form if s/he receives the discrepant information;
- forward the original and one copy of the **W-140M** together with the discrepant information to the appropriate Group Supervisor;
- ensure that discrepant information is logged and controlled by utilizing the Discrepant Information Control Log (**W-140X**);
- file one copy of the **W-140M** in a tickler file for control purposes;
- ensure that all discrepant information forwarded to the Group Supervisor is assigned to a Worker and that all required actions are completed in a timely manner;
- ensure that all **W-140Ms**, regardless of where initiated (Worker or Manager's office), are controlled and incorporated into appropriate reports;
- complete the Discrepant Information Control Report (**W-140Y**) on the first business day of each week. The **W-140Y** accounts for the source of the discrepant information as well as the number of referrals received from other areas within the Agency regarding:

Monitor and control discrepant information distributed to groups using the **W-140X**.

The **W-140X** has been revised to delete the mention of items 5c and 5d of the **W-140M**

Complete the **W-140Y** on the first business day of each week.

- discrepant information received;
- number of discrepancies resolved;
- number of discrepancies awaiting resolution; and
- remaining balance from the previous week.

Revised **W-140Y**

The **W-140Y** has been revised to remove ORI/BFI, ICP, Computer Match Unit and Center from the form.

Forward the completed **W-140Y** to the Office of Support Services.

The completed report on the previous week’s activity must be forwarded to the Office of Support Services (180 Water Street, 20th Floor, New York, NY 10038), no later than the close of business on the first business day of each week.

Complete the **W-140EE** and forward with claim packets to OFFO.

- List the completed FS overpayment claim packets on the Report of Claims Determination Transmittal (**W-140EE**) and forward it with the completed claim packets to OFFO (98 Flatbush Avenue, 2nd Floor, Brooklyn, NY 11217). The **W-140EE** has been revised with corrected information on the Office of Food Stamp Fiscal Operations.
- Forward the completed **W-140FF** for the previous week’s activity to the Office of Support Services no later than the close of business on the first business day of each week.

Revised **W-140EE**

Each Office must ensure that claim packets are submitted within the required time frames indicated on the **W-203U**.

Job Centers

JOS/Workers at Job Centers are not responsible for the evaluation of potential Food Stamp overpayments or the development of claims. If Workers receive discrepant information that does not result in a closing or budget reduction but may result in a Food Stamp overpayment, they are required to forward the discrepant information to the Office of FS Claims at 94 Flatbush Avenue, 1st floor, Brooklyn NY 11217. Information on cases with closings or budget reductions is received by the Office of FS Claims on an automated monthly list.

Claims Evaluation and Calculation

**Claims Development Staff at the Office of FS Claims**

Claims Development staff from the Office of FS Claims located at 94 Flatbush Avenue evaluate and calculate possible Food Stamp overpayment claims.

The Claims Development staff are located on the first floor of 94 Flatbush Avenue and are responsible for the evaluation and development of all potential FS claims originating from Job Centers, the Income Clearance Program (ICP) and the Division of Financial Review and Processing (DFRP).

FS Claims receives edited reports from the Enterprise Data Warehouse (EDW) that provide a pool of potential Food Stamp overpayments from case closings and budget reductions. The EDW contains data from WMS that is used to create reports that capture all budgetary reductions and closings on a monthly basis. The FS claims staff are responsible for the evaluation of all potential FS overpayments to determine if a claim calculation is necessary. If no claim is to be developed, the reason must be documented using the **W-140CC**, WMS and the HRA Viewer screens. Additionally, they are responsible for the development and forwarding of all claims packets to OFFO for establishment and data entry.

#### *Claims Development Clerical Worker*

When the Claims Development Clerical Worker receives a case, s/he must:

- retrieve the Turn-Around Document (**TAD**);
- retrieve printouts of necessary WMS screens;
- prepare case files for submission to Day Forwarding;
- prepare transmittal of cases to be Day Forwarded;
- discard all documents not submitted for imaging.

#### *Claims Development Eligibility Worker*

Claims Development Eligibility Workers are assigned a list of cases that consist of potential food stamp overpayments retrieved from EDW. The workers evaluate the cases to determine if a claim calculation is needed. The evaluation process consists of a review of the following:

- TADs;
- WMS screens;
- Resource File Integration (RFI);
- State Data Exchange (SDX);
- NYCWAY;
- FIA-3A;
- HRA Viewer.

In some instances it may become necessary for the Worker to request additional information from:

- employers;
- landlords;
- participants;

- the Social Security Administration;
- the New York State Department of Labor.

If the Worker deems that a claim exists, s/he calculates the claim and prepares a claim packet. Workers can follow the claims evaluation process, which begins on page 7 of this policy directive. FS Claims staff are not responsible for the resolution of discrepant information and do not prepare the **W-140M** or **W-140Y**.

When a claim is due to a household change that is not related to earned or unearned income, the Eligibility Worker must use the conventional calculation method. To complete the conventional calculation method, they must complete the **W-648**, **W-122D** and **W-122DD**.

#### *Claims Development Supervisor*

The Claims Development Supervisor must:

- ensure that the correct date of discovery, claim type and months of overpayment are accurately selected and recorded on the **W-124H** and **W-25** and that supporting documentation is attached;
- ensure that the **W-140CC** is accurately completed;
- annotate the EDW list with the appropriate prescreening and/or resolution code;
- ensure that “no claims” packets are submitted to clerical staff for submission to Day Forwarding;
- list all completed FS overpayment claims on the **W-140EE**;
- forward the **W-140EE** with the completed claim packets to the Assistant Deputy Director for review;
- complete the **W-140FF** for the previous week by the second business day of the following week and forward the completed report to the Assistant Deputy Director for review.

#### *Claims Development Assistant Deputy Director*

The Claims Development Assistant Deputy Director must:

- review all forms for accuracy;
- complete reports;
- forward all claims to OFFO (98 Flatbush Avenue, 2nd Floor, Brooklyn, NY 11217) for establishment and data entry in WMS no later than 120 days from the date of discovery.

Forward completed packets and the **W-140EE** to OFFO within 120 days of discovery.

*HIV/AIDS Services Administration (HASA)*

HASA staff initiate and prepare FS overpayment claims in instances where an overpayment on a case is the result of earned and/or unearned income. HASA staff must follow the same process as the NPA FS Centers to evaluate, calculate and develop claim packets, as described in this policy directive.

This section has been expanded to provide more information regarding OFFO.

Food Stamp overpayment claim packets

Office of FS Fiscal Operations (OFFO)

All FS overpayment claim packets are sent to OFFO, located at 98 Flatbush Avenue, 2nd Floor, Brooklyn, NY 11217. OFFO is responsible for ensuring the accuracy and processing of claims. When the packet is received, it is clocked in and follows the order of workers below:

Data Entry Clerk:

Demographics entry

- enters all the demographics into a master claims list (internal PC program); and
- decontrols and returns inaccurate claims with a return due date.

Claims Establishment Unit Clerk:

- after demographics are entered, retrieves the claim packet; and
- lists the claim packet received on the Control of Assignments/Referrals: Subject ([W-708](#)).

Claims Establishment Unit Worker:

Claims Establishment Unit Worker lists and reviews claim packets.

- reviews the claim packet for accuracy;
- if accurate, enters the claim in WMS using Worker Mode;
- if inaccurate, indicates why; and
- forwards both accurate and inaccurate claim packets to the Unit Supervisor.

Claims Establishment Unit Supervisor:

Unit Supervisor reviews claims

- reviews claims that are entered in WMS as well as those deemed to be inaccurate; and
- returns an incorrect claim to the data entry clerk to decontrol and returns to the appropriate site for correction, including a due date to be returned to OFFO.

**Note:** Once corrected and returned, the claim is processed in the same manner as a new claim.

Collections and Accounts Receivable Unit

When a claim is entered in WMS, a Client Notice System (CNS) notice is automatically produced and sent, informing the household that a FS recoupment is being initiated. The CNS notice includes a repayment agreement. Households for which the FS case is no longer active can choose to make voluntary payments by signing and returning the repayment agreement.

The Collections and Accounts Receivable Unit is responsible for monitoring the recoupment activity on all closed cases, unless a fair hearing is pending. In instances where an inactive FS household chooses to make voluntary payments by signing and returning the repayment agreement, this unit will:

Cash Accounting Management System (CAMS)

- contact the household to discuss the repayment terms and process;
- send a receipt along with a self-addressed and stamped envelope for each payment OFFO receives;
- enter each payment received in WMS. Once it is entered, the payment will also be automatically noted in the State Cash Accounting Management System (CAMS). The Unit Supervisor is responsible for ensuring that these payments are correctly entered in WMS and applied to the appropriate account, as well as for ensuring that CAMS and WMS reflect the same information. In instances where a discrepancy between the information in WMS and CAMS is detected, the Collections and Accounts Receivable Coordinator is responsible for ensuring that the discrepancy is resolved.

If the household does not respond to the initial recoupment notice, the unit will manually prepare and send two more notices at 15-day intervals. If no response is received after the third notice, the claim will be referred to the Office of Temporary and Disability Assistance (OTDA), which will try to collect the monies due using the Treasury Offset Program (TOP).


