

+-----+
 | ADMINISTRATIVE DIRECTIVE |
 +-----+

TRANSMITTAL: 93 ADM-8

TO: Commissioners of
 Social Services

DIVISION: Economic
 Security

DATE: April 6, 1993

SUBJECT: Disqualifications for Intentional Program Violations

 SUGGESTED

DISTRIBUTION: Public Assistance Staff
 Food Stamp Staff
 Investigations Staff
 Fair Hearing Staff
 Accounting Staff
 Staff Development Coordinators
 Child Support Enforcement Staff

CONTACT
 PERSON:

Call 1-800-342-3715
 Public Assistance: Mark Schaffer, extension 4-9346
 Case Integrity Unit: Frank Carioto, 1-518-432-8216
 Fair Hearings: Susan Verrastro, extension 4-5768
 Local Financial Operations: Metropolitan Office -
 Marvin Gold 1-212-804-1108, Upstate Office - Roland
 Levie, extension 4-7549
 Food Stamps: District Representative, extension 4-9225

ATTACHMENTS:

Attachment I - Listing of all Attachments - available
 on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21		348 352.30(h) 352.31(d) 359	145 145-c Chapter 41 of the Laws of 1992	FSSB Section XV-all	92 LCM-115

I. PURPOSE

The purpose of this directive is to inform social services districts (SSDs) of the mandate to implement enhanced fraud programs for ADC and HR in conjunction with the already existing fraud program for Food Stamps.

II. BACKGROUND

Chapter 41 of the Laws of 1992 mandated program disqualifications for ADC and HR recipients who have committed an Intentional Program Violation (IPV). The law specifies that when a recipient is found to have committed an IPV by a State or Federal court or State administrative disqualification hearing (ADH), his or her needs must be removed from consideration in determining the grant for a period of time determined by the number of IPVs committed. This program is modeled after and consolidated with the Food Stamp IPV program.

III. PROGRAM IMPLICATIONS

The reimbursement rate to localities under ADC for the administrative costs of this program will be 75% federal, 12.5% State and 12.5% local monies. This enhanced funding is only for investigation and prosecution of IPVs and collection of overpayments. For HR, the reimbursement remains at 50% State and 50% local monies. Food Stamp IPV program reimbursement will remain unchanged.

IV. REQUIRED ACTION

Contents Guide for this Section

- A. Intentional Program Violation (IPV)
- B. Referral to the Investigation Unit
- C. District Investigation Unit Operations Plan
- D. Submission to the Local District Attorney or Other Prosecuting Official
- E. Disqualification Consent Agreement (DCA)
- F. The Administrative Disqualification Hearing (ADH) Process
- G. Waiver of an ADH
- H. Adjournment
- I. Client Rights When an ADH is Scheduled
- J. Default of Opportunity to Appear at an ADH
- K. Decision After the Administrative Disqualification Hearing
- L. Penalties
- M. Notices
- N. Budgeting of Disqualified Individuals
- O. Claiming
- P. Food Stamp Implications
- Q. Medical Assistance Implications

A. Intentional Program Violation

For the purposes of this directive, an Intentional Program Violation (IPV) is defined as an act of any person who applies for or receives ADC, HR or Food Stamps and who intentionally misrepresents, conceals or withholds facts for the purpose of establishing or maintaining eligibility or the level of benefits for public assistance and/or food stamps. In order to be subject to disqualification penalties, the person must have been found by a criminal or civil court or an ADH to have committed an IPV or signed a waiver or a Disqualification Consent Agreement (DCA).

B. Referral to the Investigation Unit

When an inconsistency in the facts of a public assistance and/or food stamp case is discovered, the IM worker must document the inconsistency, including the amount of any overpayment and/or over-issuance and determine whether it was the result of a potential IPV as defined in A. If the worker has reason to suspect an individual has committed an act which may be an IPV, the worker starts the recoupment. For public assistance, a timely and adequate notice must be sent and if there is a food stamp impact, a repayment agreement must also be sent. This may be done concurrently with referring the case to the SSD's Investigation Unit. The procedures for making the referral must be established by the local district. The Investigation Unit then conducts an investigation of the alleged/potential IPV. Note that there does not have to be an actual overpayment and/or over-issuance to be an IPV.

If the Investigation Unit determines that the allegation is unfounded or that all the elements necessary to process the case further as an IPV are not present (e.g. unavailability of pieces of documentary evidence required to prove the intent of the client), no further action is taken and the eligibility worker is notified to begin the recovery of overpayments and/or over-issuances if this has not already begun.

