

County of \_\_\_\_\_

\_\_\_\_\_ DEPARTMENT OF SOCIAL SERVICES

\_\_\_\_\_  
Commissioner

Date

Mr. Richard Radzynski  
NYS OTDA  
Office of Budget, Finance and Management  
40 N. Pearl Street – 14<sup>th</sup> Floor  
Albany, New York 12243

Dear Mr. Radzynski:

This letter is to notify the Office of Temporary and Disability Assistance (OTDA) that the \_\_\_\_\_ County Department of Social Services will be using the services of the NYS OTDA contract with \_\_\_\_\_ to provide consultative medical examinations. These examinations will provide our agency with the medical information necessary to make decisions regarding the exemption of clients from work requirements and/or referrals for Social Security Administration disability determinations.

I authorize OTDA to intercept up to \$\_\_\_\_\_ from my RF-2 or RF-2A federal or state settlement in order to fund this activity through \_\_\_\_/\_\_\_\_/\_\_\_\_. I understand that the charge back will represent 100% of the costs on behalf of our County, and may be claimed by us for appropriate federal and/or state reimbursement, such reimbursement being subject to customary caps/ceilings.

OTDA will be provided with a 30 day advance notice if this agency determines to withdraw from this initiative.

Sincerely,

Commissioner