

**NOTICE OF INTENT TO CHANGE YOUR BENEFIT  
RECOUPMENT RATE CHANGE**

Notice Date:

Case Number:

Office/Unit/Worker:

General Telephone Number  
For Questions or Help:

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This notice is to tell you that this agency intends to change your benefits effective \_\_\_\_\_ .

This change is happening because of a new social services regulation (rule) that tells this agency the amount that must be recouped from your benefit to repay an overpayment of assistance. The amount of your recoupment is being reduced to 10%. This means that less money will be taken to repay the debt to this agency that you owe.

Look at the chart below. The amount shown under your household size show the semi-monthly needs for that size family, the recoupment at the maximum old rate of 15%, the recoupment at the new rate of 10% and the recoupment decrease per month. For example, if you are a public assistance household of three and your semi-monthly public assistance needs are \$288.50, your present recoupment at 15% is \$43.27. Under this new rule, your recoupment at 10% is \$28.85. The difference is \$14.42. That means **you will have \$14.42 MORE in your grant.**

HH Size	1	2	3	4	5	6	7	8
Semi-monthly needs	176.00	234.00	288.50	343.50	400.00	442.00	505.00	550.50
Recoupment at 15%	26.40	35.10	43.27	51.52	60.00	66.30	75.75	82.57
Recoupment at 10%	17.60	23.40	28.85	34.35	40.00	44.20	50.50	55.05
Recoupment Decrease	8.80	11.70	14.42	17.17	20.00	22.10	25.25	27.52

Even though this change means that less money will be held back each month to repay your overpayment debt, you can still request an undue hardship determination. An undue hardship exists when a person does not have enough income to eat, to pay for shelter or utilities, to clothe or purchase personal incidentals, or to pay for extraordinary medical needs that are not covered by Medicaid. You can ask your worker to explain undue hardship and 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 between 5% and 10%.

The Regulations which allow us to do this are 18 NYCRR 352.11 and 352.31(d).

**FOOD STAMPS: Your food stamps may continue unchanged or may decrease.** This is because the amount of your Public Assistance (PA) income we count for food stamps may change depending on the type of PA recoupment you have. If your recoupment is from fraud or an advance payment, your food stamps will continue unchanged. If the PA recoupment is for any other reason, you may get a reduction in food stamps. If your food stamps go down, you can expect the reduction to be one dollar (\$1.00) for every three dollars (\$3.00) more that you get in PA.

The Regulations which allow us to do this are 18 NYCRR387.10 and 387.15.

**MEDICAID: Your Medicaid benefits will continue unchanged.**

The Regulation which allow us to do this is 18 NYCRR 360-3.3.

**You have the right to appeal this decision.  
Read the back of this notice to find out how to appeal this decision.**

**Recoupment Reduction - NYC**

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

If you think our decision is wrong, you can request a review of our decision. We will correct our mistakes. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors: and
2. Ask for a State fair hearing with a State hearing officer.

**1. CONFERENCE** (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of the **front page** of this notice or write to us at the address printed at the top of the **front page** 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.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

**2. STATE FAIR HEARING**

**Deadline for Requesting a Fair Hearing:** You have 90 days from the date of this notice to request a fair hearing for Food Stamps.

**Keeping your Benefits the Same:** We will restore your Public Assistance and Food Stamps and Social Services benefits to the same level they were before this notice if you ask for a fair hearing within 10 days after your \_\_\_\_\_ 2001 benefits become available. However, if you lose the fair hearing, you will owe any Food Stamps benefits that you should not have received. If you want to avoid this possibility, check the box below to indicate the program for which you do not want your aid continued, and send this page along with your hearing request.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the line below:

_____ I do not want to have my food stamps benefits restored until the Fair Hearing decision is issued.
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**How to Request a Fair Hearing:** You can ask for a fair hearing in **writing** or by **telephone**.

**Writing:** 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 a written explanation.)

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**Or by Telephoning:** (212) 417-6550 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

**Or by Faxing:** Send a copy of this notice to fax no. (518) 473-6735.

**Or by Walking-In:** Bring a copy of this notice to the New York State Office of Temporary and Disability Assistance at:

- ◆ 14 Boerum Place, Brooklyn, NY; or
- ◆ 109 East 16<sup>th</sup> Street, NYC; or
- ◆ 330 West 34<sup>th</sup> Street, NYC

If you cannot reach the State by phone, please write to request a fair hearing before the deadline for requesting a fair hearing.

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

At the hearing, you will have a chance to explain why you think your decision is wrong. You can bring a lawyer, a relative or 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 which explain why we are wrong.

To help you explain at the hearing why you think our decision is 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 obtain 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 which 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 which 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 telephone number listed at the top of the front page of this notice or write us at the address printed at the top of the front page 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 telephone numbers listed at the top of the front page of this notice or write to us at the address printed at the top of the front page of this notice.