



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #12-72-OPE (This Policy Bulletin Replaces PB #09-120-OPE)

REVISIONS TO FORM M-328A

Date: August 20, 2012	Subtopic: Forms
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff that Form M-328a has been revised, as follows:</p> <p>The word “reduce” in the title of the form has been changed to “recoup.” It now reads “Notice of Intent to <u>Recoup</u> a Cash Assistance Overpayment”.</p> <p>This notice advises the participant that the Agency intends to recoup an overpayment of his/her Cash Assistance.</p> <p>Management Information System (MIS) must ensure that all previous versions of Forms M-328a, including the multilingual versions, are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p>Attachments:</p> <p>M-328a Notice of Intent to Recoup a Cash Assistance Overpayment (Rev. 8/20/12)</p> <p>M-328a (S) Notice of Intent to Recoup a Cash Assistance Overpayment (Spanish) (Rev. 8/20/12)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center*

Date: _____

Case Number: _____

FH&C Telephone Number: _____

Notice of Intent to Recoup a Cash Assistance Overpayment

Dear Sir or Madam:

This department intends to recoup your Cash Assistance grant on or after _____ :
(Date)

SAMPLE

If a recoupment is to take effect beginning with the first regular grant received after the date of the proposed recoupment, you will be informed of the starting date and the amount of the first recoupment. Thereafter, the amount recouped each cycle may vary as changes occur in your household needs and the number of recoupments on record, but it will not be affected by budgeted income.

If your current household needs (pre-added, rent and miscellaneous allowance, if any) and the number of recoupments remain the same, recoupment will last for approximately _____ issues.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
INSERT ON HOW TO APPEAL THIS DECISION.**

Fecha: _____

Número del Caso: _____

Número de Teléfono de FH&C: _____

Aviso de la Intención de Recobrar un Sobre pago de Asistencia en Efectivo

Este departamento tiene la intención de recobrar su concesión de asistencia en efectivo el _____
(Fecha)

SAMPLE

Si una reducción ha de entrar en vigor empezando por la primera concesión recibida después de la fecha de la reducción propuesta, se le informará de la fecha de comienzo y de la cantidad de la primera concesión reducida. A partir de esa fecha, la cantidad recobrada cada ciclo puede variar según los cambios en sus necesidades domésticas al igual que según el número de recobros registrados. Sin embargo, la cantidad no será afectada por el ingreso presupuestario.

Si sus necesidades domésticas actuales (añadidas de antemano, alquiler y asignación miscelánea, de haberla) y el número de recobros no cambian, el recobro durará aproximadamente _____ pagos.

**USTED TIENE EL DERECHO DE APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA HOJA DE INFORMACIÓN SOBRE CONFERENCIAS Y AUDIENCIAS IMPARCIALES
SOBRO CÓMO APELAR CONTRA ESTA DECISIÓN.**