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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
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Informational Letter

Section 1

Transmittal:	04-INF-26
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	December 31, 2004
Subject:	Revisions to Manual Client Notices
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Eastern Bureau - (518) 473-1469 Central Bureau - (518) 474-9344 HEAP Bureau - (518) 473-0332 Metro Field Support Bureau - (212) 383-1658 SSI Bureau - (518) 474-7218 WMS Questions: (518) 474-8749
Attachments:	37 Client Notices
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
See Attachment I	See Attachment I	See Attachment I	See Attachment I	See Attachment I	See Attachment I

Section 2

I. Purpose

The purpose of this release is to introduce 37 revised client notices.

The primary reasons for the revisions were to:

- inform local district staff and recipients that there is a statewide 800 telephone number that can be used to request a fair hearing.
- inform local district staff and recipients that the options to request fair hearings have been expanded to include faxing and online requests.

The following are the notices that have been revised.

LDSS-2114:	“Continuing Your Public Assistance, Medical Assistance and/or Food Stamp Benefits” (Statewide) (Rev.9/04)
LDSS-2425:	“Repayment of Interim Assistance Notice” (Rev.8/04)
LDSS 3152:	“Action Taken on Your Food Stamp Case” (Rest of State) (Rev.6/04)
LDSS-3152 NYC:	“Action Taken on Your Food Stamp Case” (NYC) (Rev.6/04)
LDSS-3156:	“Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Rev.6/04)
LDSS-3156 NYC:	“Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (NYC) (Rev.6/04)
LDSS-3620:	“Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (Rev.6/04)
LDSS-3620 NYC:	“Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (NYC) (Rev.6/04)
LDSS-3621:	“Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (Rev.6/04)
LDSS-3621 NYC:	“Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (NYC) (Rev.6/04)
LDSS-3969A:	“Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services - PART A” (Rev.9/04)
LDSS-3969B:	“Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services - PART B” (Rev.9/04)
LDSS-4002:	“Action Taken on Your Request For Assistance To Meet An Immediate Need or Special Allowance” (Rev.7/04)
LDSS-4013A:	“Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (Rev.9/04)
LDSS-4013A NYC:	“Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (NYC) (Rev.9/04)
LDSS-4013B:	“Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (Rev.9/04)
LDSS-4013B NYC:	“Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (NYC) (Rev.9/04)
LDSS-4014A:	“Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (Rest of State) (Rev.9/04)
LDSS-4014A NYC:	“Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (NYC) (Rev.9/04)
LDSS-4014B:	“Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (Rest of State) (Rev.9/04)
LDSS-4014B NYC:	“Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (NYC) (Rev.9/04)

LDSS-4015A:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (Rest of State) (Rev.9/04)
LDSS-4015A NYC:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (NYC) (Rev.9/04)
LDSS-4015B:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (Rest of State) (Rev.9/04)
LDSS-4015B NYC:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (NYC) (Rev.9/04)
LDSS-4016A:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Adequate Only)” (Rest of State) (Rev.9/04)
LDSS-4016A NYC:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services- PART A (Adequate Only)” (NYC) (Rev.9/04)
LDSS-4016B:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (Rest of State) (Rev.9/04)
LDSS-4016B NYC:	“Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (NYC) (Rev.9/04)
LDSS-4053	“Food Stamp Repayment Agreement” (6/04)
LDSS-4682:	“Notification of Overpayment of PA to A Former Recipient and Demand for Repayment “(Camera Ready Only) (6/04)
LDSS-4682 NYC:	“Notification of Overpayment of PA to A Former Recipient and Demand for Repayment” NYC (Camera Ready Only) (6/04)
LDSS-4790:	“PA Repayment Agreement” (Camera Ready Only) (6/04)
LDSS-4799:	“Intentional Program Violation (IPV) Disqualification Notice for The Food Stamp Benefits Program” (Camera Ready Only) (7/04)
LDSS-4799 NYC:	“Intentional Program Violation (IPV) Disqualification Notice for The Food Stamp Benefits Program” (NYC) (Camera Ready Only) (7/04)
LDSS-4827:	“Intentional Program Violation (IPV) Disqualification Notice for the Public Assistance Program” (Camera Ready Only) (6/04)
LDSS-4827 NYC:	“Intentional Program Violation (IPV) Disqualification Notice for the Public Assistance Program” (NYC) (Camera Ready Only) (6/04)

