



# FAMILY INDEPENDENCE ADMINISTRATION

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## **POLICY BULLETIN #11-58-OPE** *(This Policy Bulletin Replaces PB #11-16-OPE)*

### **REVISIONS TO THE RECOUPMENT OVERPAYMENT WORKSHEET (FIA-1004) AND RECOUPMENT ACTION HISTORY SHEET (FIA-1004a)**

<p><b>Date:</b> June 24, 2011</p>	<p><b>Subtopic(s):</b> Forms</p>
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revisions to the Original Policy Bulletin</b></p> <p>This policy bulletin is being revised to update the Recoupment Overpayment Worksheet (<b>FIA-1004</b>), Recoupment Action History Sheet (<b>FIA-1004a</b>), and Recoupment Desk Guide (<b>W-204D</b>).</p> <p><b><u>FIA-1004</u></b></p> <p>The note on page one of Form <b>FIA-1004</b> has been revised to state that the recoupable amount must be less than or equal to the amount of the semimonthly Cash Assistance (CA) grant.</p> <p><b><u>FIA-1004a</u></b></p> <p>Form <b>FIA-1004a</b> has been revised as follows:</p> <ul style="list-style-type: none"> <li>• The Household Composition section now includes the following questions: <ul style="list-style-type: none"> <li>▪ Did a person leave the household?</li> <li>▪ Date person left household</li> </ul> </li> <li>• The Fair Hearing Decision section now contains a note to complete the section only when Aid to Continue (ATC) has been granted.</li> <li>• The Fair Hearing Decision section now contains checkboxes with the options “Agency Affirmed” and “Appellant Default.”</li> </ul>

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 Fax* or fax to: (917) 639-0298

**W-204D**

The “Duplicate check fraud” situation on page two of Form **W-204D** has been changed to “Duplication of Rent Payment.” JOS/Workers are advised to initiate a fraud referral to the Bureau of Fraud Investigation (BFI) if fraudulent activity is suspected.

**Purpose**

The purpose of this policy bulletin is to introduce forms **FIA-1004** and **FIA-1004a**, and announce the revision of Form **W-204D**.

Forms **FIA-1004** and **FIA-1004a** have been developed to assist JOS/Workers in processing and documenting CA cases that require a recoupment.

Form **W-204D** has been updated to reflect current Agency terminology and requirements for the recoupment procedure.

Form **FIA-1004** is a worksheet that will help JOS/Workers calculate the correct overpayment. Before initiating a recoupment, JOS/Workers must determine the recoupment amount by entering the following information on Form **FIA-1004**:

- Worker’s Name (name of JOS/Worker processing the recoupment).
- Date (date worksheet is being prepared).
- Originating Center/Work Location (Center number and address).
- Case Name (as indicated in WMS).
- Case Number.
- Suffix (two-digit number, e.g. 01).
- Date of Discovery (month, date, and year the Agency became aware of the overpayment).
- Individual Matched (name of individual whose income caused the overpayment).
- Line Number (of matched individual).
- Total Offense Period (total number of CA cycles during which the household received an overpayment).
- In column A, the cycle dates of the offense period during which the household received an overpayment.
- In column B, the semimonthly amount of CA grant received by the household during the offense period.
- In column C, the number of cycles within the offense period.

- In column D, the amount of income available to the household during the offense period, minus applicable income disregards. This amount should be determined using the Determining Available Income section on page 2 of the form.
- In column E, the new grant amount with income applied.
- In column F, the total new grant amount, with income applied, during the entire offense period.
- In column G, the total grant amount actually received during the offense period.
- In column H, the overpayment amount to be recouped.

**Note:** The recoupable amount must be less than or equal to the amount of the CA grant.

Example 1:

The Smiths are a household of three; two adults and one child. They receive a semimonthly cash grant of \$376.50. Mr. Smith started working on January 10, 2010, earning \$200 weekly. Mr. Smith reported his earnings on April 20, 2010. His income is considered untimely for cycles 1/B/10–4/B/10, a total of seven cycles.

The JOS/Worker calculates a scratch-pad budget to determine the new grant amount, suppressing the earned income disregard and semimonthly standard deduction by entering code **13** in the **EMP** field of the **NSBL06** screen. Based on this scratch-pad budget, the household is no longer eligible for CA.

The JOS/Worker should make the following entries on Form **FIA-1004**:

Column A	1/B/10–4/B/10
Column B	\$376.50
Column C	7
Column D	\$2800 (\$400 semimonthly income x 7 cycles)
Column E	0 (new grant amount with income applied)
Column F	0 (grant amount with income applied for entire offense period)
Column G	\$2635.50 (semimonthly grant amount x number of cycles)
Column H	\$2635.50 (amount to be recouped)

To find the recoupment amount, the JOS/Worker must subtract the amount in column F from the amount in column G.