**PROGRAM IMPLICATIONS**

Model Office Implications

There are no Model Office implications.

Paperless Office System (POS) Implications

POS Workers must enter a case comment for all actions performed on a case:

- Click on the case comment icon  or press <ALT>M on the keyboard;
- Use the **Review Case** activity to verify past documentation of questionable income issues;
- Review the POS Document Browser for any documents supporting the discrepant claim;
- Use WMS Plug to process a scratch pad budget;
- Use the POS Scheduling option in the **Change Case Data** activity as a tickler file when awaiting further documentation;
- Scan all non-POS-generated forms and notices that are signed by the individual into the electronic case record, except documents related to Domestic Violence.

Food Stamp Implications

During a review to determine a FS overpayment, it may be discovered that the household was underpaid for one or more months within an overpayment period. In these instances, the underpayment amount must be used to offset the total amount of the overpayments. In instances where the total underpayment is more than the overpayment, the difference must be used to offset any previously existing overpayment claims.

If the underpayment is determined to be an Agency error, the participant must be reimbursed the total underpayment balance. The amount of this refund is the difference between the overpayment and the underpayment.

Medicaid Implications

There are no Medicaid implications.

**LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING IMPAIRED IMPLICATIONS**

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#) and [PD #06-13-OPE](#).

## FAIR HEARING IMPLICATIONS

Applicants/participants are entitled to request a Fair Hearing if they believe that a FS overpayment claim was inappropriately established against them. Participants are also entitled to Aid to Continue (ATC) status on IHE and AE Fair Hearing requests if they request the hearing before the effective date of the Notice to Recoup. Applicants/participants must be given an opportunity for a conference/dispute resolution on the issue.

### Conference

If an applicant/participant comes to the FS Office/Job Center or telephones the Worker directly, requesting a conference regarding a FS overpayment claim, the Receptionist must advise the individual to telephone or report to the OFFO Fair Hearing Resolution, Compliance and Reception Unit at the address listed on the notice/letter. Individuals who are responding to a Notice of Intent must telephone (718) 237-6925 to request a conference on the claim.

Individuals who have requested a Fair Hearing in response to a letter received from the Fair Hearing Resolution, Compliance and Reception Unit may telephone (718) 237-6925 for a dispute resolution interview.

### Fair Hearing Resolution, Compliance and Reception Unit

### Avoidance/Resolution

The goal of the Fair Hearing Resolution, Compliance and Reception Unit is to prevent the need for a Fair Hearing by reviewing the applicant/participant's complaint through a conference and/or dispute resolution interview.

### Individual requesting a FH but not a conference

If the individual has requested a Fair Hearing but has not requested a conference, a Resolution/Compliance Worker will immediately send an Offer of Dispute Resolution letter to the applicant/participant, requesting that s/he come in to 98 Flatbush Avenue, in Brooklyn for a resolution interview and review of the FS established claim.

Prior to the interview, the Resolution/Compliance Worker will review the FS overpayment claim and assess the accuracy of the method used to calculate the claim. The Resolution/Compliance Worker will also explain the case-specific documents in detail. The documents from the claims packet and relevant computer screens must justify the FS overpayment claim.

If the claim has been incorrectly calculated and it is determined that there is no overpayment, the Worker will have a FS Recoupment Data Entry Form ([LDSS-3513](#)) prepared to delete the recoupment. If the individual is entitled to a supplement, a FS Issuance Authorization Form ([LDSS-3574](#)) will also be prepared.



In instances where the applicant/participant has not requested a Fair Hearing but telephones the Fair Hearing Resolution, Compliance and Reception Unit to request a conference, s/he will be given an in person office appointment. The Conference Coordinator will interview the individual, following the process described above.

**Evidence Packets** Evidence packets for FS overpayment claim Fair Hearings are prepared by the Fair Hearing, Resolution/Compliance and Reception Unit and are hand-delivered to the Division of Fair Hearing Administration, Fair Hearing Representation Unit, at 14 Boerum Place, 17th Floor, Brooklyn, NY 11201.

**REFERENCES** [04-ADM-01](#)  
[06-INF-10](#)  
 7CFR 273.18  
 18NYCRR 387.19  
[FSSB, Section 15](#)

**RELATED ITEMS** [PD #02-41-ELI](#)  
[PD #06-31-OPE](#)

**ATTACHMENTS**  
 Please use Print on Demand to obtain copies of forms.

<b>LDSS-4310</b>	Periodic Report (Rev. 2/04)
<b>LDSS-4310-SP</b>	Periodic Report (Spanish) (Rev. 2/04)
<b>W-124H</b>	Report of Claim Determination (Rev. 3/30/07)
<b>W-140CC</b>	New Claims Prescreening Form (Rev. 3/30/07)
<b>W-140DD</b>	New Claim Calculation Work Sheet (Rev. 7/11/01)
<b>W-140EE</b>	Memorandum (Rev. 3/30/07)
<b>W-140FF</b>	Potential Food Stamp Overpayments/Claims Tracking Report (Rev. 3/30/07)
<b>W-140M</b>	Discrepant Information Tracking Form (Rev. 3/30/07)
<b>W-140Q</b>	Potential Food Stamps Claims Control Log (Rev. 7/23/01)
<b>W-140X</b>	Discrepant Information Control Log (Rev. 3/30/07)
<b>W-140Y</b>	Discrepant Information Control Report (Rev. 3/30/07)
<b>W-203U</b>	Desk Guide for Determining Date of Discovery and Due Dates for Discrepancy Resolution and Claim Evaluation/Development (Rev. 7/1/03)

**LDSS**

# Periodic Report

**ADDRESS**  
CITY, STATE ZIP

**You must fill out this Report and return it to the address listed on the back by REPORT DUE DATE to continue getting benefits.**

WHEN YOU RETURN THIS REPORT, MAKE SURE THAT THE **LOCAL DISTRICT ADDRESS ON THE BACK** OF THIS REPORT SHOWS IN THE RETURN ENVELOPE WINDOW.

**CASE NAME**  
**ADDRESS**  
CITY, STATE ZIP

This "Periodic Report" helps us to gather information about any changes you may have had since the last time you were in contact with your eligibility worker. Please make sure to read and follow all the instructions before filling out this "Periodic Report". It is important for you to complete, sign and return this "Periodic Report" by the due date listed above. Failure to do so may result in your benefits being discontinued.

SAMPLE

CASE NAME <b>CASE NAME</b>	CASE NUMBER <b>CASE NUMBER</b>	
OFFICE <b>OFFICE</b>	UNIT <b>UNIT</b>	WORKER <b>WORKER</b>
If you have any questions on how to fill out this Report, call: ( ) <b>PHONE NUMBER</b>		We must get your completed Report by <b>REPORT DUE DATE</b> . If we don't get the completed Report by this date, your benefits will stop.

### General Instructions

1. You must **answer all questions** on this Report. Answer all questions on this Report for everyone who is getting, **or** anyone who is legally responsible for someone getting, Temporary Assistance, Child Care, Medicaid and/or Food Stamp Benefits.
2. Do **not** sign this Report any sooner than **SIGNATURE DATE**. If you do, this report is not considered complete.
3. You must complete this Report and return it to the address on the back of this report by **REPORT DUE DATE**, or your Temporary Assistance, Medicaid, Child Care or Food Stamp Benefits may be reduced or closed.

**Reminder:** For **Temporary Assistance and Medicaid**, you must report any changes to your worker within 10 days. For **Food Stamp Benefits**, you must report within ten days after the end of the month if your total monthly gross income exceeds the 130% limit you have been given. Otherwise, you do not need to report changes at any time other than on this Periodic Report or at Recertification, whichever occurs first. You must contact your worker immediately if any changes occur that affect your **Child Care**.

**SECTION 1: Please list ALL income for EACH household member. If you are only receiving food stamp benefits, you only have to list earnings here for each household member who works.**

(Examples of income include earnings from a job, Unemployment Insurance, Social Security Benefits, Supplemental Security Income [SSI])

Who	Name of Employer or Other Source of Income	How Often? (Daily, Weekly, Bi-Weekly, Monthly)	Total # of Hours Worked Per Week <b>REPORT MONTH</b>

Send in proof of all income that any household member got during the entire month of **REPORT MONTH**.

***IF CAP INDICATOR IS PRESENT, THE FOLLOWING SENTENCE WILL REPLACE THE SENTENCE ABOVE:***

**Since you participate in the Child Assistance Program (CAP), send proof of earnings, other income, and child care costs for 1<sup>ST</sup> Month of Report Qtr, 2<sup>ND</sup> Month of Report Qtr, and 3<sup>RD</sup> Month of Report Qtr.**

**SECTION 2:** Have there been any other changes (read boxes below) since your last Report, or do you expect any changes?