II. Program Implications

The following is a general listing of the revisions to the client notices:

LDSS-2114: “Continuing Your Public Assistance, Medical Assistance and/or Food Stamp Benefits” (Rev. 9/04)

FRONT:

1. The revision date was changed to 11/04.
2. “MA” was deleted from the identifier, in the upper right hand corner of the notice.
3. “Medical Assistance” was deleted from the title.
4. “Work” was changed to “Worker” in the paragraph that begins with, “We have enclosed a recertification form.....”.

5. The 2nd bullet that read: “any change in \$100 or more in the amount of your HH’s monthly income” was changed. The revised bullet reads, “any change in the amount or source of your household’s income”.
6. The following two new bullets were added to the end of the 2nd set of bullets:
 - Any change in the amount of child support you must pay,
 - Social Security Number of any new household members.
7. In the paragraph under “What If I No Longer Want or Need Assistance?” and in the third sentence, “Medical Assistance” was capitalized.
8. The 3rd sentence in the “What If I No Longer Want Or Need Assistance?” was changed to read:

It is important for you to tell us why you want your case closed because, depending on the reason, you may be able to get Food Stamp benefits for five more months and Medical Assistance for up to a year.

9. The following new “Child Care” information was added directly below the “Signature” section:

What Happens To My Child Care If My PA Case Closes?

If you are no longer PA eligible or your PA case is closing, you need to let your worker know if you need Child Care Assistance to continue. Your worker will determine if you are eligible to continue to receive Child Care Assistance. There are two Child Care Assistance Programs for which you may be eligible. Your worker can explain both of these to you.

Guarantee of Child Care In Lieu of (Instead of) PA

This program helps working families who are financially eligible to receive PA and need child care to work, but choose to receive Child Care Assistance instead of PA. If you are working the number of hours required by PA and are eligible for PA, but choose not to continue receiving PA, then you may be eligible for Child Care In Lieu of PA. This program does not have a time limit. Families may receive Child Care In Lieu of PA for as long as they remain eligible.

Transitional Child Care (TCC)

This program helps working families who are no longer financially eligible to receive PA and need child care in order to work. If your family is receiving PA, but your PA case is closing due to an increase in earned income or child support, or you have voluntarily closed your PA case, you may be eligible for TCC. If your family is receiving Child Care In Lieu of PA you may also be eligible for TCC when you become financially ineligible for PA. To be eligible for TCC, families must have been receiving PA (or Child Care In Lieu of PA), for 3 of the past 6 months. Families may be eligible for assistance through TCC for up to 12 months after the family becomes ineligible for PA.

REVERSE:

1. The revision date was changed to 11/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.
3. “**Writing**” was changed to “**Mail**”
4. The different phone numbers listed, to call to ask for a fair hearing, were deleted and replaced with the following:

Phone: 800-342-3334

5. New “Fax” and “Online” sections were added. These new sections read as follows:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online section”. That new paragraph reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-2425: “Repayment of Interim Assistance Notice” (Rev.8/04)

FRONT:

1. The revision date was changed to 8/04.
2. An additional situation involving interim assistance was added after the “Dear Sir/Madam” salutation.

After a check box, the new choice added reads as follows:

The Commissioner of the SSA has sent this Office a portion of your initial SSI payment to repay benefits paid to you by this office. The repayment of benefits is for a period during which you received Safety Net Assistance and other payment furnished to you with State and local funds for your basic needs. The repayment period begins with the date you became eligible for SSI benefits (or were reinstated after a period of suspension or termination) and ends in the month we received your repayment from SSA, or the following month if your Safety Net Assistance and other payments furnished to you could not be stopped soon enough. The SSA has deducted the amount of this payment from your initial SSI payment and sent it directly to this Office. The SSA will distribute to you any balance from your initial SSI payment you are due.

