

DRAFT - OTDA LETTER TO CLOSED POTENTIAL DOE CLASS MEMBERS

Return Address:
OTDA
Control Number: _____

To:
Client Name
Address
City
Zip

NOTICE DATE: _____

**IMPORTANT NOTICE
YOU MAY BE OWED MONEY BY THE STATE OF NEW YORK**

If you do not respond to this letter by (specified date – computer fill or preprinted and will be 60 days from the notice date), you will lose your claim to money that you may be owed.

Beginning in July 2004, New York changed the way it calculated public assistance benefits to families that contained children and recipients of Supplemental Security Income (SSI).

Because of this change, some families got less public assistance and in some households, public assistance cases were closed.

The New York courts have ruled that this change was unlawful. The courts have told New York that it should pay back the money.

To find out if you are owed money YOU MUST RETURN THE ENCLOSED FORM IN THE ENCLOSED ENVELOPE NO LATER THAN (SPECIFIC DATE – 60 DAYS FROM DATE OF NOTICE.)

If you lose the envelope, the address is:

**NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
P. O. BOX _____
ALBANY, NY zip-zip**

When we get your response, we will tell the social services district where you live that you want to find out if you are eligible for a back payment. They will send you an appointment to come into the office to apply. **You must go to that appointment or ask social services for a different appointment or you will lose your claim to any money that you may be owed.**

****This part will be a tear off or a separate sheet of paper.****

OTDA Return Address

Xxx

Xxx

Xxx

Client's Name:

Control # _____

Client's Address:

Notice date: _____

Street

City/State

Response Due Date: _____

Zip

If your address is now different, please write your correct address in the following space:

We need your date of birth. Please fill in the month, day and year that you were born in the following space ____/____/_____.