No  or Yes  **If Yes, you must check (✓) at least one of the boxes below.**

- Your household moved (Write the new address below.)
- Someone moved into or out of your household (Write who moved and when and new amount of rent.)
- Your rent went up or down (Write new rent amount.)
- Someone started or left work (Write who, when, and where they started or left work.)
- Someone had a change in the amount of their unearned income.
- Your child care costs or child care provider changed (Write new amount and who provides the child care.)
- Your need for child care has changed due to a change in your work schedule or other reason. (Explain what has changed)
- A change in contribution or subsidy (Write what the contribution is and new amount.)
- Someone is pregnant (Write who and expected delivery date, if known.)
- Death or Birth of someone in the household (Write who and when.)
- Change in legally obligated child support paid by a member of your household (Write who in your household pays the support.)
- Other changes that may affect benefits (Write who, what, and when change occurred and give proof, if possible.)

**Write the details of your change(s) here, and if you have proof send it in:**

---



---

**CERTIFICATION:** I understand that the information I provide on this report may result in changes in my assistance, including reducing the amount of my Temporary Assistance Benefits, Food Stamp Benefits, Child Care Benefits, and Medicaid or closing my case. I am aware that Federal and State Law provide for fine and/or imprisonment of any person who fraudulently attempts to receive, or fraudulently receives Temporary Assistance, Medicaid, Child Care or Food Stamp Benefits to which the person is not entitled.

I understand that I must contact my worker to report any changes that occur for my Temporary Assistance case within 10 days.

I understand that I must contact my worker immediately if any changes occur that affects my child care. I also understand that if I use a child care provider who is not licensed or registered, my provider must meet certain requirements in order to be paid.

For my Food Stamp Benefits case, I must report changes on the Periodic Report and at Recertification, whichever occurs first. I may also report changes at any other time.

**IMPORTANT- YOU MUST SIGN AND DATE THIS FORM NO SOONER THAN SIGNATURE DATE. IF YOU CHECKED "YES" TO ANY CHANGES IN SECTION 2, MAKE SURE YOU CHECKED (✓) THE BOX(ES) AND GAVE MORE DETAIL. IF THIS REPORT IS NOT COMPLETE, WE WILL SEND YOU A DISCONTINUANCE NOTICE.**

Your Signature:	Date:	Telephone Number (daytime)
-----------------	-------	----------------------------

**Fill Out & Return In The Envelope Provided**

**When you return this Report, make sure you can see this address in the return envelope window** ➔

**LDSS  
OFF/UNIT/WKR  
ADDRESS  
ADDRESS  
CITY, STATE ZIP**

**LDSS****INFORME PERIÓDICO****ADDRESS****CITY, STATE ZIP**

**Debe completar este Informe y enviarlo a la dirección mencionada en el reverso a más tardar el **REPORT DUE DATE** para continuar recibiendo beneficios.**

CUANDO ENVÍE ESTE INFORME, ASEGÚRESE DE QUE **EL DOMICILIO DEL DISTRITO LOCAL EN EL REVERSO** DE ESTE INFORME APAREZCA EN LA VENTANA DEL SOBRE DE DEVOLUCIÓN.

**CASE NAME****ADDRESS****CITY, STATE ZIP**

Este "Informe periódico" nos asiste a recopilar información sobre todo cambio que se haya producido en su situación desde la última vez que se comunicó con la persona a cargo de su caso. Asegúrese de leer atentamente y cumplir todas las instrucciones antes de completar este "Informe periódico". Es importante que usted complete, firme y envíe este informe a más tardar en la fecha de vencimiento mencionada más arriba. De lo contrario, se suspenderán los beneficios.

SAMPLE

CASO A NOMBRE DE <b>CASE NAME</b>		NÚMERO DEL CASO <b>CASE NUMBER</b>
OFICINA <b>OFFICE</b>	UNIDAD <b>UNIT</b>	TRABAJADOR(A) DE CASOS <b>WORKER</b>
Si tiene preguntas sobre cómo completar este Informe, sírvase llamar al: ( ) <b>PHONE NUMBER</b>	Debemos recibir su Informe completo a más tardar el <b>REPORT DUE DATE</b> Si no recibimos el Informe completo para esta fecha, sus beneficios se suspenderán.	

**Instrucciones generales**

1. Debe **responder todas las preguntas** de este Informe. Responda todas las preguntas de este Informe por cada una de las personas que recibe o por las personas legalmente responsables de los que reciben Asistencia Temporal, Cuidado de Menores, Medicaid y/o Beneficios de Cupones para Alimentos.
2. **No** firme este Informe antes del **SIGNATURE DATE**. Si lo hace, no se considerara que el informe esté completo.
3. Debe completar este Informe y enviarlo a la dirección mencionada en el reverso del mismo a más tardar el **REPORT DUE DATE**. En caso contrario, se podrán reducir o suspender sus Beneficios de Asistencia Temporal, Medicaid, Cuidado de Menores o Cupones para Alimentos.

**Recuerde:** Para **Asistencia Temporal y Medicaid**, deberá informar los cambios a su trabajador(a) de casos en el término de 10 días. Con relación a los **beneficios de Cupones para Alimentos**, deberá informar dentro de los diez días de finalizado el mes si el total de sus ingresos brutos mensuales supera el límite de 130% que se le otorgó. En caso contrario, no es necesario que informe cambios en ningún otro momento más que al completar el Informe periódico o al momento de la recertificación, lo que ocurra primero. Debe comunicarse inmediatamente con su trabajador(a) de casos si se producen cambios que modifiquen sus beneficios de **Cuidado de Menores**.

**SECCIÓN 1: Sírvase incluir TODOS los ingresos de CADA integrante de la unidad familiar. Si recibe solamente beneficios de cupones para alimentos, sólo tiene que indicar en esta sección las ganancias para cada integrante de la familia que trabaja.**

(Los ingresos incluyen, por ejemplo: ingresos por empleo, seguro de desempleo, beneficios del Seguro Social, Seguridad de Ingreso Suplementario [SSI]).

Quién	Nombre del empleador u otra fuente de ingresos	¿Con qué frecuencia? (Por día, por semana, por quincena, por mes)	Cantidad total de horas trabajadas por semana <b>REPORT MONTH</b>

Envíe comprobantes de cada ingreso recibido por los integrantes del hogar durante todo el mes del Informe mensual.

*If CAP INDICATOR IS PRESENT, THE FOLLOWING SENTENCE WILL REPLACE THE SENTENCE ABOVE:*

Dado que usted participa en el Programa de Asistencia de Menores (CAP), envíe comprobante de ganancias, ingresos adicionales y costos por cuidado de menores del 1<sup>ST</sup> Month of Report Qtr, 2<sup>ND</sup> Month of Report Qtr, and 3<sup>RD</sup> Month of Report Qtr.

**SECCIÓN 2:** ¿Ha habido algún otro cambio (lea los casilleros a continuación) desde su último Informe, o anticipa algún cambio?

No  Sí  **Si contestó "Sí", deberá marcar (✓) por lo menos uno de los casilleros a continuación.**

- Su familia cambió de domicilio (escriba la nueva dirección a continuación).
- Un integrante se incorporó o se retiró del hogar (incluya el nombre de la persona, la fecha y el nuevo monto del alquiler).
- Su alquiler aumentó o disminuyó (incluya el nuevo monto del alquiler).
- Alguna persona empezó a trabajar o dejó de hacerlo (incluya quién, cuándo y dónde empezó o dejó de trabajar).
- Cambio en la cantidad de ingresos no devengados de algún integrante del hogar.
- Cambió en los costos de cuidado de menores o del proveedor (incluya el nuevo monto y el proveedor de cuidado de menores).
- Se modificó su necesidad de cuidado de menores debido a un cambio en su horario de trabajo o por otra razón. (Explique el cambio).
- Un cambio en la contribución o subsidio (incluya el tipo de contribución y nuevo monto).
- Hay una mujer embarazada (incluya el nombre y la fecha prevista del nacimiento, si se conoce).
- Fallecimiento o nacimiento de un integrante del hogar (incluya el nombre y la fecha).
- Cambio en el monto de manutención infantil que paga un integrante de su hogar (incluya el nombre de la persona que paga manutención).
- Otros cambios que afecten el recibo de beneficios (incluya nombre del integrante, tipo de cambio, fecha y comprobante, si es posible).

**Incluya a continuación los detalles del cambio(s) y envíe comprobantes, si los tiene:**

---



---

**CERTIFICACIÓN:** Entiendo que la información proporcionada en este informe puede originar cambios en mis beneficios, incluyendo la reducción en el monto de Asistencia Temporal, Cupones para Alimentos, Cuidado de Menores y Medicaid, o el cierre de mi caso. Estoy en conocimiento de que las leyes federales y del estado disponen multas y/o penas de prisión para las personas que, en forma fraudulenta, intentan obtener o recibir sin tener derecho, beneficios de Asistencia Temporal, Medicaid, Cuidado de Menores o Cupones para Alimentos.

Tengo conocimiento de que debo informarle a mi trabajador(a) de todo cambio que se produzca con relación a mi caso de Asistencia Temporal dentro de los 10 días de ocurrir el cambio.

Entiendo que debo comunicarme inmediatamente con mi trabajador(a) de casos si se producen cambios que modifiquen mis beneficios de cuidado de menores. También entiendo que si utilizo los servicios de un proveedor de cuidado de menores que no cuente con licencia o no esté inscripto, dicho proveedor deberá cumplir con determinados requisitos para poder recibir pagos.