3. To accommodate the additional paragraph above, the following information was moved down the page to the “Remarks” section:

Our Calculations show that:

- There is no balance due you from this agency
- There is a balance due you from this agency of \$ _____

4. The “Grand Total” box was relabeled to “Total Interim Assistance”.
5. In the “Certification” section, “Secretary of Health and Human Services” was changed to “Commissioner of the Social Security Administration”.
6. A new box, labeled “Date of Initial SSI Eligibility”, was added directly above the “Date of SSI Check” box.
7. "TOTAL AMOUNT OF AGENCY REIMBURSEMENT", at the bottom of the front page, was changed to "TOTAL AMOUNT RECOVERED BY AGENCY".

REVERSE:

1. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.
2. “**Writing**” was changed to “**Mail**”
3. The different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334

4. New “Fax” and “Online” sections were added. These new sections read as follows:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online” section. That new paragraph reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS 3152: “Action Taken on Your Food Stamp Case” (Rev.6/04)

FRONT:

1. The revision date was changed to 6/04.
2. In the “Overpayment Information” section, at the bottom of the front page, an “Other” box and 2 lines to fill in information were added.

REVERSE:

1. The revision date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **online**.
3. The different phone numbers listed to call for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334.

4. New “Fax” and “Online” sections were added. These new sections read as follows:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the online section. That new paragraph reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-3152 NYC: “Action Taken on Your Food Stamp Case” (NYC) (Rev.6/04)

FRONT:

1. The revision date was changed to 6/04.
2. In the “Overpayment Information” section, at the bottom of the front page, an “Other” box and 2 lines to fill in information were added.

REVERSE:

1. The revision date was changed to 6/04.

2. The “212” exchange, listed to ask for a fair hearing was deleted and replaced with the following:

Phone: 800-342-3334

3. A new “Online” section was added. This new section reads as follows:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

4. A new paragraph was added directly below the online section. That new paragraph reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

5. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files.

LDSS-3156: “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Rev.6/04)

FRONT: The revision date was changed to 6/04.

REVERSE:

1. The revision date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **online**.

3. The different phone numbers listed, to call to ask for a fair hearing, were replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

4. New “Fax” and “Online” sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online” section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-3156 NYC: “Notice of Food Stamp Benefits Overpayment (Demand Letter) (Timely and Adequate)” (NYC) (Rev.6/04)

FRONT: The revision date was changed to 6/04.

REVERSE:

1. The revision date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing in **writing**, by **phone**, by **fax**, by **walk-in** or **online**.

3. The different phone numbers listed, to call to ask for a fair hearing, were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

4. A new “Online” section was added that reads:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

5. A new paragraph was added directly below the online section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax by walk-in or online, please write to ask for a fair hearing before the deadline.

6. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files.

LDSS-3620: “Notice of Intent To Change Food Stamp Benefits (Timely and Adequate)” (Rev.6/04)

FRONT: The revision date was changed to 6/04.

REVERSE:

1. The revision date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **online**.
3. The different phone numbers listed, to call to ask for a fair hearing, were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

4. New “Fax” and “Online” sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online” section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-3620 NYC: “Notice of Intent To Change Food Stamp Benefits” (Timely and Adequate) (NYC) (Rev.6/04)

FRONT: The revision date was changed to 6/04.

REVERSE:

1. The revision date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing in **writing**, by **phone**, by **fax**, by **walk-in** or **online**.
3. The different phone numbers listed, to ask for a fair hearing, were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

4. A new “Online” section to request a fair hearing was added that reads:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online” section that reads:
If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.
6. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files.

LDSS-3621: “Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (Rev.6/01)

FRONT:

1. The Revision Date was changed to 6/04.
2. A new number 7. “Other”, section was added for those circumstances where none of the other choices describe the “intent to change”.

REVERSE:

1. The Revision Date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **online**.
3. The different phone numbers listed, to call to ask for a fair hearing, were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

4. New “Fax” and “Online” sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online” section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-3621 NYC: “Notice of Intent To Change Food Stamp Benefits (Adequate Only)” (NYC) (Rev.6/04)

FRONT:

1. The Revision Date was changed to 6/04.
2. A new number 7. “Other”, section was added for those circumstances where none of the other choices describe the “intent to change”.