C. District Investigation Unit Operations Plan

SSDs must file their Investigation Unit Plan with the Department by July 1, 1993. This plan must include:

- (1) A brief description of the organizational units responsible for the investigation and prosecution of allegations of client fraud;
- (2) A brief description of any claims establishment (recoupments) and collection activities for which this organizational unit may also be responsible;

- (3) An explanation of the coordination between the investigation units and the prosecutor, i.e. courts in which cases of alleged fraud are heard, referral process, etc;
- (4) An explanation of how it is proven that the individual was advised on the record of the court of the disqualification provision prior to entering any plea; and
- (5) A copy of or a statement of the agreement with the District Attorney's office in accordance with Department Regulation 18 NYCRR 348.2(c).

All Plans must be submitted to:

New York State Department of Social Services
Audit and Quality Control - Case Integrity Unit
40 North Pearl Street
Albany, NY 12243

SSDs must report information on individuals who have been found to have committed IPVs in the public assistance and/or food stamp programs to the Department's Case Integrity Unit. The disqualification report form that should be used will be forwarded at a later date under separate cover.

D. Submission to the Local District Attorney or Other Prosecuting Official

The Investigation Unit must refer a case in which it believes the facts warrant civil or criminal prosecution to the local district attorney or other prosecuting official first and not to this Department for an Administrative Disqualification Hearing. We recommend that every case referred to the district attorney be accompanied by documentary evidence which sustains the agency's allegations in addition to any investigation summary. It should also include any existing mitigating facts or circumstances known to the SSD.

Unless you have an arrangement with the prosecutor for other forms or procedures to be used, you may provide the prosecutor with the forms in Attachment VII-A and VII-B for advising the client on the record. The purpose of these forms is to facilitate the fulfillment of the requirement that an individual who pleads guilty be advised on the record of the disqualification provision.

Cases do not have to be referred when the local district attorney or other prosecuting official has previously notified the SSD that the amount of the overpayment and/or over-issuance is less than the amount for which the district attorney or other prosecuting official will prosecute. SSDs must file with the Department a copy or written statement of the agreement they

have with their local district attorney or other prosecuting official for referrals. That agreement must be sent to the address listed in section IV. C. of this Directive.

When the case is accepted by the local district attorney or other prosecuting official for prosecution, the Investigation Unit must follow the current procedures for cooperation with the district attorney or other prosecuting official as referred to in section IV. C. of this Directive.

E. Disqualification Consent Agreement (DCA)

When a case is referred to the local district attorney and accepted for prosecution, the district attorney may choose to settle the case when the accused individual admits to having committed an IPV. In cases such as these, the SSD may use the DCA as described below.

SSDs using DCAs must have a written agreement with the local district attorney that gives SSDs an opportunity to send an advance written notice (which must be sent at least 10 days in advance of the proposed date for signing the DCA when the SSD assists the district attorney in obtaining a DCA) to recipients to make them aware of the consequences of signing such an agreement. A copy of that notice is attached (Attachment III-A).

The matter of an IPV can be resolved by the individual signing a disqualification consent agreement (DCA). This is an agreement signed by an accused individual in which the accused individual admits committing an IPV (Attachment III-B). Disqualification consent agreements for ADC and HR cases must receive court confirmation, but food stamps (FS) DCAs do not need court confirmation. However, it is recommended that all DCAs receive court confirmation (Attachment IV). The DCA process must include:

1. Notification of the consequences of signing the agreement and consenting to a disqualification penalty;
2. A statement that the individual understands the consequences of signing the agreement. If the individual is accused of an IPV in the ADC program, this document must also include a statement that the caretaker relative must also sign the agreement if the accused individual is not the caretaker relative. If the individual is accused of an IPV in the Food Stamp program, this document must also include a statement that the head of household must also sign the agreement if the accused individual is not the head of household;

3. A statement that signing the agreement will result in disqualification and reduction or discontinuance of payment for the disqualification period even if the accused individual is not found guilty of civil or criminal misrepresentation or fraud;
4. A statement of which disqualification period will be imposed; and
5. A statement that the remaining members of the appropriate assistance unit, if any, will be held responsible for repayment of the overpayment and/or over-issuance, unless the accused individual has already repaid as a result of meeting the terms of agreement with the prosecutor or the court order.

The period of disqualification must begin within 45 days of the date a court confirms a DCA signed by the accused individual, unless the court specifies a different date. In these cases, the SSD must follow the court order. If an individual who has signed a DCA is not currently receiving public assistance or food stamps, the disqualification period will be postponed until the person reapplies for and is again found eligible for public assistance or food stamp benefits. Once the disqualification period starts, however, it continues even if the case closes before the end of the period.

