

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243 - 0001

CESAR A. PERALES
Commissioner



ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 90 ADM-39

TO: Commissioners of
Social Services

DIVISION: Income
Maintenance

DATE: October 22, 1990

SUBJECT: Revision of Public Assistance "Undue Hardship" Policy

**SUGGESTED
DISTRIBUTION:**

Food Stamp Staff
Public Assistance Staff
Staff Development Coordinators

**CONTACT
PERSON:**

Please call 1-800-342-3715 and ask for:

Public Assistance:
John McCarthy, extension 4-9346

Food Stamps:
County Representative, extension 4-9225

ATTACHMENTS:

Attachment A - Annotated DSS-4015 - not available
on-line.
Attachment B - Undue Hardship Examples -
available on-line.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21 81 ADM-55 81 ADM-22 80 ADM-39	80 ADM-39 81 ADM-22	352.31(d) (2) 348	106-b 145	<u>PASB</u> XIX-A-3 XIX-D-1 through D-3 <u>MARG</u> p. 435	ABEL Transmittal 90-2

I. PURPOSE

This Directive will inform local districts of updated procedures to follow when making a determination of undue hardship when a portion of the public assistance grant is being deducted for recoupment purposes.

II. BACKGROUND

Section 402(a)(22) of the Social Security Act and 45 CFR 233.20(a)(13)(A) of federal regulations require that the state must take all reasonable steps necessary to promptly correct any overpayment. New York State Social Services Law Section 106-b requires correction of overpayments in a manner consistent with federal law and regulation. The requirement for prompt recovery is reflected in the minimum five percent recoupment contained in Department regulation 352.31(d)(2). 81 ADM-55 established guidelines for the recoupment of overpayments.

In December 1976, the New York State Court of Appeals decided in the matter of Reyes v. Dumpson and Lavine that the recoupment and/or recovery of public assistance funds must not cause undue hardship. The concept of undue hardship was added to section 106-b of the Social Services Law by Chapter 1053 of the Laws of 1981. 80 ADM-39 established guidelines for determining undue hardship. This ADM supersedes 80 ADM-39, reflects policy changes which have occurred since 80 ADM-39, updates the expenses used in undue hardship calculations and reflects the effect of the minimum five percent recoupment requirement.

III. PROGRAM IMPLICATIONS

This directive provides a more current method to follow when making undue hardship determinations and insures that an undue hardship determination will be made on the basis of individual case circumstances.

IV. REQUIRED ACTION

In order to provide the recipient with an opportunity to submit evidence supporting an undue hardship claim, the local social services district must adhere to the following procedures for all types of recoupments.

A. Identification of Reason for Recoupment

Generally, for upstate districts there are six basic types of recoupments. These are:

1. Overpayments made to a recipient through agency error (ABEL Recoupment Type 1).

2. Overpayments caused by non-intentional client error (ABEL Recoupment Type 2).
3. Advance payment for shelter, fuel, and/or utilities (ABEL Recoupment Type 3).
4. Overpayments occasioned or caused by the recipient's willful withholding of information concerning income or resources (ABEL Recoupment Type 4 - Intentional Program Violation). The term "Intentional Program Violation" generally pertains to the Food Stamp Program. For public assistance purposes, this code should only be used in cases where fraud has occurred as determined through legal proceedings or where a recipient voluntarily admits and attests that fraud has been committed.
5. Overpayments caused by IV-D payments being issued in error (ABEL Recoupment Type 5).
6. Overpayments caused when a landlord evicts a recipient and keeps the security deposit. This action may be due to either non payment of rent or client caused damages. The overpayment includes allowances which are granted for finders' or brokers' fees and/or moving expenses due to eviction (ABEL Recoupment Type 6).

The Income Maintenance worker must identify the type of recoupment action being planned and send the appropriate mandatory notice as specified in 89 ADM-21.

B. Notice of Adverse Action for Recoupment of Overpayments

Whenever any adjustment in grant is made due to the recoupment of an overpayment, the appropriate mandated notice must be annotated as follows:

1. the recoupment box must be checked;
2. the reason for the recoupment must be explained;
3. the amount and the period of time the reduced payment will be in effect must be indicated;
4. the proposed rate of recoupment must be indicated;
5. the effective date of the recoupment must be indicated;

A sample DSS-4015 notice annotated for the implementation of a recoupment is attached. It is strongly recommended that only one recoupment be implemented at a time.