REVERSE:

1. The Revision Date was changed to 6/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing in **writing**, by **phone**, by **fax**, by **walk-in** or **online**.
3. The different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

4. New “Fax” and “Online” sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

5. A new paragraph was added directly below the “Online” section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

6. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files.

LDSS-3969A: “Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services - PART A” (Rev.9/04) (Camera Ready Only)

FRONT: The Revision Date was changed to 12/04.

REVERSE:

1. The Revision Date was changed to 12/04.
2. The “Lifeline telephone service” language was changed to read:

If you are getting Public Assistance, Food Stamp Benefits, or Medical Assistance you may be able to get a discount on your phone service. For information on LIFELINE telephone service, call your telephone service provider.

LDSS-3969B: “Notice of Action on Your Application/Benefit For The Child Assistance Program, Status of Medical Assistance, Food Stamp Benefits and Services - PART B” (Rev.9/04) (Camera Ready Only)

FRONT: The Revision Date was changed to 12/04.

REVERSE:

1. The Revision Date was changed to 12/04.
2. The Fair Hearing information of the reverse of this notice was restructured to mirror similar other client notices.
3. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **online**.

4. All of the different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. New “Fax” and “Online” sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

LDSS-4002: “Action Taken on Your Request For Assistance To Meet An Immediate Need or Special Allowance (Rev.7/04)

FRONT: The Revision Date was changed to 7/04.

REVERSE:

1. The Revision Date was changed to 7/04.
2. As this form has not been revised since 10/95, the Fair Hearing information of the reverse of this notice was restructured to mirror similar other client notices.

LDSS-4013A: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage - PART A” (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. “PART A” was added to the title.
3. In the “PA Accepted” section, the following last sentence in this section was deleted:

“The reason for this recoupment is explained below.”

REVERSE:

The Revision date was changed to 9/04.

LDSS-4013A NYC: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART A” (NYC) (Rev.9/04)

FRONT:

4. The revision date was changed to 9/04.
5. “PART A” was added to the title.
6. In the “PA Accepted” section, the following last sentence in that section was deleted:

“The reason for this recoupment is explained below.”

REVERSE:

The Revision date was changed to 9/04.

LDSS-4013B: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. A new section was added after the “DENIED” section that reads:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.
3. The “Writing” title was changed to “Mail” in the section that describes requesting a fair hearing by mail.
4. The different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. New “Fax” and “Online” sections were added which read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. A new paragraph was added directly below the “Online” section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-4013B NYC: “Action Taken On Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage - PART B” (NYC) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. A new section was added after the “DENIED” section that reads:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing in **mail**, by **phone**, by **fax**, by **walk-in** or **online**.
3. The “Mail” section was changed to read:

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

4. The “212” phone number listed, to call to ask for a fair hearing, was deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. After the “Walk-in” section, a new “Online” section was added which reads:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. The paragraph directly below the online section was changed to read:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

7. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files.

LDSS-4014A: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (Rest of State) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. The following sentence was added before the last sentence in the recoupment section:

The recoupment rate must be at least 5%.

REVERSE:

1. The revision date was changed to 9/04.
2. “(Part B)” was changed to “(Part A)” found directly after the revision date at the top of the page.

LDSS-4014A NYC: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A” (NYC) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. The following sentence was added before the last sentence in the recoupment section:

The recoupment rate must be at least 5%.

REVERSE:

1. The revision date was changed to 9/04.
2. “(Part B)” was changed to “(Part A)” found directly after the revision date at the top of the page.