Example 2:

The Jones family are a household of three, receiving a semimonthly cash grant of \$376.50. Mrs. Jones started working on January 10, 2010, and reported the new income to her JOS/Worker on January 20, 2010. Mrs. Jones makes \$150 weekly. The JOS/Worker did not rebudget the case until April 20, 2010. This is considered an Agency error, but the overpayment must still be recouped.

To determine the amount of the overpayment, the JOS/Worker must calculate and save a new budget, including the disregards. Based on the new budget, the household's semimonthly grant is \$190.

Column A	1/B/10–4/B/10
Column B	\$376.50
Column C	7
Column D	\$170.40 (\$300 semimonthly minus disregards)
Column E	\$190 (new grant amount with income applied)
Column F	\$1330 (\$190 x 7)
Column G	\$2635.50 (\$376.50 x 7)
Column H	\$1305.50 (amount to be recouped)

Form **FIA-1004a** must be used at the time the JOS/Worker processes a CA recoupment. The JOS/Worker must record the details of the recoupment, including:

- recoupment reason code;
- recoupment offense subtype code;
- dates of overpayment period;
- reason for rebudgeting/recalculating the grant amount (check one);
- household income and concealment of income;
- available household resources;
- arrears payments for utilities and/or shelter;
- duplicate rent to be issued;
- household composition;
- Agency error, if applicable; and
- Fair Hearing Decision, if ATC has been granted.

Form **W-204D** is a desk guide listing various situations that would require the recoupment of a CA grant and the actions that must be taken by the JOS/Worker, including required forms and documentation. JOS/Workers must use this form before initiating a recoupment to ensure that all required actions are taken.

Samples of Forms **FIA-1004**, **FIA-1004a**, and **W-204D** are attached.

Previous versions of the forms must be removed from circulation and recycled.

*Effective Immediately*


**Related Item:**

[PD #07-03-OPE](#)

**References:**

18 NYCRR 348.1-348.6, 352.31(d)  
TASB, Chapter 22, Recoupment Procedures

**Attachments:**

 Please use Print on Demand to obtain copies of forms.

- |                  |   |
|------------------|---|
| <b>FIA-1004</b>  | Recoupment Overpayment Worksheet (Rev. 6/24/11) |
| <b>FIA-1004a</b> | Recoupment Action History Sheet (Rev. 6/24/11)  |
| <b>W-204D</b>    | Recoupment Desk Guide (Rev. 6/24/11)            |

### Recoupment Overpayment Worksheet

Worker's Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Originating Center/Work Location: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Suffix Number: \_\_\_\_\_ Date of Discovery: \_\_\_/\_\_\_/\_\_\_

Individual Matched: \_\_\_\_\_ Line Number: \_\_\_\_\_ Total Offense Period: \_\_\_\_\_

A		B	C	D	E	F	G	H
Cycles		Amount of CA Grant Received Semimonthly During Offense Period*	Number of Cycles	Amount of Earned or Unearned Income Available in Offense Period <small>(Less applicable disregards) (Enter amount from page 2)</small>	New Grant Amount With Income Applied	Total New Grant Amount With Income Applied During Entire Offense Period <small>(E x C)</small>	Total Grant Amount Received in Offense Period <small>(B x C)</small>	Overpayment Amount to be Recouped <small>(G-F)</small>
From	To							
*Include recoupments and supplemental payments.								

**Note:** The recoupable amount must be less than or equal to the amount of the semimonthly Cash Assistance grant.

### Determining Available Income

Eligible for income disregards **YES or NO**

- 1. Gross Income \_\_\_\_\_  
a. Frequency of Pay \_\_\_\_\_
- 2. Convert Income to Semimonthly Amount \_\_\_\_\_
- 3. If eligible for disregards subtract \$45 from amount in line 2 \_\_\_\_\_
- 4. Subtract Earned Income Disregard from amount in line 3 \_\_\_\_\_

**Note:** If Household is not eligible for disregards enter amount from line 2 in Column D  
If Household is eligible for disregards enter amount from line 4 in Column D