Con respecto a mi caso de beneficios de Cupones para Alimentos, debo informar cambios en el Informe periódico y en la Recertificación, lo que ocurra primero. También puedo informar cambios en cualquier otro momento.

**IMPORTANTE- DEBE FIRMAR Y FECHAR ESTE FORMULARIO NO ANTES DEL SIGNATURE DATE. SI MARCÓ "SÍ" A LA PREGUNTA SOBRE CAMBIOS EN LA SECCION 2, ASEGÚRESE DE MARCAR LA CASILLA CORRESPONDIENTE SEGÚN EL CAMBIO Y DE PROPORCIONAR DETALLES. SI ESTE INFORME NO ESTÁ COMPLETO, LE ENVIAREMOS UN AVISO DE SUSPENSIÓN DE BENEFICIOS.**

Su firma:	Fecha:	Número telefónico (durante el día):
-----------	--------	-------------------------------------

**Completar y enviar en el sobre adjunto**  
 Cuando devuelva este Informe, verifique que este domicilio quede a la vista en la ventana del sobre →

**LDSS**  
**OFF/UNIT/WKR**  
**ADDRESS**  
**ADDRESS**  
**CITY, STATE ZIP**



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
NPA FS/  
Job Center Number: \_\_\_\_\_

### Report of Claim Determination

Participant's Address \_\_\_\_\_  
Date of Discovery (enter the date the Agency became aware of the overpayment): \_\_\_\_\_

**Food Stamp Claim Type**

- Inadvertent Household Error (IHE)     Intentional Program Violation (IPV)     Agency Error (AE)  
 Administrative Error (For OFFO use only)

Month of Issuance	Amount Issued	Actual Entitlement	Overpayment*	Month of Issuance	Amount Issued	Actual Entitlement	Overpayment*
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
				<b>Total</b>	\$	\$	\$

\*Cannot exceed amount issued.  
**Reminder:** Food Stamp claim not required on cases where overpayment is less than \$500.

**Reason for Overpayment:**

- HH failed to give complete/correct information     HH received more benefits than it was entitled to, pending a Fair Hearing appeal  
 HH failed to report a change     Agency failed to act on a reported change in a timely manner  
 HH failed to report a change in a timely manner     Agency incorrectly computed HH budget or otherwise issued incorrect benefits  
 HH redeemed the original and a replacement benefit     Other/remarks: \_\_\_\_\_

**Action Taken/Remarks:**

- Case closed effective: \_\_\_\_\_     Budget reduced, effective: \_\_\_\_\_  
 No action, case already closed; Date: \_\_\_\_\_    From \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
 No action: current budget correct

**INSTRUCTIONS:**

Complete both pages of this report. Attach photocopies of pertinent documents (budget worksheets, paystubs, computer printouts, etc.) and forward to the **Office of Food Stamp Fiscal Operations, 98 Flatbush Ave., 2nd Floor, Brooklyn, New York 11217.**

**Details of Overpayment**

Source of Information

Computer Match (specify)

Other (specify)

**Income Not Budgeted/Income Underbudgeted**

Name(s) of Household Member(s) Who Receive(s) Income	Social Security Number(s)	Amount and Source of Income

Explain why income was not budgeted or was underbudgeted: \_\_\_\_\_

**Resources Not Reported**

Name(s) of Household Member(s) Who Receive(s) Income	Social Security Number(s)	Amount and Source of Income

Remarks: \_\_\_\_\_

**Other Reason for Overpayment**

Give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Worker	Date	Supervisor	Date
--------	------	------------	------



**New Claims Prescreening Form**  
(To Be Used in Evaluating All Potential Food Stamp Claims)

<input type="checkbox"/> Job Center No.: _____	<input type="checkbox"/> NPA No.: _____	<input type="checkbox"/> HASA	<input type="checkbox"/> BFI
Case Name: _____ Caseload: _____ Category/Case Number: _____			
Case Status: <input type="checkbox"/> Active <input type="checkbox"/> Closed/Rejected CL or RJ Code: _____ Date Closed or Rejected: _____			

**Note:** You must attach this form, along with any required supporting documents, to the Discrepant Information Tracking Form (W-140M) after prescreening is completed. **See page 3 for instructions on completing this form.**

1. Is the CNS closing code **E95** or **E72**?  Yes  No  
If **yes, stop!** Check reason code **D1** or **E1** on **page 2**, as appropriate, sign and date this form, and attach it to annotated **W-140M** with a copy of current **TAD** and submit package to Supervisor. For all other closing codes, continue Food Stamp claim evaluation. NPA Food Stamp locations, proceed to **Question 3**. All others, proceed to **Question 2**.
2. If this is a public assistance case, were food stamps issued during period of public assistance overpayment?  Yes  No  
If **no, stop!** Check reason code **T1** on **page 2**, sign and date this form and attach to **W-140M** with copies of Benefit Issuance Case Inquiry (option 3) and Case History (option 4) screens and submit package to Supervisor. If **yes**, proceed to **Question 3**.
3. Has the new case been transferred to another Center (or NPA office)?  Yes  No  
If **yes**, indicate the new Center (or NPA office) number \_\_\_\_\_; enter case number \_\_\_\_\_. The **W-140CC** and the **W-140M** must be forwarded to the appropriate location. Print and attach a copy of the Case Inquiry Screen (option 4), check reason code **R1** on **page 2**, sign and date this form, attach it to the **W-140M**, and submit package to your Supervisor for forwarding to the new location. If **no**, proceed to **Question 4**.
4. Enter date of actual change \_\_\_\_\_ Enter date change was reported \_\_\_\_\_  
Date of last recertification \_\_\_\_\_  
Based on your review, is household subject to **six-month reporting** (earned and/or unearned income currently being budgeted)?  Yes  No
  - If **no**, apply **10-10-10** reporting time frame. Proceed to **Question 5**.
  - If **yes**, was change reported on time?  Yes  No
  - If **no**, proceed to **Question 5**.
  - If **yes**, did changes cause the household to **exceed 130%** of the poverty level (**see page 3 for detailed instructions**)?  
 Yes  No
  - If **no**, check reason code **S1** on **page 2**, sign and date form, attach **W-140M** and give package to Supervisor.
  - If **yes**, there is potential overpayment; proceed to **Question 5**.
5. Enter the period of the Food Stamp overpayment from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_. If based on the reporting requirements for this household, no overpayment occurred, **stop!** Check reason code **S1** on **page 2**, sign and date form, attach to **W-140M** and give package to Supervisor. If there is potential overpayment, proceed to **Question 6**.
6. Enter the total amount of food stamps issued during the **stated** overpayment period \_\_\_\_\_.  
Was the total amount of food stamps issued during overpayment period **greater than \$500**?  Yes  No  
If **yes**, proceed to **Question 7**. If **no**, check reason code **W1** on **page 2**; sign and date the form. Due to **\$500 establishment threshold**, processing of Food Stamp claim is not required.



7. Is additional documentation needed to process the Food Stamp claim?  Yes  No

If **yes**, check the appropriate code below for the form that was sent. If **no**, proceed to **Question 8**.

- K1** for **W-532** to employer Date Sent \_\_\_\_\_ Due Date for Response\* \_\_\_\_\_
- L1** for **W-532F** to bank/financial institution Date Sent \_\_\_\_\_ Due Date for Response\* \_\_\_\_\_
- M1** for other (specify): \_\_\_\_\_ Date Sent \_\_\_\_\_ Due Date for Response\* \_\_\_\_\_

\* In all instances the due date for response shall be **45 calendar days** from the date the request was prepared and sent.

Check the corresponding reason code below (**K1**, **L1**, or **M1**), sign and date form, attach **W-140M** with a copy of form(s) sent and submit package to Supervisor. Claim will be deferred pending receipt of verification. Upon receipt of income verification, proceed to **Question 8**. If after several attempts, you are unable to obtain verification and the due date has passed, retrieve the claims package with the original **W-140CC**, **W-140M** and copy of verification request. Annotate **W-140CC** with reason code **U1** (insufficient information to calculate Food Stamp claim) and enter the date amended, and resubmit package to Supervisor.

8. Was the **only** adult in the household when the overpayment occurred an ineligible alien or an ineligible student?

- Yes  No

If **yes, stop!** Check reason code **Y1** below, sign and date the form, and attach it to the **W-140M** and forward to Supervisor. If **no**, proceed to **Question 9**.

9. Is there a Food Stamp claim on the system for the **entire** period of overpayment stated in **Question 5**?  Yes  No

If **yes, stop!** Print and attach a copy of recoupment screen (option 4, WMS inquiry menu), check reason code **I1** below, sign and date this form, attach to **W-140M** and forward to Supervisor. If **no**, or if there is a partial Food Stamp claim on the system, proceed to **Question 10**.

10. Reason for Food Stamp overpayment:  earned income  unearned income  non-income-related  
For earned or unearned income, multiply the unbudgeted total gross income by 30 percent (unreported) or 24 percent (Agency error) for the **entire** period of overpayment) **Result \$** \_\_\_\_\_. Is the result **less than** \$500?  Yes  No

If **yes, stop!** Check reason code **W1** below; sign and date form. Due to **\$500 establishment threshold**, processing of Food Stamp claim is not required. If **no**, develop claim, check reason code **V1** below, sign and date form and attach to **W-140M** with claims package.

