

REPORT OF CLAIM/BENEFIT RESTORATION DETERMINATION FOOD STAMP PROGRAM

NEW YORK STATE

NAME OF RECIPIENT (CASE)		COUNTY CODE	FEDERAL AUDIT NUMBER:	DATE(S)
ADDRESS		DATE	SPECIAL USDA INVESTIGATION:	DATE(S)
		AMOUNT OF LOSS	OTHER	DATES(S)
AGE	CASE NO.	TYPE OF HOUSEHOLD:		
		<input type="checkbox"/> NPA <input type="checkbox"/> PA <input type="checkbox"/> Mixed	<input type="checkbox"/> CLAIM <input type="checkbox"/> AGENCY ERROR	<input type="checkbox"/> NON-FRAUD <input type="checkbox"/> FRAUD <input type="checkbox"/> BENEFIT RESTORATION

ACTUAL BASIS OF ISSUANCE (List Below)

Date Certified	Date of Issuance	Size of Household	Income	Benefit Amount
A TOTALS-				
Month	Size of Household	Income	Benefit Amount	
B TOTALS-				

- STATUS OF CLAIM**
- Active
 - Suspended*
 - Terminated*

*Explain Below:

CALCULATIONS: A - B = Loss
Loss - Restoration Amount = Claim

SUMMARY OF CIRCUMSTANCES:

ACTION TAKEN AND RECOMMENDATIONS:

AUTHORIZED SIGNATURE	DATE	LOCAL AUTHORIZED REVIEWER	DATE	STATE REVIEWER	DATE
X		X		X	