C. Determining Undue Hardship

Any reduction in the public assistance grant will cause a hardship. An undue hardship occurs when a client is faced with the situation that income does not allow for enough to eat, to pay for shelter, to pay for utilities, to clothe and purchase personal incidentals for the client's children or to pay for extraordinary medical needs that are not covered by Medicaid.

It is the responsibility of the client who claims undue hardship will occur, or will become more severe, to submit verified evidence to support the claim. The worker is responsible for notifying the client, whenever a client claims undue hardship, of the kinds of documents necessary to support the claim of undue hardship. These documents would include:

1. three months of utility bills;
2. three months of fuel bills;
3. rent receipts where the amount paid exceeds the maximum shelter allowance;
4. evidence of the need to purchase items to meet a health condition as verified by a doctor or other health professional where these needs are not covered by Medicaid.

To determine whether or not a recoupment will cause undue hardship, the worker must determine the following items of expenditures:

1. Expenses

- a. Unmet Food Needs. The unmet food needs of the client are determined by deducting the value of food stamps actually received by the client from the USDA's Thrifty Food Plan by family size. The difference equals the unmet food needs for undue hardship purposes only.

Thrifty Food Plan schedule effective October 1, 1989.

1 person = \$ 99	6 people = \$472
2 people = \$182	7 people = \$521
3 people = \$260	8 people = \$596
4 people = \$331	9 people = \$671
5 people = \$393	10 people = \$746

NOTE: The Thrifty Food Plan is updated in October of each year. The most recent Thrifty Food Plan must be used in the undue hardship calculations.

- b. Shelter obligation as verified.
- c. Average of utility costs incurred for last three months.
- d. Average of fuel costs incurred for last three months.

NOTE: These amounts (a,b,c,d) should be included as items of expense whether or not they have actually been paid and whether or not they are restricted to a vendor.

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- e. Clothing and personal incidentals for children at \$25.00 per month for each child.
 - f. Special Needs. Special needs are items necessary to meet a health condition as verified by a doctor or other health professional when such needs are not covered by Medicaid (e.g., air conditioner or air filter for asthmatics; necessary over-the-counter medicines or remedies).
2. Next, the worker must determine the following sources of income:
 - a. Amount of public assistance grant (prior to recoupment);
 - b. Exempt or disregarded income;
 - c. All other income, including but not limited to, net applicable income, Social Security, VA, child support pass-through payments, contributions of any other individuals in the household with income (e.g., a non-legally responsible relative), and all other contributions to the PA household. SSI benefits received by non-PA household members must not be counted as income.
 3. The worker must then compare the totals of both the necessary expenses and the sources of income.
 - a. If the necessary expenses exceed income, recoupment at 5% must be initiated.
 - b. If the total income exceeds the total expenditures, there is a monthly average amount available and a recoupment can be applied. The worker must determine, based upon this average, how much of a recoupment can be applied. This is done by dividing the monthly average amount available by the full PA needs, (exclusive of JTPA, refrigerator rental, and occupational training allowances), to find the percentage it represents. However, in no instance can a recoupment exceed 10% or be less than 5% of the total needs.

NOTE: The case should be examined at recertification or when any change in circumstances occurs to determine if an increase or decrease of the recoupment amount is warranted.

NOTE: A recoupment may be instituted for as long as necessary to secure repayment of the overpayment or advance. However, in cases of large overpayments where the client has a valid

undue hardship claim and only a minimum 5% recoupment can be applied, the district may, if appropriate local resources exist, consider encouraging the client to relocate to less expensive housing or may provide money management services.

Attachment B contains examples of how an undue hardship determination would be made.

D. Documentation of Recoupments

1. Whenever a grant is being reduced for recoupment purposes, the following must be documented in the case record:
 - a. the amount of such recoupment;
 - b. the rate at which the recoupment is being applied;
 - c. the effective date and period of such recoupment; and
 - d. the reason for the recoupment.

This documentation can be accomplished by including a copy of the ABEL budget in the case record.

V. MEDICAL ASSISTANCE IMPLICATIONS

The undue hardship evaluation procedures described in this Directive are used only to determine the amount of a recoupment to be applied when Public Assistance has made overpayments or advance payments to an A/R. Since Medical Assistance does not provide cash benefits, recoupments are not used to recover Medical Assistance payments.