LDSS-4014B: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (Rest of State) (Rev.9/04)

FRONT:

1. The revision date to 9/04.
2. A new section was added after the “DENIED” section that reads:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.
3. The “**Writing**” title was changed to “**Mail**” in the section that describes requesting a fair hearing by mail.
4. The “**Phoning**” title was changed to “**Phone**” in the section that describes requesting a fair hearing by phone.
5. Also, in the “**Phone**” section, the different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

6. The sentence that follows the “**Phone**” section was moved below the new “**Online**” section and reworded as follows:
If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.
7. New “Fax” and “Online” sections were added that read as follows:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

LDSS-4014B NYC: “Action Taken On Your Recertification: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B” (NYC) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. A new section was added after the “DENIED” section that reads as follows:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.
3. The “**Mail**” section was changed to read:
Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.
4. The NYC , 212, phone number listed, to call to ask for a fair hearing, was deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. A new “Online” section was added that read as follows:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. The one sentence paragraph, after the “Walk-In” section was revised and moved after the new “Online” section. The revised sentence reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

7. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files and to inform a client that if their request for copies is made less than five working days before a hearing that the case file documents may be given to them at the hearing.

LDSS-4015A: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (Rest of State) (Rev.9/04)

FRONT: The revision date was changed to 9/04.

REVERSE: The revision date was changed to 9/04.

LDSS-4015A NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Timely & Adequate)” (NYC) (Rev.9/04)

FRONT:

1. The revision date was change to 9/04.
2. The PUBLIC ASSISTANCE section was changed to read:

PUBLIC ASSISTANCE

REDUCE your Public Assistance Benefit effective _____ from \$ _____ to \$ _____ because:

_____ failed without good cause to cooperate with the Office of Child Support Enforcement (OCSE) on _____ by _____ [18NYCRR 352.3(d)]:

To lift this sanction, call (_____)_____. Read the detailed instructions on the back of this notice.

Other: _____.

REVERSE:

1. The revision date was changed to 9/04.
2. New Information on “how to lift a sanction for non-cooperation with a child support requirement” was added to the top of the page.

LDSS-4015B: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (Rest of State) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.

2. A new section was added after the “Discontinue” section that reads as follows:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:
You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.
3. The “**Writing**” title was changed to “**Mail**” in the section that describes requesting a fair hearing by mail.
4. The “**Phoning**” title was changed to “**Phone**” in the section that describes requesting a fair hearing by phone.
5. All of the different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

6. The sentence that follows the “**Phone**” section was moved below the new “**Online**” section and reworded as follows:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

7. New “Fax” and “Online” sections were added that read as follows:

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

LDSS-4015B NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Timely & Adequate)” (NYC) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. A new section was added after the “Discontinue” section that reads as follows:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

3. The “**Mail**” section was changed to read:

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

4. The NYC , 212, phone number listed, to call to ask for a fair hearing, was deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. A new “Online” section was added and reads as follows:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. The one sentence paragraph, after the “Walk-In” section was revised and moved after the new “Online” section. The revised sentence now reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

7. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files and to inform a client that if their request for copies is made less than five working days before a hearing that the case file documents may be given to them at the hearing.

LDSS-4016A: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART A (Adequate Only)” (Rest of State) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. The last sentence in the “Recoupment” section that read “The reason for this recoupment is explained below” was deleted.

REVERSE: The revision date was changed to read: (Rev. 9/04) (Part A).

LDSS-4016A NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services- PART A (Adequate Only)” (NYC) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. The last sentence in the “Recoupment” section that reads “The reason for this recoupment is explained below” was deleted.

REVERSE: The revision date was changed to read: (Rev. 9/04) (Part A).

LDSS-4016B: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (Rest of State) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. A new section was added after the “Discontinue” section that reads as follows:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.
3. The “**Writing**” title was changed to “**Mail**” in the section that describes requesting a fair hearing by mail.
4. The “**Phoning**” title was changed to “**Phone**” in the section that describes requesting a fair hearing by phone.
5. The different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

6. The sentence that follows the “Phone” section was moved below the new “Online” section and reworded as follows:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

7. New “Fax” and “Online” sections were added that read as follows:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

LDSS-4016B NYC: “Notice of Intent To Change Benefits: Public Assistance, Food Stamp Benefits, Medical Assistance Coverage and Services - PART B (Adequate Only)” (NYC) (Rev.9/04)

FRONT:

1. The revision date was changed to 9/04.
2. A new section was added after the “Discontinue” section that reads as follows:

OTHER: _____

REVERSE:

1. The revision date was changed to 9/04.
2. The lead in sentence for “HOW TO ASK FOR A FAIR HEARING” was changed to read:

You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

3. The “**Mail**” section was changed to read:

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

4. The NYC , 212, phone number listed, to call to ask for a fair hearing, was deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. A new “Online” section to request a fair hearing was added that read as follows:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. The one sentence paragraph, after the “Walk-In” section was revised and moved after the new “Online” section. The revised sentence now reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

7. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files and to inform a client that if their request for copies is made less than five working days before a hearing that the case file documents may be given to them at the hearing.