For **non-income-related Food Stamp overpayment**, multiply the amount of the monthly FS reduction by overpayment.

**Result \$** \_\_\_\_\_ Is the result **less than** \$500?  Yes  No **(See pages 3 and 4 for detailed instructions)**

If **yes, stop!** Check reason code **W1** below; sign and date form. Due to **\$500 establishment threshold**, processing of Food Stamp claim is not required. If **no**, develop claim (**see page 4 for detailed instructions**), check **V1** below, sign and date form and attach to **W-140M** with claims package.

**REASON CODES** (check code that applies)

- D1** Closing code **025/E95** (only person on PA case deceased)
- E1** Closing code **E72** (only person on PA admitted to private/public institution)
- I1** Food Stamp claim on system for period of overpayment
- K1** Wage verification request
- L1** Financial inquiry to bank
- M1** Other type of verification requested
- S1** No overpayment due to reporting, Agency action, and notification time frames
- T1** No food stamps issued during period of PA overpayment
- U1** Insufficient information to calculate Food Stamp claim: Date amended: \_\_\_\_\_
- V1** Claim submitted and approved
- R1** Case transferred to another location
- W1** Claim not required pursuant to **\$500 establishment threshold**
- Y1** No claim – only adult in the household was ineligible alien or ineligible student during period of overpayment

Worker's Signature

Date

Supervisor's Signature

Date

## Instructions for Completion of New Claims Prescreening Form

This form will help you determine whether or not a Food Stamp claim must be developed, the period and the estimated amount of the claim, or the reason for no claim action. After the prescreening is completed, the **W-140CC** must be attached to the Discrepant Information Tracking Form (**W-140M**), along with any required supporting documents.

**Top of Form** – Enter identifying information:

1. Location: Enter Center/Office or location number (e.g., No. 26, F-11, etc.) and **check** the location type, Center/Office (NPA, HASA, BFI)
2. Case name and caseload
3. Category of assistance: Family Assistance (FA), Safety Net Cash Assistance (SNCA), Safety Net Non-Cash (SNCC), Safety Net Federally Participating (SNFP) and case number
4. Case status: Active or closed/rejected; if case is closed/rejected, enter closing/rejection code and date of action

**Question 1 – Is CNS closing code E95 or E72?** If **yes**, no claim is necessary. Check reason code **D1** or **E1** at bottom of page 2, sign and date, attach to **W-140M** with a copy of current **TAD** and give package to Supervisor. For all other closing codes, case must be evaluated for a Food Stamp claim. NPA FS Offices **skip Question 2** and proceed to **Question 3**.

**Question 2 – If this is a public assistance case, have food stamps been issued during period of overpayment?** If **no**, do not continue with claim. Check reason code **T1** at bottom of page 2, sign and date, attach to **W-140M** with a copy of the Benefit Issuance (option 3) and Case History (option 4) screens and submit package to Supervisor. If **yes**, proceed to **Question 3**.

**Question 3 – Has the new case been transferred to another Center/Office?** If **yes**, check reason code **R1**, attach to **W-140M** with copy of Case Inquiry screen (option 4) showing transfer and submit to Supervisor for forwarding to new location. If **no**, proceed to **Question 4**.

**Question 4 – Enter date of actual change; enter date change was reported; enter date of last recertification.** Food Stamp households that are subject to six-month-reporting rules (this includes most PA and NPA households with earned and/or unearned income budgeted on their case) are not required to report budgetary changes (excluding ABAWD requirements) until the next recertification, unless there is a change in income that causes the household to exceed 130 percent of the poverty level for the household size. For example, a six-month-reporting household receives an increase in earned income that causes the household to exceed 130 percent of the poverty level for the household size on April 15, but does not report it until its next recertification in June. Since the household was required to report this change within 10 days after the end of the month in which the income exceeded the threshold, June would be counted as the first month of overpayment. Allowing 10 days for reporting, 10 days for Agency action and 10 days for timely notification to the household, June would have been the first month the Agency would have taken budgeting action based on the change, had it been reported on time.

**Question 5 – Enter the period of the Food Stamp overpayment.** Enter month and year of period beginning (from) until its end (to). Generally, the first month of overpayment for Food Stamp households that are not subject to six-month reporting would be the first month that the Agency would have taken budgeting action based on the reported change. For example, a non-six-month-reporting household received income from a new source on April 15, but did not report it. The household should have reported the change by April 25. The Worker would have been required to act on the change and send a notice to the household by May 5. The 10-day notice time frame would have ended on May 15. Therefore, the first month of overpayment would have been June. For cases where client failed to report a change at recertification, the first month of overpayment is the first month of the new recertification period. For example, a six-month-reporting household had a certification period of January 1, 2001, through June 30, 2001. The household did not report at its June recertification interview that the household's income increased in February. The household's income did not rise above 130 percent of the poverty level due to the increase. The first month of overpayment is July, the first month of the new certification period.

**Question 6 – Enter the total amount of Food Stamps issued during the stated overpayment period.** Using the WMS Food Stamp Benefit Issuance screen (**NQCS5C**), add up the monthly Food Stamp amount issued to the household for each month of the Food Stamp overpayment period entered on line 5. Be sure to check the Benefit Issuance Archives to see if the period goes back more than 11 months from the date you are preparing this form. Enter the total on line 6.

**Was the total amount of food stamps issued during the overpayment period greater than \$500?** If **no**, we are **not** required to develop a claim pursuant to a **\$500 establishment threshold** affecting claims against households for overpayments of less than \$500. Check reason code **W1**, sign and date form, attach to **W-140M** and give package to Supervisor. If **yes**, proceed to **Question 7**.

**Question 7 – Is additional documentation needed to process the Food Stamp claim?** If **no**, proceed to **Question 8**. If **yes**, indicate the type(s) of documentation needed, date the request was sent and the due date for response. In all instances the due date for response shall be **45 calendar days** from the date the request was prepared and sent. Check appropriate code(s) for form(s) sent (**K1** for **W-532** to employer, **L1** for **W-532F** to bank or other financial institution, or **M1** for other type of verification requested [specify type, e.g., UIB]). Check the corresponding box at bottom of form, sign and date, attach to **W-140M** with copy of form(s) sent, and give package to Supervisor for **maintaining** in tickler file until the requested documentation is received or the **45-day** time period has elapsed, whichever comes first.

**Upon receipt of income verification, proceed to Question 8.** If after several attempts, you are unable to obtain verification and the due date has passed, retrieve the claims package with the original **W-140CC**, the **W-140M** and copy of verification request. Annotate **W-140CC** with reason code **U1** (insufficient information to calculate Food Stamp claim) and enter the **date amended**, and resubmit package to Supervisor.

**Question 8 – Was the only adult in the household when the overpayment occurred an ineligible alien or ineligible student?** If **yes, stop!** Check reason code **Y1**, sign and date form, attach to **W-140M** and forward to Supervisor. A claim cannot be established due to no eligible adult in the household for the overpayment period. (If the only adult in the household when overpayment occurred was an ineligible alien or an ineligible student and was ineligible during part of the entire overpayment period, a claim can be established only for the portion of the overpayment period in which the adult was eligible.) If **no**, proceed to **Question 9**.

**Question 9 – Is there a Food Stamp claim on the system for the entire period of overpayment?** If **yes, stop!** Check reason code **I1**, attach recoupment screen, sign and date the form, and attach it to the **W-140M** and forward to Supervisor. If **no**, proceed to **Question 10**. (Please note that if there is a partial Food Stamp claim on the system, a claim must be developed for the remaining period of overpayment.)

**Question 10 – Reason for Food Stamp Overpayment.** Check corresponding box (earned income, unearned income or non-income-related). For earned or unearned income, multiply the unbudgeted total gross income by 30 percent (unreported) or 24 percent (Agency error). For non-income-related Food Stamp overpayment, multiply the amount of monthly Food Stamp reduction by the overpayment period. Refer to **W-140M, section 2(f)** or compare the current budget with the previous budget to obtain the reduction amount.

**Is the result less than \$500?** If **yes**, check reason code **W1**; processing of Food Stamp claim is not required due to **\$500 establishment threshold**. If **no**, for earned or unearned income, calculate Food Stamp claim by using the **W-140DD** worksheet. For non-income-related Food Stamp overpayment, develop Food Stamp claim by using conventional method (**W-122A, W-122AA, W-122D, and W-122DD**).

Complete, sign, date and file copy of this form in the case record. For a case where no claim action is necessary, attach copies of all appropriate documentation (i.e., Benefit Issuance screens, current **TAD**, etc.) and complete **section 2** of the **W-140M**. Submit documentation along with the case record for supervisory review.



