

FAIR HEARING/CASE UPDATE DATA ENTRY FORM

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME	<input style="width: 95%;" type="text"/>	ORIGINATING ID	<input style="width: 95%;" type="text"/>
FAIR HEARING/CASE UPDATE AUTHORIZATION NO. <input style="width: 150px; height: 20px;" type="text"/>			
CASE NUMBER	<input style="width: 200px; height: 20px;" type="text"/>	ORIGINAL AUTHORIZATION NUMBER	<input style="width: 150px; height: 20px;" type="text"/>
		AID STATUS	<input style="width: 30px; height: 20px;" type="checkbox"/>
		CLOSE/ CHANGE	<input style="width: 30px; height: 20px;" type="checkbox"/>
		FS RECOUNP	<input style="width: 30px; height: 20px;" type="checkbox"/>

WORKER	DATE	SUPERVISOR'S SIGNATURE	DATE
--------	------	------------------------	------

CONTROL CLERK	DATE	CRT OPERATOR	DATE
---------------	------	--------------	------