



**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

<b>Transmittal:</b>	06-INF-28
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	August 31, 2006
<b>Subject:</b>	Revised 9/06 version of the LDSS-4778: "Calculation of Total Overpayment Amount"
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	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
<b>Attachments:</b>	LDSS-4778: "Calculation of Total Overpayment Amount" (Rev.9/06)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		352.31 (d)			

### Section 2

#### I. Purpose

The purpose of this INF is twofold:

1. To introduce the revised 9/06 version of the LDSS-4778: “Calculation of Total Overpayment Amount”.
2. To inform local districts that this form will no longer be printed, but will continue to be available, through the normal forms ordering procedures as a camera ready copy for reproduction locally.

Additionally, the revised IAF form will also be available on Centraport.

## II. Background

The LDSS-4778 was originally designed to be used for instances when CNS cannot generate Food Stamp Benefits Overpayment Calculation information. This Statewide form continues to be used by Food Stamp Benefits Program staff for such instances, however, recent modifications to this form for the 9/06 version also enables the Temporary Assistance, Medical Assistance, HEAP and Day Care Programs to utilize this manual form.

Additionally, by adding a “Date of Establishment” field, the Food Stamp Benefits requirement to track the time period from “Discovery” to “Establishment” is fulfilled.

## III. Forms Ordering Information:

- The revised 9/06 version of the LDSS-4778 (Camera Ready Copies) can be requested at any time. Upon receipt of any revised Camera Ready Copy, all previous versions of the form should be destroyed.
- Any future written requests for a Camera Ready Copy of the 9/06 version of the LDSS-4778 should be submitted on OTDA-876 “Request For Forms or Publications”, and should be sent to:

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

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

- A Camera Ready Copy of the document may also be ordered through Outlook. To order a Camera Ready Copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: [gg7359@dfa.state.ny.us](mailto:gg7359@dfa.state.ny.us). For a complete list of available forms, please refer to OTDA Intranet site: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm).

**Issued By** \_\_\_\_\_

**Name:** Russell Sykes  
**Title:** Deputy Commissioner  
**Division/Office:** Division of Employment and Transitional Supports



**CALCULATION OF TOTAL OVERPAYMENT AMOUNT**

CASE NUMBER:	SSN:	DOB:	CIN NUMBER:	CATEGORY: TA <input type="checkbox"/> FS <input type="checkbox"/> MA <input type="checkbox"/> HEAP <input type="checkbox"/> DAY CARE <input type="checkbox"/>
CASE NAME AND ADDRESS:			TODAY'S DATE:	<input type="checkbox"/> TA RECOUPMENT/ CLAIM TYPE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
			TYPE OF CLAIM: IHE <input type="checkbox"/> AE <input type="checkbox"/> IPV <input type="checkbox"/>	
DATE OF DISCOVERY: _____	CLAIM PERIOD (OVERPAYMENT PERIOD): FROM: _____ TO: _____			
DATE OF ESTABLISHMENT: _____				
DATE OF OVERPAYMENT NOTICE SENT: _____				
DATE CLAIM STARTED: _____				
<b>MONTH OF ISSUANCE</b>	<b>AMOUNT ISSUED</b>	<b>ACTUAL ENTITLEMENT</b>	<b>OVERPAYMENT AMOUNT</b>	
List Each Month In The Claim Period	Amount Of Benefit Received	Corrected Benefit Amount	Difference Between Benefit Received & Corrected Amount	
<b>TOTALS:</b>				

**REASON FOR OVERPAYMENT:**

Were other repayments during the period considered for TA overpayments? YES  NO   
If yes, what repayments were considered?

<b>WORKER NAME and/or Signature:</b>	<b>OFFICE:</b>	<b>UNIT:</b>	<b>WORKER ID:</b>	<b>TELEPHONE NO.:</b>
<b>SUPERVISOR NAME and/or Signature:</b>				<b>DATE:</b>