## New Claim Calculation Work Sheet

Case Name: \_\_\_\_\_

Center/Site No.: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Caseload: \_\_\_\_\_

Claim Date: \_\_\_\_\_

*Before using this form you must be able to answer "YES" to all three of the following questions:*

1. Is the category of the claim Inadvertent Household Error (IHE) or Agency Error (AE)?  Yes  No
2. Was earned/unearned income the **sole reason** for the overpayment?  Yes  No
3. Was the household receiving **less than** the maximum benefit level during the period of the overpayment?  Yes  No

If you answered "NO" to any of the above questions, you cannot use this form. The claim must be developed using the conventional calculation method.

**\*\*NOTE\*\*** This form is only for claim establishment when the reason for over issuance is income (whether the income is not reported or not included in the benefit calculation). It will replace the W-122D & W-122DD series in many instances and will therefore reduce the time in claim processing. The formulas apply to new income only. If the income is known to the WMS system, then do not use it in this calculation.

<b>UNEARNED INCOME/ CONCEALED EARNED INCOME</b>	<b>Month/Year</b>	<b>Income Amount</b>	<b>x 30%</b>	<b>Food Stamp Overpayment Amount</b>	
	Example	\$600	30%	\$180	
<b>Formula #1</b> Multiply the unbudgeted unearned income by 30%. The product is the food stamp overpayment.  <b>Example:</b> If the household without the A/D members received less than the maximum benefits, failed to report UIB income in the amount of \$600 for the month and received \$220 ATPs, then you would calculate the formula as follows: <b>\$600 x 30% = \$180.</b>  \$180 represents the food stamp overpayment for the month in question.					
<b>TOTAL</b>					
<b>EARNED INCOME (NOT CONCEALED)</b>	<b>Month/Year</b>	<b>Income Amount</b>	<b>x 24%</b>	<b>Food Stamp Overpayment Amount</b>	
	Example	\$600	24%	\$144	
<b>Formula #1</b> Multiply the unbudgeted earned income by 24%. The product is the food stamp overpayment.  <b>Example:</b> If the household without A/D members received less than the maximum benefits, unbudgeted earned income in the amount of \$600 for the month and received \$220 ATPs, then you would calculate the formula as follows: <b>\$600 x 24% = \$144.</b>  \$144 represents the food stamp overpayment for the month in question.					
<b>TOTAL</b>					

## New Claim Calculation Work Sheet

Case Name: \_\_\_\_\_

Center/Site No.: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Caseload: \_\_\_\_\_

Claim Date: \_\_\_\_\_

Before using this form you must be able to answer "YES" to all three of the following questions:

1. Is the category of the claim Inadvertent Household Error (IHE) or Agency Error (AE)?  Yes  No
2. Was earned/unearned income the **sole reason** for the overpayment?  Yes  No
3. Was the household receiving **less than** the maximum benefit level during the period of the overpayment?  Yes  No

If you answered "NO" to any of the above questions, you cannot use this form. The claim must be developed using the conventional calculation method.

**\*\*NOTE\*\*** This form is only for claim establishment when the reason for over issuance is income (whether the income is not reported or not included in the benefit calculation). It will replace the W-122D & W-122DD series in many instances and will therefore reduce the time in claim processing. The formulas apply to new income only. If the income is known to the WMS system, then do not use it in this calculation.

UNEARNED INCOME/ CONCEALED EARNED INCOME	Month/Year	Income Amount	Part 1 + Part 2 (if needed)	Food Stamp Overpayment Amount	
	Example	\$619	\$247.50 + \$20.70	\$250	
<p><b>Formula #3</b> This formula is to be used only in instances where there is an A/D indicator and an excess shelter amount. To determine the excess shelter amount, you must refer to the Budget Summary for the covering period (see <b>Monthly Food Stamp Calculation</b>). Use the amount that says "<b>Less: Excess</b>".</p> <p>Multiply the excess shelter amount by 2 = Product A If income is less than or equal to Product A Do formula 3A If income is greater than Product A Do formula 3B</p> <p><b>Formula 3A</b> Multiply <i>Product A</i> by 45% = <b>Food Stamp overpayment</b></p> <p><b>Formula 3B</b> Income minus <i>Product A</i> = <i>Difference</i> Multiply <i>Product A</i> by 45% = <i>Part 1</i> Multiply <i>Difference</i> by 30% = <i>Part 2</i> <i>Part 1 + Part 2</i> = <b>Food Stamp overpayment</b></p> <p><b>Example:</b> Monthly income \$619; Excess shelter \$275; ATP \$250 <i>Part 1</i> \$275 X 2 = \$550 X 45% = \$247.50 <b>Food Stamp overpayment is \$248.</b> <i>Part 2</i> \$619 - \$550 = \$69 X 30% = \$20.70 <i>Part 1 + Part 2</i> \$247.50 + \$20.70 = \$268.20 <b>Food Stamp overpayment is \$250.</b></p>					
	<b>TOTAL</b>				

## New Claim Calculation Work Sheet

Case Name: \_\_\_\_\_

Center/Site No.: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Caseload: \_\_\_\_\_

Claim Date: \_\_\_\_\_

Before using this form you must be able to answer "YES" to all three of the following questions:

1. Is the category of the claim Inadvertent Household Error (IHE) or Agency Error (AE)?  Yes  No
2. Was earned/unearned income the **sole reason** for the overpayment?  Yes  No
3. Was the household receiving **less than** the maximum benefit level during the period of the overpayment?  Yes  No

If you answered "NO" to any of the above questions, you cannot use this form. The claim must be developed using the conventional calculation method.

**\*\*NOTE\*\*** This form is only for claim establishment when the reason for over issuance is income (whether the income is not reported or not included in the benefit calculation). It will replace the W-122D & W-122DD series in many instances and will therefore reduce the time in claim processing. The formulas apply to new income only. If the income is known to the WMS system, then do not use it in this calculation.

UNEARNED INCOME/ CONCEALED EARNED INCOME	Month/Year	Income Amount	Part 1 + Part 2 (if needed)	Food Stamp Overpayment Amount	
	Example	\$619	\$198 + \$16.56	\$215	
<p><b>Formula #3</b> This formula is to be used only in instances where there is an A/D indicator and an excess shelter. To determine the excess shelter amount, you must refer to the Budget Summary for the covering period (see <b>Monthly Food Stamp Calculation</b>) use the amount that says "<b>Less: Excess</b>".</p> <p>Multiply the excess shelter amount by 2 = <i>Product A</i> If income is less than or equal to <i>Product A</i> Do formula 3A If income is greater than <i>Product A</i> Do formula 3B</p> <p><b>Formula 3A</b> Multiply <i>Product A</i> by 36% = <b>FS overpayment</b></p> <p><b>Formula 3B</b> Income minus <i>Product A</i> = <i>Difference</i> Multiply <i>Product A</i> by 36% = <i>Part 1</i> Multiply <i>Difference</i> by 24% = <i>Part 2</i> <i>Part 1</i> + <i>Part 2</i> = <b>FS overpayment</b></p> <p><b>Example:</b> Monthly income \$619; Excess shelter \$275; ATP \$250 <i>Part 1</i> <math>\\$275 \times 2 = \\$550 \times 36\% = \\$198</math> <b>Food Stamp overpayment is \$198.</b> <i>Part 2</i> <math>\\$619 - \\$550 = \\$69 \times 24\% = \\$16.56</math> <i>Part 1</i> + <i>Part 2</i> <math>\\$198 + \\$16.56 = \\$214.56</math> <b>Food Stamp overpayment is \$215.</b></p>					
	<b>TOTAL</b>				

## New Claim Calculation Work Sheet

Case Name: \_\_\_\_\_

Center/Site No.: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Caseload: \_\_\_\_\_

Claim Date: \_\_\_\_\_

Before using this form you must be able to answer "YES" to all three of the following questions:

1. Is the category of the claim Inadvertent Household Error (IHE) or Agency Error (AE)?  Yes  No
2. Was earned/unearned income the **sole reason** for the overpayment?  Yes  No
3. Was the household receiving **less than** the maximum benefit level during the period of the overpayment?  Yes  No

If you answered "NO" to any of the above questions, you cannot use this form. The claim must be developed using the conventional calculation method.

**\*\*NOTE\*\*** This form is only for claim establishment when the reason for over issuance is income (whether the income is not reported or not included in the benefit calculation). It will replace the W-122D & W-122DD series in many instances and will therefore reduce the time in claim processing. The formulas apply to new income only. If the income is known to the WMS system, then do not use it in this calculation.