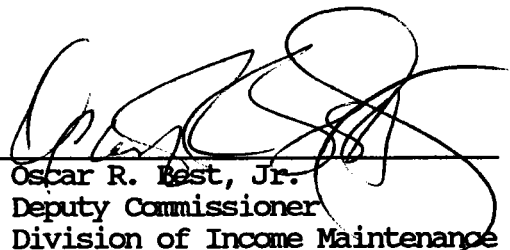
Recoveries for Medical Assistance incorrectly or correctly paid are made under limited circumstances. The Medical Assistance Reference Guide on page 435 offers a description of recoveries for Medical Assistance.

VI. ADDITIONAL INFORMATION

You are reminded that cases of alleged fraud must be processed in accordance with Section 145 of the Social Services Law and Part 348 of Department regulations.

VII. EFFECTIVE DATE

This Directive is effective November 1, 1990.


Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance

**NOTICE OF INTENT TO CHANGE BENEFITS: PUBLIC ASSISTANCE,
FOOD STAMPS, MEDICAL ASSISTANCE COVERAGE AND SERVICES (TIMELY AND ADEQUATE)**

NOTICE DATE: 1/23/90 <hr/> CASE NUMBER: P25600 <hr/> CIN / RID NUMBER: AX62941M <hr/> CASE NAME (And C/O Name if Present) AND ADDRESS: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> John Doe 561 Maple Ave. Combine, NY 12345 </div>		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE: X County Y Street Combine, NY 12345 <hr/> GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP: 447-1234 <hr/> OR Agency Conference: 447-1235 Fair Hearing information and assistance: 447-1236 Record Access: 447-1237 Legal Assistance information: 447-1238		
OFFICE NO: 3	UNIT NO: 1	WORKER NO: 5	UNIT OR WORKER NAME: Harry Hill	TELEPHONE NO: 555-4401

This NOTICE is to tell you that this agency intends to CHANGE YOUR BENEFIT(S). The changes are explained below next to the boxes that have been checked ☒.

PUBLIC ASSISTANCE

☒ **REDUCE** your public assistance grant effective 2/1/90 from \$ 226.50 to \$ 203.85

☐ **DISCONTINUE** your public assistance grant effective _____

☐ **SUSPEND** your public assistance grant for the month of _____

☐ **INCREASE** your public assistance grant effective _____ from \$ _____ to \$ _____

☐ **CONTINUE** your public assistance grant unchanged at \$ _____

☒ **A RECOUPMENT** at the rate of _____ percent (%) is being taken against your grant. If you believe that this reduction will cause your family an undue hardship, you may contact your worker to explain your reasons. An undue hardship occurs when a person does not have enough income to eat, to pay for shelter or utilities, to clothe and purchase general incidentals, or to pay for extraordinary medical needs that are not covered by medical assistance. Your worker will let you know what kind of evidence you will need to support your undue hardship claim. If it is determined that the recoupment will cause an undue hardship, the recoupment may be changed to a reduction of between 5 and 10%. The regulation which allows us to do this is 18 NYCRR 352.31(d). The reason for the recoupment is explained below.

The REASON for this action is there has been an agency error overpayment of \$800 which must be recouped. This \$800 overpayment will be recouped at 10% of your needs or \$145.30 per month from 2/1/90 until 7/31/91 with \$29.90 from your August 1991 grant.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is 18 NYCRR 352.31(d).

FOOD STAMPS

☐ **REDUCE** your food stamp benefit effective _____ from \$ _____ to \$ _____

☐ **DISCONTINUE** your food stamp benefit effective _____

☐ **SUSPEND** your food stamp benefit for the month of _____

☐ **INCREASE** your food stamp benefit effective _____ from \$ _____ to \$ _____

☐ **CONTINUE** your food stamp benefit unchanged at \$ _____

☐ **A RECOUPMENT** is being taken against your food stamp benefits.

The REASON for this action is _____

The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____

MEDICAL ASSISTANCE

☒ **CONTINUE** the Medical Assistance coverage for (name(s)) John Doe. unchanged. You will continue to receive a medical assistance authorization entitling the eligible individual(s) to full services.

☐ **CONTINUE** the Medical Assistance coverage for (name(s)) _____ pending the receipt of information necessary to decide continued eligibility. Please contact us no later than _____ at _____ so we can tell you the information we need.

☒ **CONTINUE** the Medical Assistance coverage for (name(s)) _____ pending our review of eligibility. We will send you our decision within thirty days.

