

NOTIFICATION OF OVERPAYMENT OF PUBLIC ASSISTANCE TO A FORMER RECIPIENT AND DEMAND FOR REPAYMENT (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
FORMER CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> ┌ ┐ </div> <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> └ ┘ </div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
		OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

SECTION I – PUBLIC ASSISTANCE

This is to tell you about an overpayment that occurred when your Public Assistance case was active. The time period during which the overpayment occurred was from _____ to _____.

The amount of the overpayment is: _____.

The reason(s) for the overpayment is: _____

THE LAW(S) AND/OR REGULATION(S) which allows us to do this is 18 NYCRR 352.31(d)(5). (DELETED LINE THAT WAS HERE)

SECTION II – METHOD OF PAYMENT

You must repay the entire amount of the overpayment all at once, or in installments. Please return this agreement to let us know about the repayment method that you choose by _____.

If you choose to pay in installments, please check the installment method you wish to use and sign your agreement:

1. EBT Cash Account – Please take:
- Everything in my EBT Cash Account, up to the amount of my overpayment(s).
 - \$ _____ from my EBT Cash Account, up to the amount of my overpayment(s).
- I understand that if there is not enough in my EBT Cash Account to pay all my overpayment(s), I must also check another box below for other ways to repay.
2. All at once* 3. Part now, the rest in monthly payments* 4. Monthly payments*

*If you check box 2, 3 or 4, we will contact you to discuss your payment plan.

I agree to repay by this method.

Signature _____ Date _____

- We will contact you to discuss the repayment method you have chosen and give you a written statement showing how much you will be repaying (and how long your payments will continue should you choose to repay through monthly payments).

If you do not appeal this decision or if you fail to respond to this notice to repay or you do not repay this debt either all at once, or by monthly payments, the social services district may refer the debt for collection in a number of ways including, but not limited to, automated collection from your tax refund.

IF YOU NEED HELP IN COMPLETING THIS AGREEMENT, PLEASE CALL US AT THE TELEPHONE NUMBER ABOVE.

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

Accounting Use Only – Cash Repayment 02

Date Entered on Admin. Screen ____/____/____ Transaction Amount \$ _____.

Entered by: _____ Date ____/____/____

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 ask for a conference, you are still entitled to a fair hearing. **Even if you ask for a conference, you still have only 60 days from the date of this notice to request a fair hearing. HOWEVER, IF YOU WANT TO PREVENT COLLECTION OF THIS DEBT UNTIL YOU HAVE HAD A FAIR HEARING, YOU MUST REQUEST A FAIR HEARING WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE. Read below for fair hearing information.**

2. STATE FAIR HEARING

Deadline for Requesting a Fair Hearing: You have 60 days from the date of this notice to request a fair hearing:

If you do not agree that you owe this overpayment you MUST call for a fair hearing within 60 days of the date of this notice. If you do not call for a fair hearing within 60 days of the date of this notice, you cannot claim in the future that the agency's decision that you owe the debt was wrong.

How to Request a Fair Hearing: You can ask for a fair hearing by:

- **Telephone:** Call (212) 417-6550. Individual should have a copy of the notice in hand.
- **Write:** Send a copy of both pages of the notice with the "I want a fair hearing" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Individual should keep a copy for his/her own records.
- **FAX:** Send a copy of both pages of the notice with the "I want a fair hearing" section completed, to FAX number: (518) 473-6735.
- **Walk-in:** Bring a copy of the denial/reduction/closing notice to the Office of Administrative Hearings of the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn or 330 West 34th Street, NYC.

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

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

TO PREVENT POSSIBLE COLLECTION ACTIVITIES UNTIL AFTER A FAIR HEARING HAS BEEN HELD: You must call for a fair hearing within ten days of the date of this notice. You may request a fair hearing up to 60 days from the date of this notice but if you make your request later than ten days after the date of this notice, you may not be able to delay collection until the fair hearing decision is issued.

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 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, Other proof you have that you do not owe social services the amount that they want to recover.

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. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within five working days of when you asked for them, your case file documents will be given to you within three working days of your request or at the hearing, whichever is earlier.

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.