

George E. Pataki Governor

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NY 12243-0001

Robert Doar Commissioner

Informational Letter

Section 1

Section 1							
Transmittal:	05-INF-11						
To:	Local District Commissioners						
Issuing Division/Office:	Division of Employment and Transitional Supports						
Date:	Tune 14, 2005						
Subject:	5/05 Revision of Mandatory Client Notice, "Repayment of Interim Assistance" (LDSS-2425)						
Suggested Distribution:	Temporary Assistance Staff Finance/Accounting 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: Food Stamp Bureau - (518) 473-1469 Cash Assistance - (518) 474-9344 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749						
Attachments:	Attachment 1: Filing References Attachment 2: LDSS-2425: Repayment of Interim Assistance Notice (Rev.5/05)						
Attachment Avai Line:	lable On –						

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
See	See	See	See	See Attachment	See Attachment 1
Attachment 1	Attachment 1	Attachment 1	Attachment 1	1	

I. Purpose

To notify local districts that the mandatory client notice, LDSS-2425: "Repayment of Interim Assistance Notice" has been revised.

II. Background

The Repayment of Interim Assistance Notice was developed for the specific purpose of notifying recipients that the local department of social services has either received a retroactive SSI payment or a partial payment of an initial SSI claim from the Social Security Administration (SSA) for the period for which the recipient received Safety Net Assistance and/or any other payments furnished with State and local funds for the recipient's basic needs. This notice also includes the calculation of interim assistance due to the district and possibly a balance due to the recipient.

III. Revisions to the Notice

The following are the 5/05 revisions that have been made to this notice:

A. Front:

- 1. The revision date has been changed to 5/05.
- 2. The language in the first papragraph fifth line, was changed from "eligible for SSI benefits" to "payment of SSI benefits".
- 3. The language in the second paragraph fourth line, was changed from "eligible for SSI benefits" to "payment of SSI benefits".

B. Reverse:

Revision date has been changed to 5/05

III. Forms Ordering Information

We expect that the above referenced LDSS-2425 (Rev.5/05) will be printed and delivered to the Albany warehouse by the end of September 2005.

Upon receipt of the revised notices, Document Services will immediately distribute supplies to local districts.

When the revised notices are received by local districts, they **must immediately destroy** previous versions and replace them with the newly revised form.

Additionally, for local district staff, an electronic PDF version of the above referenced notice can be accessed on the OTDA Intranet website at http://otda.state.nyenet/otda/ldss_eforms/default.htm .

The Spanish version of this notice, LDSS-2425-SP (Rev.5/05), will not be printed, but will be available for local districts as a camera ready master copy for reproduction. Local districts will also be able to download this form from the NYS OTDA intranet site at http://otda.state.nyenet/otda/ldss_eforms/default.htm.

Any future requests for printed copies of the revised LDSS-2425 (Rev.5/05) or a Spanish cameraready master copy (LDSS-2425-SP) 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 Employment and Transitional Supports

OTDA (Rev. 6/2005)

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ATTACHMENT 1

Filing References

Previous	Releases	Dept. Regs.	Soc. Serv.	Manual Ref.	Misc. Ref
ADMs/INFs	Cancelled		Law & Other		
			Legal Ref.		
89 ADM – 21		350.5,351.22	SSL 22		
89 ADM - 8		351.23	SSL 366-a		
89 ADM – 6		352.31(d)			
88 ADM – 4		355,358-3.3,			
87 ADM – 4		359,360-2.4,			
86 ADM – 7		2.5,2.6,6.4			
85 ADM - 45		7.5			
85 ADM – 17		369.6			
82 ADM – 55		387.19			
80 ADM – 90		387.20			
93 INF – 45		505.14(b)(5)			
92 INF – 46		(v),(viii),			
92 INF – 34		(x)			
90 INF – 57		385.3			
89 INF – 53		385.14			
88 INF – 83					
88 INF-28					

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LDSS-2425 (Rev. 5/05)

REPAYMENT OF INTERIM ASSISTANCE NOTICE

		KELWIN		VIIVI AGGIGTAI		OTICE	
NOTICE DATE:		EFFECTIVE NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE DATE:			FRICT OFFICE		
CASE NUMBER CIN NUM			२	-			
				-			
CAS	E NAME (And C/O Nar	ne if Present) AND /	ADDRESS	GENERAL TELEPHON		1	
				OR Agency (
				3,	Conference ring informa stance	tion	
				Record A			
					sistance infe	ormation	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAM	ME		TELEPHONE NO.	
D Oir/M							
Supplem which you needs. Who local function reinstated the follow your basing The Community of furnished eligible for we receifurnished furnished	lance with your ental Security Ir u received Safet Ve have deducted for your based after a period ving month if you conceds payment of the ental to you with Starry payment of Seved your repay to you could no ment and sent it	ncome (SSI) pry Net Assistant de the amount ic needs beging of suspension our Safety Net and see SSA has serent of benefits is te and local full benefits (or ment from SS of be stopped servers).	payment to this D noce and other pay t of Safety Net As nning with the da or termination) an Assistance and o ee stopped soon en this Office a por s for a period durin nds for your basic were reinstated at SA, or the followissoon enough. The	epartment. This penents furnished to sistance and other you became not ending in the pother payments furning. The received in the payments of your initial and which you receive needs. The reparter a period of surning month if your SSA has deducted.	payment to you wher paymeligible month wurnished al SSI paerived Sayment payment paspension r Safety ted the a	includes beneith State and lonents furnished for payment of the received you to you with Styment to repay fety Net Assistate begins with or termination Net Assistance mount of this particular incomparts.	as sent your retroactive fits for a period during cal funds for your basic to you with State and SSI benefits (or were r initial SSI payment or ate and local funds for benefits paid to you by ance and other payment the date you became) and ends in the month ce and other payments bayment from your initial your initial SSI payment
			NYCRR Part 353.				
			this period is shown shed for basic need				
MONTH		•				20	
January	20	20	20	20		20	
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							TOTAL Interim Assistance
TOTAL	\$	\$	\$	\$	\$		\$
Our Calculation	s show that:						
There is no	balance due you f	rom this agency	There is a	balance due you fro	om this a	gency of \$	
Remarks:							
	for the purpose of						oner of the Social Security the Social Security Act (42
	Wo	rker's Signature	Г			Title	
Amount of SSI C	Check		.	Date of Initial	SSI Eliaihi	lity	
Less: Amount of Safety Net Assistance benefits			\$	Date of SSI C		9	
and other payments for basic needs.			\$	Date SSI Check Received By Department of		of	
Refund Due			\$	Social Services Date Reimbursement Check Sent To You			
TOTAL AMOUNT RECOVERED BY AGENCY		f &	Date Reimbur	sement Cl	neck Sent To You	ĺ	

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

LDSS-2425 (Rev. 5/05) Reverse					
NAME:	ADDRESS:	CASE NUMBER:			

CONFERENCE AND FAIR HEARING SECTION - DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

- 1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.
- 1. <u>CONFERENCE</u> (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
- 2. STATE FAIR HEARING You have 60 days from the date of this notice to ask for a fair hearing:

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

Mail: Send a copy of this notice *completed* 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 for yourself.

	I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include written explanation.)	le a
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Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

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.

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.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.