SAMPLE

Date: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Center: \_\_\_\_\_

### Recoupment Action History Sheet

Worker's Name: \_\_\_\_\_ Suffix Number: \_\_\_\_\_

<b>Recoupment Reason Code:</b> _____	<b>Recoupment Offense Subtype Code:</b> _____
<b>Period of Overpayment From:</b> ___/___/___	<b>To:</b> ___/___/___
<b>What generated the need to rebudget/recalculate the grant amount?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Earned Income  <input type="checkbox"/> SSI benefits  <input type="checkbox"/> Utility arrears  <input type="checkbox"/> Resources  <input type="checkbox"/> Fair Hearing                 </div> <div style="width: 45%;"> <input type="checkbox"/> Other unearned Income  <input type="checkbox"/> SSA benefits  <input type="checkbox"/> Rent Duplication / Excess Rent  <input type="checkbox"/> Change in household composition  <input type="checkbox"/> Agency Error                 </div> </div>	
<b>Income</b> Is there income from an adult individual on the case who is not the case head or a legally responsible relative? <input type="checkbox"/> Yes Line Number ___ Name: _____ <input type="checkbox"/> No	
Gross income _____ Frequency of Pay _____ Income Converted to Semi-Monthly Amount _____	
Is Individual eligible for income disregards? <input type="checkbox"/> Yes <input type="checkbox"/> No Was income concealed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the period of concealment? _____ From: ___/___/___ To: ___/___/___ <small>(Enter the date of discovery)</small>	
<b>Note:</b> When there is concealment do not include income disregards for the period of the concealment.	
<b>Resources</b> Name of person with resources _____ Type of resource _____ Was resource concealed? Yes <input type="checkbox"/> No <input type="checkbox"/> Does resource make household ineligible for Cash Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> Period of ineligibility ___/___/___	



**Arrears Payment**

Utility arrears payment period

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Amount of payment \$ \_\_\_\_\_

Issuance Code \_\_\_\_\_

**Note:** a recoupment form is not required if the issuance code is **41**, the Worker must enter the recoupment indicator on the **LDSS-3575**.

Shelter arrears payment period

From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Excess shelter amount paid for this period \$ \_\_\_\_\_

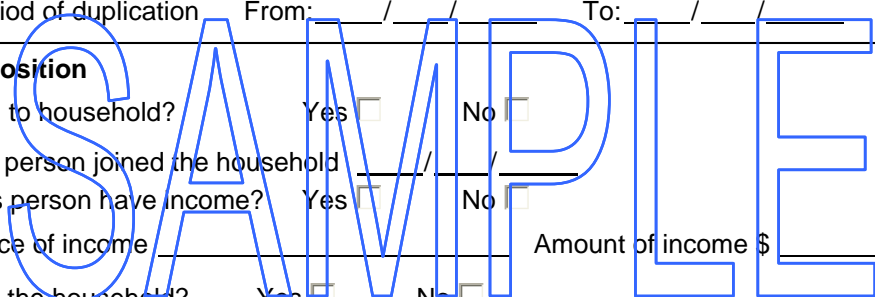
**Note:** Only the excess portion of the rent is recoupable.

Duplicate rent

If duplicate rent is issued with a code **40**, a recoupment form is not necessary.

Amount of duplication \$ \_\_\_\_\_

Period of duplication From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_



**Household Composition**

Was person added to household? Yes  No

Date person joined the household \_\_\_/\_\_\_/\_\_\_

Does person have income? Yes  No

Source of income \_\_\_\_\_ Amount of income \$ \_\_\_\_\_

Did a person leave the household? Yes  No

Date person left household \_\_\_/\_\_\_/\_\_\_

**Agency Error**

Describe error: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fear Hearing Decision**

Complete this section only when Aid to Continue (ATC) is granted:

Agency affirmed  Appellant default

Fair Hearing number \_\_\_\_\_

Amount of recoupment \$ \_\_\_\_\_

Recoupment number \_\_\_\_\_

## Recoupment Desk Guide

Recoupment is the process through which the Department recovers money owed by applicants/participants due to overpayments or advances given to prevent eviction or utility/fuel shut-offs. Future cash assistance grants are reduced by a percentage of the pre-added allowance plus energy grant, until the amount owed to the Department is repaid. You must advise the Applicants/Participant that overpayments and advances issued will be recovered from future assistance at the rate of 10% of household needs or, if undue hardship is claimed, at 5% of households needs. You must prepare an Undue Hardship Worksheet (W-145F) to determine if a hardship exists.