☐ **REDUCE** the Medical Assistance coverage effective _____ for (name(s)) _____ from full coverage to coverage with a SPENDDOWN. Your total gross monthly income is \$ _____. Your total monthly deductions are \$ _____. The difference between these is your monthly net income for Medical Assistance. This is \$ _____. The allowable income standard for a family household your size is \$ _____. The difference between your net income and this standard (\$ _____) is your monthly excess income (18 NYCRR 360-4.8). The enclosed letter explains eligibility under the Excess Income Program.

☐ **REDUCE** the Medical Assistance for (name(s)) _____ We have determined that you transferred \$ _____ in resources on _____. Because you transferred these resources for less than they were worth, you are ineligible for nursing home level of care, health related facility and long term home health care program services until _____. You will be eligible for all other Medical Assistance services effective _____. You will have to meet a spenddown requirement for these services if there is an ☒ in the box above.

☐ **DISCONTINUE** Medical Assistance for (name(s)) _____ effective _____ because _____

The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____

SERVICES - Recipients of Social Services - A loss of Public Assistance and Medical Assistance benefits will require a redetermination of your eligibility for social services within 30 days of such a decision. This does not necessarily mean that these services will be terminated. It means that your continuing eligibility for these services will have to be redetermined. Please contact Services at _____ for further information.

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

ATTENTION: If you are receiving Public Assistance, Food Stamps, or Medical Assistance, you may be eligible for a discount on your telephone service. For information on LIFELINE, call New York Telephone, toll-free at 1-800-555-5000.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT
OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in continuation of benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action(s) are wrong, you may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 488-6550

If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:** (716) 847-3877

If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County:** (716) 238-8282

If you live in: **Broome, Cayuga, Chenango, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County:** (315) 428-4117

If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington or Westchester County:** (518) 474-8781

OR

(2) **Writing:** By sending a copy of this notice completed, to the Office of Administrative Hearings, New York State Department of Social Services, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

☐ I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

You have the following number of days from the date of this notice to request a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice and our action affects your Public Assistance, Medical Assistance, Food Stamp benefits or Social Services, you will continue to receive your benefits and any social services unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any Public Assistance money and Food Stamp benefits that you should not have received. In addition, we may recover Medical Assistance benefits. If you want to avoid this possibility, check the box or boxes below to indicate the program(s) for which you do not want your aid continued, and send this page along with your hearing request. If you do check the box or boxes, the action(s) described above will be taken on the effective date listed above as identified under the appropriate program.

I do **not** want the following benefits continued unchanged until the fair hearing decision is issued:

☐ Public Assistance ☐ Medical Assistance ☐ Food Stamps ☐ Social Services

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO RECORDS / INFORMATION: You have the right to review your case record. Upon your request, you have the right to free copies of documents which we will present into evidence at the fair hearing. Also, upon request, you have the right to free copies of other documents from your case record which you need for your fair hearing. To request such documents or to find out how you may review your case record, call the number indicated on the first page of this notice, or send a written request to us at the address listed at the top of the first page of this notice.

If you want additional information about your case, how to request a fair hearing, how to gain access to your case file and/or additional copies of documents, you may call the number indicated on the first page of this notice or write us at the address listed at the top of the first page of this notice.

Example 1

Mrs. Smith, mother of three, has requested an undue hardship conference on a proposed letter of reduction she received concerning a 10% reduction in her grant due to an advance for rent to avoid eviction. She has received \$600 to pay two months rent. Her rent is \$300 per month without heat and utilities. She resides in Suffolk County and uses gas to heat her apartment. The worker elicits the following information:

Number in family	=	4	
Rent	=	\$300	Heat and Utilities not included
Utilities	=	\$ 60	(average of last three months bills)
Fuel	=	\$ 90	(average of last three months bills)
Verified Medical Expenses	=	\$ 0	
Unmet Food Needs	=	\$113	(food needs for 4 per Thrifty Food Plan (\$331) minus the value of food stamps received for 4 (\$218) = \$113)
Public Assistance Grant	=	\$733	

Worksheet

Expenses

Unmet Food Needs	\$113
Rent	\$300
Utilities	\$ 60
Fuel	\$ 90
Clothing/Personal Incidentals for three Children @ \$25/Child	\$ 75
Verified Medical Expenses	\$ 0
TOTAL EXPENSES	\$638

Income

Public Assistance Grant and Needs	\$733
Exempt Income	\$ 0
Other Income	\$ 0
Liquid Resources	\$ 0
TOTAL INCOME	\$733

Income is greater than expenses by \$95. Since \$95.00 represents 13% of the \$733.00 PA needs, the worker can recoup at the maximum rate of 10% or \$73.30 per month.