LDSS-4053: “Food Stamp Repayment Agreement” (6/04)

FRONT:

1. The revision date was changed to 6/04.
2. The former section 1, “Active Food Stamp Case” and section 2, “Closing or Closed Food Stamp Case” were replaced with one section that discusses repayment of Food Stamp overpayments, if a Food Stamp case is closing or is already closed.
3. In this new combined section, the following “compromise” language was also added:

Local districts are permitted to compromise on the amount of debt you owe. If they allow a compromise, the amount you must repay may be reduced and the new amount will be in the repayment letter that they will send to you.

4. The following information was added after the “signature” that reads as follows:

We will contact you to discuss the repayment method you have chosen and give you a written statement showing how much you will be repaying (and how long your payments will continue should you choose to repay through monthly payments.)

5. A new box was also added after the “Signature” section to record a specific phone number and/or address to contact and/or return the Repayment Agreement should the local district have such an address and phone number. Otherwise, the client is instructed to return the Repayment Agreement to an address listed at the top of the notice.
6. Information informing clients of the consequences of not returning the Repayment Agreement was added.

That information reads as follows:

Warning: If you do not return this repayment agreement, you will be subject to automatic collection. See the back of this notice for more information on automatic collection.

7. The shaded gray accounting section at the bottom of the page was revised to read:

Accounting Use Only – FS Repayment 01 – (Completed by worker after agreement is accepted)

Repayment Agreement Date _____

Repayment Amount \$ _____ Per _____ (frequency)

Recurring Payment Due Date _____

Was a Claim Compromised? No Yes, from \$ _____ to _____ Claim No:

_____ Date Entered on Admin. Screen ___ / ___ / _____ Transaction Amount \$ _____ , _____ . _____

Entered By: _____ Date Verified _____ / _____ / _____

REVERSE: The revision date was changed to 6/04.

LDSS-4682: “Notification of Overpayment of Public Assistance to a Former Recipient and Demand for Repayment (Camera Ready Only) (6/04)

GENERAL - This Form was previously printed for Upstate local districts and because of low usage, it will no longer be printed . This form will, however, be available to local districts as a Camera Ready Only copy.

FRONT:

1. The revision date was changed to 6/04.
2. In Section II, after the second sentence, the statement, “Make sure you sign and date this agreement below, before you return it” was added.
3. Also, In Section II, #1, the last sentence was changed to read: “If you choose to pay in installments, please check the installment method you wish to use ~~and sign your agreement.~~”
4. The asterisks were deleted from Section II, number 2, 3 and 4 and the asterisks reference sentence was also deleted below them.
5. A section for address and phone number was added directly after the statement, "I agree to repay this method.". That section now reads as follows:

Your Address (if different than above):

Your Phone Number or Where We Can Reach You (_____) _____.

REVERSE: The Fair Hearing Language was updated to include the 800 Fair request telephone number. Fax and Online fair hearing request information were also added.

LDSS-4682 NYC: “Notification of Overpayment of Public Assistance to a Former Recipient and Demand for Repayment NYC (Camera Ready Only) (6/04)

FRONT:

1. In Section II, after the first sentence the statement, “Make sure you sign and date this agreement below, before you return it” was added.
2. Also, In Section II, #1, the last sentence was changed to read: “If you choose to pay in installments, please check the installment method you wish to use and sign your agreement.
3. The asterisks were deleted from Section II number 2, 3 and 4 and the asterisks reference sentence was also deleted below them.

4. A section for address and phone number was added directly after the statement, "I agree to repay this method.". That section now reads as follows:

Your Address (if different than above):

Your Phone Number or Where We Can Reach You (_____) _____.

