

**STATE OF NEW YORK  
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**

**REQUEST:  
CASE #:  
CENTER #:  
AGENCY:  
FH #:**

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In the Matter of the Appeal of \_\_\_\_\_ :  
: **DISPOSITION**  
: **OF**  
: **FAIR**  
: **HEARING**  
from a determination by the \_\_\_\_\_ : **REQUEST**  
Department of Social Services \_\_\_\_\_ :  
\_\_\_\_\_ :

A fair hearing was requested on \_\_\_\_\_ to review the following:

| <u>ACTION</u> | <u>ISSUE</u> | <u>NOTICE ID</u> | <u>NOTICE DATE</u> |
|---------------|--------------|------------------|--------------------|
|---------------|--------------|------------------|--------------------|

All the issues for this hearing were resolved in your (the Appellant's) favor.

If it has not already done so, the Agency must retroactively restore any assistance and benefits lost by you from the Agency's notice. The Agency will take no further action on the notice(s) in question.

Since the issue(s) are resolved in your favor, a fair hearing will NOT be scheduled unless you still want a fair hearing for the above-noted issue(s). If so, please contact the Office of Administrative Hearings by:

Calling 800-342-3334;

Visiting [www.otda.ny.gov/oah](http://www.otda.ny.gov/oah);

Mailing The Office of Administrative Hearings, 40 North Pearl Street, 15<sup>th</sup> Floor, Albany, NY 12201;

Faxing to 518-473-6735; or

Visiting 5 Beaver Street, NY, NY 10004 or 40 North Pearl Street, Albany, NY 12201

By: NYS OTDA - Office of Administrative Hearings Dated:

Signature

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