Recoupment Situations	What To Do	Supporting Documentation
<p>Applicant/Participant requires an advance to prevent an eviction, a utility shut-off, or to restore utility services due to mismanagement of his/her cash assistance grant.</p>	<p><b>Evictions:</b></p> <ul style="list-style-type: none"> <li>Applicant/Participant must sign Request For Advance Payment To Prevent Eviction (<b>W-637B</b>).</li> <li>Prepare Request for Emergency Assistance or Additional Allowance (For Participants Only) (<b>W-137A</b>) and Action Taken on your Request or Additional Allowance (For Participants Only) (<b>W-137B</b>).</li> </ul> <p><b>Utility Shut-Off:</b></p> <ul style="list-style-type: none"> <li>Applicant/Participant must sign Request for Utility Grant (<b>M-858y</b>).</li> <li>Prepare Notice of Intent to Recoup Utility Grant (Timely) (<b>M-858x</b>).</li> <li>Prepare a CA Recoupment Data Entry Form (<b>LDSS-3573</b>).</li> </ul>	<p><b>Evictions:</b></p> <ul style="list-style-type: none"> <li>Copy of Forms <b>W-637B</b>, <b>W-137A</b>, and <b>W-137B</b></li> <li>Landlord letter</li> </ul> <p><b>Utility Shut-Off:</b></p> <ul style="list-style-type: none"> <li>Copy of Form <b>M-858y</b></li> <li>Utility disconnect notice</li> </ul> <p><b>All Recoupments</b></p> <ul style="list-style-type: none"> <li>Form <b>W-25</b> recording action taken</li> <li>Copy of Form <b>LDSS-3573</b></li> <li>Copy of Form <b>W-145F</b>, if undue hardship is claimed</li> </ul>
<p>Applicant/Participant willfully withheld information about income or resources and this has resulted in an overpayment.</p>	<p><b>Calculate amount of overpayment:</b></p> <ul style="list-style-type: none"> <li>Use gross income when determining amount of CA overpayment.</li> <li>Disallow all employment exemptions, special work expenses, and expenses incident to employment.</li> <li>Compare amount of concealed income with amounts issued and redeemed during the period of concealment. Recoup the lesser of the two amounts.</li> <li>Prepare a separate calculation for each semimonthly period to allow for changes in income and assistance.</li> <li>Have the AA to the Center Director/Assistant Site Manager complete an automated referral to Bureau of Fraud Investigation form (<b>BFI-14</b>) in POS.</li> </ul> <p style="text-align: center;"><i>continued on reverse side</i></p>	<ul style="list-style-type: none"> <li><b>WINRO146</b>, <b>WINRO154</b>, <b>WINRO027</b></li> <li>Copy of Form <b>LDSS-3573</b></li> <li>CINTRAK Report (<b>LDSS-3023</b>)</li> <li>Pay Stubs (copy)</li> <li>Copy of automated <b>BFI-14</b></li> <li>Form <b>W-25</b> recording action taken</li> <li>Copy of Form <b>W-145F</b>, if undue hardship is claimed</li> <li>TALX Hit</li> <li>RFI Data</li> <li>Paperless Office System (POS)</li> </ul>

### Recoupment Desk Guide

Recoupment Situations	What To Do	Supporting Documentation
	<ul style="list-style-type: none"> <li>Annotate CINTRAK Report (<b>LDSS-3023</b>) for WRS hits</li> <li>Prepare Form <b>LDSS-3573</b></li> </ul>	
<p>Overpayment made due to an administrative error. For example, applicant/participant reports income or resources but Agency fails to rebudget or close case.</p>	<p><b>Calculate amount of overpayment:</b></p> <ul style="list-style-type: none"> <li>Include earned income and disregard budget.</li> <li>Compare amount of income with amounts issued by Agency. Only recoup amounts issued.</li> <li>Prepare a separate calculation for each semimonthly period to allow for changes in income and assistance.</li> <li>Prepare Form <b>LDSS-3573</b>.</li> </ul>	<ul style="list-style-type: none"> <li><b>WINRO146, WIN154, WINRO027</b></li> <li>Form <b>W-25</b> recording action taken</li> <li>Copy of Form <b>LDSS-3573</b></li> <li>Copy of Form <b>W-145F</b>, if undue hardship is claimed</li> </ul>
<p>Applicants/Participant continued to receive overpayments while in Aid Continuing status. Fair Hearing decision upheld our action to reduce or discontinue assistance.</p>	<ul style="list-style-type: none"> <li>Prepare Form <b>LDSS-3573</b> for the overpayment that occurred during the aid-continuing period.</li> </ul>	<ul style="list-style-type: none"> <li>Copy of Form <b>LDSS-3573</b></li> <li>Fair Hearing report</li> <li>Form <b>W-25</b> recording action taken</li> <li>Copy of Form <b>W-145F</b>, if undue hardship is claimed</li> </ul>
<p>Duplication of Rent Payment.</p>	<ul style="list-style-type: none"> <li>If the participant has a good cause reason for not reporting an address or shelter cost change in a timely manner, do not initiate a recoupment.</li> <li>Prior to initiating a recoupment, discuss the issue with a Supervisor if fraudulent activity is suspected.</li> <li>If a fraud referral is required, the Supervisor must forward all available information to the Job Center Director's Administrative Assistant (AA) for referral to the Bureau of Fraud Investigation (BFI).</li> <li>Have the AA to the Director follow the automated process to complete the Referral to Bureau of Fraud Investigation (<b>BFI-14</b>) and maintain a log of referrals on the BFI Fraud Referral Log (<b>W-400B</b>), then forward them to BFI.</li> </ul>	<ul style="list-style-type: none"> <li><b>BFI-14</b></li> <li>Copy of Form <b>W-400B</b></li> </ul>