REVERSE: The Fair Hearing Language was updated to include the 800 Fair request telephone number. Fax and Online fair hearing request information were also added.

LDSS-4790: "PA Repayment Agreement" (Camera Ready Only) (6/04)

1. The revision date was changed to 6/04.
2. The "Active Public Assistance Case" section directly below "The Amount you owe" information was deleted.
3. The asterisks and asterisks reference sentence were deleted in the "Closing or Closed Public Assistance Case" section.
4. The following new paragraph was added directly below the "Signature" section. That new paragraph reads:

We will contact you to discuss the repayment method you have chosen and give you a written statement showing how much you will be repaying (and how long your payments will continue should you choose to repay through monthly payments.)

LDSS-4799: "Intentional Program Violation (IPV) Disqualification Notice for The Food Stamp Benefits Program" (Camera Ready Only) (8/04)

FRONT

1. The revision date was changed to 8/04.
2. In section II, "Period of Disqualification", a new 3rd check box and the following statement were added:
 - for 120 months, because you are found guilty about making a false statement about who you are or where you live in order to multiple FS.
3. In section "II Period of Disqualification", a new 4th sub check box and the following statement were added:
 - first FS-IPV and it is based on a court finding of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices.

REVERSE

1. The revision date was changed to 8/04.
2. The lead in sentence for "HOW TO ASK FOR A FAIR HEARING" was changed to read:

You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

3. The "Writing" title was changed to "Mail" in the section that describes requesting a fair hearing by mail.
4. All of the different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. New "Fax" and "Online" sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. A new paragraph was added directly below the online section that reads:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

LDSS-4799 NYC: "Intentional Program Violation (IPV) Disqualification Notice for The Food Stamp Benefits Program" (NYC) (Camera Ready Only) (8/04)

FRONT:

1. The revision date was changed to 8/04.
2. In section "II Period of Disqualification", a new 3rd check box and the following statement were added:
 for 120 months, because you are found guilty about making a false statement about who you are or where you live in order to multiple FS.
3. In section "II Period of Disqualification", a new 4th sub check box and the following statement were added:
 first FS-IPV and it is based on a court finding of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices.

REVERSE:

1. The revision date was changed to 8/04.
2. The lead in sentence for "HOW TO ASK FOR A FAIR HEARING" was changed to read:
You can ask for a fair hearing in **mail**, by **phone**, by **fax**, by **walk-in** or **online**.
3. The "Mail" section was changed to read:
Mail: Send a copy of Send a copy of the entire notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.
4. The "212" phone exchange listed, to call to request a fair hearing, was deleted and replaced with the following 800 number:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

5. After the “Walk-in” section, a new “Online” section which was added that reads:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

6. The paragraph directly below the “Online” section was revised to read:

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

7. The NYC “Access To Your File and Copies of Documents” section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files and to inform a client that if their request for copies is made less than five working days before a hearing that the case file documents may be given to them at the hearing.

LDSS-4827: “Intentional Program Violation (IPV) Disqualification Notice for the Public Assistance Program” (Camera Ready Only) (6/04)

FRONT:

1. The revision date was changed to 6/04.
2. In “Section IV”, the sentence in the parentheses after the second box was changed to read:
(We do not count the disqualified person in the Public Assistance household, but we must count that person’s income. This amount includes a recoupment).
3. Also in “Section IV”, the title “Public Assistance Repayment Agreement” was changed to “Public Assistance Repayment”.
4. In “section IV”, 2 additional sub category boxes and statements were added after the 2nd box after the “Public Assistance Repayment” section. Those two boxes and statements read:
 - The recoupment is for the recovery of the overpayment that resulted from the IPV.
 - The recoupment is to repay a previous overpayment. The overpayment that resulted from this IPV will be recouped when the previous overpayment(s) has been recouped.

REVERSE:

1. The revision date was changed to 6/04.
2. The title of the notice was added to the top of the page on the reverse side.
3. “Name”, “Address” and “Case Number” boxes were added directly below the title.
4. The sentence after “How To Request A Fair Hearing was changed to read:

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing in writing, by **phone**, by **fax** or **online**.