Example 2

Mrs. Jones, mother of one, has requested an undue hardship conference on a proposed letter of reduction she received concerning a 10% reduction in her grant due to an advance utility allowance she received in the amount of \$400. Mrs. Jones resides in Suffolk County and pays \$275.00 per month in rent without heat and utilities. She uses gas to heat her apartment. The worker elicits the following information from Mrs. Jones:

Number in Family	=	2
Rent	=	\$275 heat and utilities not included
Utilities	=	\$ 50 (average of last three months bills)
Fuel	=	\$ 75 (average of last three months bills)
Verified Medical Expenses	=	\$ 40 month extra (Mrs. Jones shows doctor's statement requiring over the counter medicines; she also has receipts proving the amount she spends).
Unmet Food Needs	=	\$ 67 (food needs for 2 per Thrifty Food Plan (\$182) minus the value of food stamps received for 2 (\$115) = \$67)
Public Assistance Grant	=	\$549

Worksheet

Expenses

Unmet Food Needs	\$ 67
Rent	\$275
Utilities	\$ 50
Fuel	\$ 75
Clothing/Personal Incidentals for one Child @ \$25/Child	\$ 25
Verified Medical Expenses	\$ 40
TOTAL EXPENSES	\$532

Income

Public Assistance Grant and Needs	\$549
Exempt Income	\$ 0
Other Income	\$ 0
Liquid Resources	\$ 0
TOTAL INCOME	\$549

Income is greater than expenses by \$17.00. Since \$17.00 represents 3.1% of the \$549.00 PA needs, the worker is limited to the minimum rate of 5% or \$27.45 per month.

Example 3

Mr. Adams, father of four, has requested an undue hardship conference on a proposed letter of reduction he received concerning a 10% reduction in his grant due to an advance for shelter expenses to avoid foreclosure. He has received \$700 to pay two months mortgage payments. His mortgage is \$350 per month. He resides in Erie County and uses oil to heat his home. The worker elicits the following information:

Number in family	=	6
Mortgage	=	\$350
Utilities	=	\$ 80 (average of last three bills)
Fuel	=	\$120 (average of last three bills)
Verified Medical Expenses	=	\$ 0
Unmet Food Needs	=	\$144 (food needs for 6 per Thrifty Food Plan \$472) minus the value of food stamps received for 6 (\$328) = \$144)
Public Assistance Grant	=	\$366
Other Income	=	\$300 (UIB)
	=	\$200 (NPA Contribution)

Worksheet

Expenses

Unmet Food needs	\$144
Mortgage	\$350
Utilities	\$ 80
Fuel	\$120
Clothing/Personal Incidentals for 4 Children @\$25/child	\$100
verified Medical Expenses	\$ 0
Total Expenses	\$794

Income

Public Assistance Grant	\$366
Exempt Income	\$ 0
Other Income (Mr. Adams receives \$300 per month in Unemployment Insurance Benefits)	\$300
NPA Contribution	\$200
Total Income	\$866
(Public Assistance Needs are \$866)	

Income is greater than expenses by \$72.00. Since \$72.00 represents 8.3% of the \$866.00 PA Needs, the worker may recoup at no more than 8.3% of the PA Needs or \$72.00 per month.

NEW YORK STATE

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

CESAR A. PERALES
Commissioner



OSCAR R. BEST, Jr.
Deputy Commissioner
Division of Income Maintenance

ERRATA NOTICE

Users of Official Department
Releases
December 14, 1990

RE: 90 ADM-39 (Revision of Public
Assistance "Undue Hardship" Policy),
Transmittal Date October 22, 1990

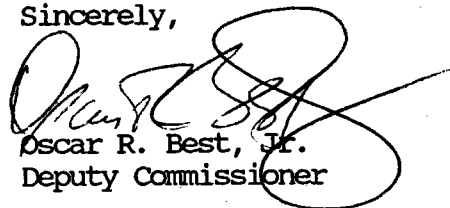
Dear Sir or Madam:

Please make the following "pen and ink" changes in attachments A and B of the Administrative Directive referenced above.

On the front page of Attachment A under "Public Assistance", in the Section checked for Recoupment, add "10" in the blank before percent. Under the "Reason" Section, change "\$145.30" to "\$45.30".

On page 1 of attachment B under "Worksheet", strike "Liquid Resources" from the "Income" column. On page 2 of attachment B under "Worksheet", strike "Liquid Resources" from the "Income" column.

Sincerely,



Oscar R. Best, Jr.
Deputy Commissioner