UNEARNED INCOME/ CONCEALED EARNED INCOME	Month/Year	Income Amount	x 30%	Food Stamp Overpayment Amount
<p><b>Formula #4</b> If a case has an A/D indicator and <b>no</b> excess shelter amount, multiply income by 30%. The product is the Food Stamp overpayment.</p> <p><b>Example:</b> Unbudgeted SSA income of \$600 and excess shelter amount is zero. Calculate formula as follows: <b>\$600 X 30% = \$180.</b></p> <p>\$180 represents the FS overpayment for the month in question.</p>	Example	\$600	30%	\$180
<b>TOTAL</b>				
EARNED INCOME (NOT CONCEALED)	Month/Year	Income Amount	x 24%	Food Stamp Overpayment Amount
<p><b>Fomula #4</b> If a case has an A/D indicator and <b>no</b> excess shelter amount, multiply income by 24%. The product is the Food Stamp overpayment.</p> <p><b>Example:</b> Unbudgeted earned income of \$600 and excess shelter amount is zero. Calculate formula as follows: <b>\$600 X 24% = \$144.</b></p> <p>\$144 represents the FS overpayment for the month in question.</p>	Example	\$600	24%	\$144
<b>TOTAL</b>				



Date: \_\_\_\_\_  
Center/FS/NPA FS Office: \_\_\_\_\_

To: Claims Intake Unit  
98 Flatbush Avenue, 2nd Floor  
Brooklyn, New York 11217

### Report of Claims Determination Transmittal

1. Complete this form in triplicate (original and two copies).
2. Send original and one copy with the completed food stamp claims attached to the above address.
3. Retain one copy in the "Completed Actions" file folder along with a Discrepant Eligibility Information Tracking Form (Form **W-140M**) for each case listed.
4. Upon receiving your claims, the Office of Food Stamp Fiscal Operations will sign the bottom of this form and return a signed copy of the form as verification that they have received the claims. When you receive the receipt copy of this form, remove the unsigned copy of the form from your "Completed Actions" file folder and replace it with the signed copy. If you have not received a signed copy within seven (7) days from the date of sending the claims, please call the Office of Food Stamp Fiscal Operations at (718) 237-8231 to determine whether or not your claims were received.

Case Name	Case Number	Claim Amount	Claim Type (IHE, IPV, AE)

Please acknowledge receipt by signing on line indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Potential Food Stamp Overpayments/Claims Tracking Report

### (Codes Description)

#### Deferral Codes

D1 = Closed code E95 - only person on PA case  
now deceased

E1 = Closed code E72 - only person on PA case  
now admitted to private institution

R1 = Transferred to another location

U1 = Insufficient documentation to calculate  
Food Stamp claim

#### Reason Codes for No Claim

I1 = Food stamp claim on system for period of  
overpayment

S1 = No overpayment due to reporting, agency  
action and notification time frames

T1 = No food stamps issued during period of PA  
overpayment

Y1 = No claim - only adult in the household was an  
ineligible alien or ineligible student during the  
period of overpayment

W1 = No claims required based on special waiver

#### Verification Request Codes

K1 = Wage verification requested

L1 = Financial inquiry to bank

M1 = Other type of verification request

#### Code for Claim Developed

V1 = Claim developed and forwarded to Food Stamp Fiscal Operations

SAMPLE



### Discrepant Information Tracking Form (To be Prepared in Triplicate)

**SECTION I - TRACKING INFORMATION**

Center #/Location \_\_\_\_\_  
Unit/Group Worker \_\_\_\_\_

Case Name \_\_\_\_\_  
Case Number and Suffix \_\_\_\_\_

**Source of Discrepant Information** (  check one):

- Other automated List (**enter type and run date**) \_\_\_\_\_
- IEVS Computer Match Hit (  WRS  UIB  Bendex –  check one and enter run date) \_\_\_\_\_
- Other Computer Match Hits - Non-IEVS (Enter type and run date) \_\_\_\_\_
- Periodic Report/Eligibility Mailout (Circle one)
- Change reported by participant at recertification or other participant contact
- Miscellaneous Referral (indicate type) \_\_\_\_\_
- Mail Correspondence  FIA-3A
- QC referral or other In-House Audit (Circle one)
- BFI and/or Fiscal and Program Integrity Referral (Circle one)

**Date Discrepant Information forwarded to Unit/Group Supervisor** \_\_\_\_\_  
(N/A for changes reported by participant at recertification or other participant contact)

**Resolution Due Date** \_\_\_\_\_ (see page 2 for instructions)

**SECTION II - DISCREPANT INFORMATION RESOLUTION ACTIVITY**

(This section is to be completed by the Worker assigned to resolve the discrepant information received.)

**Date of Discovery** \_\_\_\_\_ **Date Resolved** \_\_\_\_\_

**1. NO CASE ACTION REQUIRED**

- 1a)  Case previously closed \_\_\_\_\_ Code \_\_\_\_\_
- 1b)  Case transferred to \_\_\_\_\_ Effective \_\_\_\_\_
- 1c)  Action previously taken - current budget correct
- 1d)  Other (specify) \_\_\_\_\_

**2. BUDGET REDUCTION** for  HASA public assistance cases  food stamps (  check one or both as applicable)

- 2a)  Semi-monthly PA grant amount **PRIOR** to budget reduction \_\_\_\_\_
- 2b)  Semi-monthly PA grant amount **AFTER** budget reduction \_\_\_\_\_ Effective date of change \_\_\_\_\_
- 2c)  Semi-monthly amount of **PA** reduction \_\_\_\_\_
- 2d)  Monthly FS allotment **PRIOR** to budget reduction \_\_\_\_\_
- 2e)  Monthly FS allotment **AFTER** budget reduction \_\_\_\_\_ Effective date of change \_\_\_\_\_
- 2f)  Monthly **amount** of the **FS** reduction \_\_\_\_\_

**3. CASE CLOSING** for  HASA public assistance cases  food stamps (  check one or both as applicable)

- 3a)  Semi-monthly PA grant amount **PRIOR** to case closing \_\_\_\_\_
- 3b)  Closing code \_\_\_\_\_ Effective \_\_\_\_\_
- 3c)  Monthly FS allotment **PRIOR** to case closing \_\_\_\_\_
- 3d)  Closing code \_\_\_\_\_ Effective \_\_\_\_\_

**4. PUBLIC ASSISTANCE RECOUPMENT** (For HASA only)

- Did the discrepant information result in a public assistance recoupment?**  YES  NO
- 4a) If YES, enter the PA recoupment amount \_\_\_\_\_
  - 4b) If YES, enter the period of the public assistance overpayment: From \_\_\_\_\_ To \_\_\_\_\_
  - 4c) If YES, enter the PA offense code \_\_\_\_\_

**SECTION III - FOOD STAMP CLAIM ACTIVITY** (This section must be completed in all instances.)

check only one from 5 or 6 in this section. Use lines 5a - 5b if the discrepant information results in potential food stamp claim.  
Line 6a - 6d are to be used if no food stamp claim is required.

**5. FOOD STAMP CLAIM REQUIRED**

- 5a)  Potential food stamp claim - development pending
- 5b)  Potential food stamp claim - claim developed and forwarded for supervisory review and signoff

**6. NO FOOD STAMP CLAIM REQUIRED**

- 6a)  No food stamp claim required - information reported and acted upon timely
- 6b)  No food stamp claim required - no current reduction or closing, no prior food stamp overpayment occurred
- 6c)  No food stamp claim required - PA Recoupment for Offense Codes C-17 or E-17 only, no other case action required
- 6d)  No food stamp claim required - other (specify) \_\_\_\_\_

**SECTION IV - SIGNATURES**

Worker Signature \_\_\_\_\_ Date \_\_\_\_\_ Unit Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Instructions for Completion of Discrepant Information Tracking Form (W-140M)

The Center/Location Director's designee prepares a **W-140M** in triplicate for incoming **Mail Correspondence, FIA-3A's, QC referrals, Other In-House Audits and Periodic Reports/Eligibility Mailouts**. The designee attaches the information and forwards two copies of the **W-140M** and the discrepant information to the appropriate Unit/Group Supervisor for distribution.

The Worker completes the **W-140M** when received from the Director's designee, or prepares this form in triplicate when taking an adverse action as a result of the discrepant information and when the information also indicates a possible food stamp overpayment.

---

### SECTION I - TRACKING INFORMATION

For each case, enter the following information:

- Center #/Location
- Case Name
- Unit/Group Worker
- Case Number and Suffix

**Source of Discrepant Information** -  Check appropriate box for source of information. In addition, for IEVS matches (WRS, UIB, Bendex), Non-IEVS matches (e.g., Home attendant), and Automated Lists (e.g., ACME, Discharged Students), specify type and indicate run date. For Periodic Reports/Eligibility Mailouts, QC Referrals or Other In-House Audits, and BFI and/or Fiscal and Program Integrity referrals, check appropriate source. For miscellaneous referrals, indicate type.

**Date Discrepant Information Forwarded to Unit/Group Supervisor** - The Director's designee enters the date the information was received. No date is required for changes reported by participant at recertification or other participant contact.

**Resolution Due Date** - The Director's designee enters a due date for **Mail Correspondence, FIA-3A's, QC Referrals** and **Other In-House Audits, and Periodic Reports/Eligibility Mailouts**. The Worker enters the due date as annotated on the computer matches, other automated lists or the follow-up action required request from the Division of Financial Review and Processing (DFRP).

---

### SECTION II - DISCREPANT INFORMATION RESOLUTION ACTIVITY

The Worker completes this section after taking action to resolve the discrepant information.

**Date of Discovery** - Date the Supervisor or Worker receives discrepant information that may affect the household's food stamp case, not the date the information is verified. The date of discovery is used to track the time it takes to assess the discrepant information, make changes to the case and, if appropriate, establish a food stamp overpayment claim and determine the period of overpayment. A date of discovery must be determined and recorded in the case record/folder for every instance of discrepant information received, regardless if the result is a case change and/or a food stamp overpayment claim.