5. All of the different phone numbers listed to call to ask for a fair hearing were deleted and replaced with the following:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.

6. New “Fax” and “Online” sections were added that read:

Fax: Fax a copy of the front and reverse of this notice to: **(518) 473-6735** or

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

7. In section “II Period of Disqualification”, a new 3rd check box and the following statement were added:

for 120 months, because you are found guilty about making a false statement about who you are or where you live in order to multiple FS.

LDSS-4827 NYC: “Intentional Program Violation (IPV) Disqualification Notice for the Public Assistance Program” (NYC) (Camera Ready Only) (6/04)

FRONT:

1. The revision date was changed to 6/04.
2. In “Section IV”, the sentence in the parentheses after the second box was changed to read:

(We do not count the disqualified person in the Public Assistance household, but we must count that person’s income.)

3. Also in “Section IV”, the title “Public Assistance Repayment Agreement” was changed to “Public Assistance Repayment”.
4. In “section IV”, 2 additional sub category boxes and statements were added after the 2nd box after the “Public Assistance Repayment” section. Those two boxes and statements read:

- The recoupment is for the recovery of the overpayment that resulted from the IPV.
- The recoupment is to repay a previous overpayment. The overpayment that resulted from this IPV will be recouped when the previous overpayment(s) has been recouped.

REVERSE:

1. The revision date was changed to 6/04.
2. The title of the notice was added to the top of the page on the reverse side.
3. “Name”, “Address” and “Case Number” boxes were added directly below the title.
4. The sentence after “How To Request A Fair Hearing” was changed to read:

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing in **writing**, by **phone**, by **fax** or **online**.

5. The “212” phone exchange listed, to call to request a fair hearing, was deleted and replaced with the following 800 number:

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

6. After the “Walk-in” section, a new “Online” section which was added that reads:

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

7. The NYC "Access To Your File and Copies of Documents" section was updated to include NYC specific telephone numbers and an address where clients can get copies of their files and to inform a client that if their request for copies is made less than five working days before a hearing that the case file documents may be given to them at the hearing.

III. Forms Implications

We expect that all of the above referenced Client Notices will be printed and delivered to the Albany and NYC/HRA warehouses by the end of December 2004.

Upon receipt of any of these notices, Document Services will immediately distribute supplies to local districts.

When any of the revised notices, they **must immediately destroy** previous versions and replace them with the newly revised forms.

Additionally, for local district staff, electronic PDF versions of all of the notices referenced in this INF can be accessed on the OTDA Intranet website at http://sdssnet5/otda/ldss_eforms/default.htm.

Any future requests for printed copies of the revised English and Spanish notices or English or Spanish master copies, if that form is not printed, should be submitted on OTDA-876 (Rev.6/98): "Request For Forms or Publications" form, and should be sent to:

Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, ext. 4-9522.

Issued By _____

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Division of Temporary Assistance

ATTACHMENT I

Previous ADMs/INFs	Releases Cancelled	Dept, Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21 89 ADM-8 89 ADM-6 88 ADM-4 87 ADM-48 87 ADM-4 86 ADM-10 86 ADM-7 85 ADM-45 85 ADM-17 82 ADM-55 82 ADM-5 81 ADM-55 80 ADM-90 03 INF-41 03 INF-15 99 INF-05 92 INF-42 89 INF-28 88 INF-83		350.5,351.22 351.23 355,358-3.3 360-2.4,2.5, 2.6,6.4,7.5 369.6 387.14 387.20 505.14 (b) (5) (v),(viii),(x) 385.3 385.14	SSL 22 SSL 366-a	MARG pp. 378-387 TASB Section 8 A-J FSSB Sections 4.3.b; 5; 5.2; 5.3.h; 5.3.i; 5.6; 6.2; 6.5; 7.1; 7.1.e; 7.2; 7.2.b; 7.3; 7.4; 7.6; 7.7; 15.3; 15.1.c; 15.1.D; 15.1.e; 15.3; 15.4; 15.5; 15.1.c	GIS 89 MA007 DCL 7/13/83 89 LCM-155 89 LCM-22