

GENERAL INFORMATION SYSTEM
Center for Employment & Economic Supports

May 8, 2012

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TO: Commissioners, TA Directors, FS Directors, HEAP Liaisons, Employment Coordinators

FROM: Phyllis Morris, Acting Deputy Commissioner, Center for Employment and Economic Supports

SUBJECT: Release of Updated LDSS-3969B: "Notice of Action on Your Application/Benefit for the Child Assistance Program, Status of Medical, Food Stamps and Services"

EFFECTIVE DATE: Immediately

CONTACT PERSON: FS Bureau @ 1-518-473-1469

The LDSS-3969B: "Notice of Action on Your Application/Benefit for the Child Assistance Program, Status of Medical, Food Stamps and Services" has been revised and is available for ordering from Document Services:

The above referenced document has also been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and is available for downloading by local districts for reproduction locally.

On page 1 of LDSS-3969B, the time limit for expungement of Food Stamp benefits has been adjusted to 365 days. This increase was effective October 1, 2008 and Districts were notified of this change in Federal policy per 08-ADM-09.

Upon receipt of this GIS all previous versions of the above publication **must immediately be destroyed** and replaced with the revised version.

Any future written requests for master camera ready copies of the English and Spanish versions of the documents should be submitted on OTDA-876: "*Request for Forms or Publications*," and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 49522.

Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then under Program Areas, go to Division of Operations and Program Support page, then to OPS e-forms page (this page contains the electronic OTDA-876).

For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gq7359@dfa.state.ny.us.

For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

NOTICE OF ACTION ON YOUR APPLICATION/BENEFIT FOR THE CHILD ASSISTANCE PROGRAM, STATUS OF MEDICAL ASSISTANCE, FOOD STAMP BENEFITS AND SERVICES

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ ----- OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

The action(s) taken on your Application/Benefit are explained below and on Part A, next to the checked box(es) :

If you do not use your food stamp benefit account for a period of 365 consecutive days, any food stamp benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged food stamp benefits cannot be reissued.

1. **INCREASE** your Food Stamp Benefits from \$ _____ to \$ _____ effective _____ .
2. **CONTINUE** your Food Stamp Benefits unchanged at \$ _____ .
 You will continue to get the benefit above until _____. This is because you are eligible for Transitional Food Stamp Benefits. You are not required to report any changes until the end of this transition period. If you have changes during your transition period that may increase your benefits, you must contact your worker to file an early recertification application in order to receive any increase. Early recertifications that result in a benefit increase will end your transition period, otherwise, your transitional period and benefit will continue as described above.
3. **REDUCE** your Food Stamp Benefits from \$ _____ to \$ _____ effective _____ .
4. **DISCONTINUE** your Food Stamp Benefits as of _____ .
5. **OVERPAYMENT INFORMATION**
 We are establishing a Food Stamp overpayment because you or your household got more in Food Stamp Benefits than you should have. See the Demand Letter (and also, if your case is closing, the Repayment Agreement) for more information on this overpayment.
 You currently have a Food Stamp overpayment. If your case is closing, see the Demand Letter and Repayment Agreement for more information on the amount you owe and how you will repay this overpayment.
 The benefit above reflects a ____% reduction (recoupment) of \$ _____ in your benefits in order to repay your overpayment. This decision is based on 18 NYCRR 387.19.
6. You failed to meet recertification requirements for the Child Assistance Program but can still be recertified for Food Stamp Benefits. You will receive your monthly Food Stamp Benefit of \$ _____ for ONLY one additional month. To have your Food Stamp Benefits continued, you must reapply. We will send you a separate notice telling you how to continue your Food Stamp Benefits.
7. If this box is checked, during your eligibility period you will get the following amounts, that are different than your regular monthly benefit, for the time periods listed below:

8. **OTHER:** _____

The reason for this action is: _____

The above decision(s) is based on 18 NYCRR _____ .

Responsibility To Report Changes – See enclosed LDSS-3151: “Food Stamp Change Report Form” for information on when to report changes.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
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 set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** 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" below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Child Assistance Program, Medical Assistance, Social Services	60 days
Food Stamp Benefits	90 days

KEEPING YOUR BENEFITS THE SAME: We will not change your Public Assistance, Food Stamp Benefits, Medical Assistance and Social Services benefits if you ask for a fair hearing before the effective date stated in this notice. However, if you lose the fair hearing, you will have to pay back any Public Assistance and Food Stamp Benefits you got, but should not have gotten, while you were waiting for the decision. Also, we may recover Medical Assistance Benefits.

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 box or boxes below:

I do not want to keep my benefits the same until the fair hearing decision is issued:

- Child Assistance Program
 Medical Assistance
 Food Stamp Benefits
 Social Services

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of Part A and Part B 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 of each notice 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.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

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, 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 that explain why we are wrong.

To help you explain at the hearing why you think we are 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 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 get 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 that 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 that 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 phone number on the **front** of this notice or write to us at the address on the **front** 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 phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.