**Date Resolved** - Enter the date you completed the case action(s) resulting from the discrepant information.

- 1. No Case Action Required** - If the discrepant information does not result in a case closing, reduction, or a PA recoupment, check the reason for no action required. If the case is already closed, indicate date and closing code in Item 1a. If the case has been transferred, indicate the new location and effective transfer date in Item 1b. If action was already taken, check item 1c.
- 2. Budget Reduction** - Semi-monthly amount of public assistance grant and/or food stamp benefits prior to reduction, new monthly amount and effective date of reduction and monthly amount of the reduction. Items 2a through 2c apply to cases with public assistance overpayments; items 2d through 2f apply to cases with food stamp overpayments.
- 3. Case Closing** - If you are taking action to close the public assistance and/or food stamp case, check appropriate box(es) and enter information as applicable; semi-monthly amount of public assistance grant and/or food stamp benefits prior to the case closing, the closing code and effective date of closing. Items 3a and 3b apply to public assistance cases; items 3c and 3d apply to food stamp cases.
- 4. Public Assistance Recoupment** - Check YES or NO. If, as a result of the discrepant information, the household received more public assistance than entitled, enter information in items 4a (recoupment amount), 4b (period of overpayment) and 4c (PA offense code).

---

### SECTION III - FOOD STAMP CLAIM ACTIVITY- Check only one box from 5 or 6 in this section.

The Worker must complete this section **in all instances**.

- 5. Food Stamp Claim Required** - If the discrepant information results in a potential food stamp claim, check the box next to the sentence that matches the follow-up action you are taking when completing this form.
- 6. No Food Stamp Claim Required** - If no food stamp claim is required, check the box next to the sentence which indicates the reason no claim is required. If "other reason" is selected, specify the reason in the space on line 6d.

---

### SECTION IV - SIGNATURES

The Worker and Unit/Group Supervisor signs and dates this form. **In the Centers, the Supervisor must attach the original form to the case record for forwarding to Control along with all budget reductions, case closings, and/or PA recoupment actions.**





### Discrepant Information Control Log

Source of Information	Date Received	Resolution Due Date	Case Name	Case Number/Suffix	Worker Assigned (Group/Wrkr #)	Date Resolved	Potential Food Stamp Claim? Yes or No* (see note below)	MONTHLY REBUDGET (SAVINGS)		MONTHLY CLOSING (SAVINGS)		PA Recoup Amount	FS Claim Amount
								PA (semi-monthly x 2)	FS	PA (semi-monthly x 2)	FS		
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$
								\$	\$	\$	\$	\$	\$

\*Note: Enter "Y" if Items 5a or 5b, in Section III of the Discrepant Information Tracking Form (W-140M) is checked. Enter "N" if Items 6a, 6b, 6c, or 6d in Section III of form W-140M is checked.



### Discrepant Information Control Report

Location Name: \_\_\_\_\_ Location Number: \_\_\_\_\_

(Check One):  HASA  NPA FS Center

For the Week Ending: \_\_\_\_\_

Prepared By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

		IEVS Computer Match (WRS, UIB, Bendex)	Non-IEVS Computer Match (Home Attendant, Marriage, Foster Care, NYCHA)	Other Automated Lists (ACME, Discharged Students, etc.)	Mail Correspondence	Change Reported by the Participant at Recertification or Other Contact	FIA -3As	Quality Control Referral or Other In-House Audits	Periodic Report/ Eligibility Mailout Responses	Bureau of Fraud Investigation (BFI) or Fiscal and Program Integrity Referrals	Miscellaneous Referrals	TOTALS
Line 1	<b>Prior Balance</b> (Enter the balances from line 5 of last week's <b>W-140Y</b> .)											
Line 2	<b>Number of New Items Received This Week</b> (Enter the # of new items from each source that were received this week.)											
Line 3	<b>Total Requiring Resolution</b> (Add lines 1 and 2 and enter the totals on this line.)											
Line 4	<b>Number of Eligibility Discrepancies Resolved</b> (Enter the number of discrepancies that were resolved this week based on the # of completed <b>W-140Ms</b> returned to the designee.)											
Line 5	<b>Balance</b> (Number of Resolutions Outstanding - subtract line 4 from line 3)											
Line 5A	<b>Of the Balance on line 5, enter the number of Outstanding Eligibility Discrepancies That Have Not Reached Their Due Date</b> (Obtain by reviewing <b>W-140Y</b> .)											
Line 5B	<b>Number of Discrepancies Awaiting Resolution which are Overdue</b> (Obtain by reviewing <b>W-140Y</b> . However, line 5A plus line 5B must equal the total entered on line 5.)											
Line 6A*	<b>1-7 Days</b> (Of the balance entered on line 5B, enter the number of unresolved eligibility discrepancies which are 1-7 days overdue.)											
Line 6B*	<b>8-14 Days</b> (Of the balance entered on line 5B, enter the number of unresolved eligibility discrepancies which are 8-14 days overdue.)											
Line 6C*	<b>15-21 Days</b> (Of the balance entered on line 5B, enter the number of unresolved eligibility discrepancies which are 15-21 days overdue.)											
Line 6D*	<b>22-30 Days</b> (Of the balance entered on line 5B, enter the number of unresolved eligibility discrepancies which are 22-30 days overdue.)											
Line 6E*	<b>Over 30 Days</b> (Of the balance entered on line 5B, enter the number of unresolved eligibility discrepancies which are more than 30 days overdue.)											

\*NOTE: Lines 6A - 6E must add up to the total entered on Line 5B

### DESK GUIDE

For Determining Date of Discovery and Due Dates for Discrepancy Resolution and Claim Evaluation/Development			
Source of Information	Date of Discovery	Discrepancy Resolution Due Date	Due Date for Claim Evaluation/Development*
AGENCY ERROR	The date of discovery for an Agency Error (AE) overpayment is the date that the Agency discovered the error that led to the overpayment, not the date it originally occurred.	10th workday following date the information was discovered.	120 days from the day of discovery.
COMPUTER MATCH OR OTHER AUTOMATED LIST - INFORMATION THAT IS KNOWN TO APPLY TO THE HOUSEHOLD	Date received by the Supervisor for assignment to an Eligibility Specialist.	10th workday following date the Eligibility Specialist determines the information applies to the household, or <b>45</b> days from the date the Agency receives the match, <b>whichever is earlier.</b>	120 days from the day of discovery.
COMPUTER MATCH OR OTHER AUTOMATED LIST - INFORMATION THAT IS NOT KNOWN TO APPLY TO THE HOUSEHOLD	Date the Eligibility Specialist verifies that the reported information does apply to the household.	10th workday following date the Eligibility Specialist determines the information applies to the household, or <b>45</b> days from the date the Agency receives the match, <b>whichever is earlier.</b>	120 days from the day of discovery.
CHANGE INFORMATION REPORTED DIRECTLY BY A PARTICIPANT VIA MAIL, TELEPHONE OR OTHER IN-PERSON CONTACT (OTHER THAN AT RECERTIFICATION)	Date received by the Supervisor for assignment or date received by the Eligibility Specialist, <b>whichever is earlier.</b>	10th workday following date the information was received.	120 days from the day of discovery.
CHANGE INFORMATION REPORTED DIRECTLY BY A PARTICIPANT AT RECERTIFICATION	Date the change information is reported to the Eligibility Specialist.	Last day of the recertification period.	120 days from the day of discovery.
JOB NOTICE ( <b>FIA-3A</b> ) (initiated by Eligibility Specialist)	Date the information is reported to Eligibility Specialist.	<b>Five days</b> from the date the information was reported.	120 days from the day of discovery.
JOB NOTICE ( <b>FIA-3A</b> ) (initiated by Employment Vendor)	Date Employment Processing Unit (EPU) Supervisor receives the <b>FIA-3A</b> from the Vendor.	<b>Five days</b> from the date the <b>FIA-3A</b> was received by EPU.	120 days from the day of discovery.
QUALITY CONTROL (QC) REFERRAL	Date the Supervisor receives the referral for assignment to an Eligibility Specialist.	Due date annotated on QC referral or 10th workday following the date received, <b>whichever is earlier.</b>	120 days from the day of discovery.
PERIODIC MAILER/ELIGIBILITY MAILOUT	Date Periodic Mailer report is received by the Supervisor for assignment to an Eligibility Specialist.	Last date of Periodic Mailer processing month.	120 days from the day of discovery.
BUREAU OF FRAUD INVESTIGATION (BFI) OR FISCAL AND PROGRAM INTEGRITY (FPI) REFERRAL	Date the Supervisor receives the referral for assignment to an Eligibility Specialist.	Due date annotated on BFI or FPI referral or 10th workday following receipt, <b>whichever is earlier.</b>	120 days from the day of discovery.
MISCELLANEOUS REFERRALS	Date received by the Eligibility Specialist, unless additional follow-up is required to verify the reported information applies to the household.	Due date annotated on miscellaneous referral or 10th workday following receipt, <b>whichever is earlier.</b>	120 days from the day of discovery.

\*Due date for Claims Evaluation/Development for case with Date of Discovery between June 1, 2001 and September 30, 2003 is 180 days from the day of discovery.