F. The Administrative Disqualification Hearing (ADH) Process

If the local district attorney declines to prosecute or the amount of the overpayment and/or overissuance is less than the amount for which the district attorney will prosecute or fails to take action on the referral within a reasonable period of time, the investigator must initiate procedures for an ADH. In that case, the investigator must formally withdraw the referral in writing to the local prosecuting official before referring the case to State DSS. If the SSD fails to present evidence of the withdrawal, it may not be able to proceed with the ADH. If an individual is convicted in a State or a federal court based on a plea of guilty and there is not documentation to prove that individual was notified on the record in the court proceeding of the PA disqualification penalties prior to entering any plea, then no IPV sanction can be imposed based upon the court proceeding alone. The social services district may, however, begin an ADH proceeding based on the same set of circumstances, but the hearing officer may not be informed of the court proceedings.

If the investigator decides to process a case for an ADH, he/she must assemble documentary evidence which is sufficient to support the determination of an IPV and forward the evidence in the form of an evidentiary packet to the Office of Administrative Hearings, New York State Department of Social Services, along with a request that the Department schedule an ADH. Where factual issues arise from the same or related

circumstances, an ADH must be consolidated with any ADH for food stamp purposes. A single evidentiary packet must be submitted at one time for both programs.

The evidentiary packet must include Transmittal Form DSS-3921, have consecutively numbered pages, be submitted in three copies and include the following:

1. The full name, including middle name, the complete address including county of residence, the social security number, the case number and the date of birth of the person(s) charged;
2. A list of the particular charge(s) and the individual or individuals whose disqualification is sought together with a statement of the particular IPV(s) being alleged and the sanction sought for each alleged IPV, including any IPV and sanction for the Food Stamp program if the case has been consolidated with a public assistance IPV because the factual issues arise from the same or related circumstances;
3. A summary of the evidence to be introduced;
4. A list of the names, titles and phone numbers of all social services district personnel and district witnesses who will appear in support of the determination;
5. An itemized list of all the exhibits included in the packet with the page number(s) on which each exhibit is found;
6. Copies of all documents to be used in support of the determination;
7. Information as to when and where the original evidence in the case may be reviewed;
8. Information as to the availability of free legal services; and
9. A statement indicating whether the individual has previously been determined to have committed an ADC-IPV, HR-IPV, FS-IPV or has previously signed a disqualification consent agreement (DCA) or waived an ADH. If so, supporting documentation of such facts must be included in the evidentiary packet.

The Department will review the evidentiary material that is submitted. If there is either insufficient documentary evidence to establish that an IPV was committed or the packet does not meet the above criteria, the Department will return the packet to the SSD and will not schedule an ADH.

If upon review, the Department determines that the packet complies with the requirements for an evidentiary packet and contains sufficient documentary evidence to substantiate an IPV, the Department will schedule an ADH. The Department will send the notice of the scheduled hearing, along with a form which the accused individual can use to waive the scheduled hearing, to the accused. In addition, the Department will notify the SSD of the time, date and place of the ADH.

G. Waiver of an ADH

The Department will send a waiver of an ADH form to the individual at the same time the individual is notified that an ADH has been scheduled. This must be properly executed by the individual and the ADC caretaker relative or Food Stamp head of household, if the accused individual is not the caretaker relative or Food Stamp head of household, and received by the Department. The Department will then send written notification to the SSD that it may impose the appropriate disqualification penalty, after proper notice, without an ADH.

If an individual, and the ADC caretaker relative or Food Stamp head of household if appropriate, waive the right to an ADH and a disqualification penalty has been imposed, the penalty cannot be changed by a subsequent fair hearing decision, and there is no right to appeal the penalty by a fair hearing.

When an individual waives his or her right to appear at an ADH, the disqualification must result regardless of whether the individual admits or denies the charges. If the individual is not currently in receipt of public assistance and/or food stamps, the disqualification period will begin when a public assistance and/or food stamp case is reopened for that person. Once imposed, it continues even if the case closes before the end of the period.

H. Adjournment

A scheduled ADH will be adjourned at the request of the accused individual or the individual's representative if the request is made at least 10 days in advance of the scheduled ADH. A request for an adjournment made less than 10 days before the ADH will be granted if there is good cause for the adjournment. However, the ADH cannot be adjourned for a total of more than 30 days.

I. Client Rights When an ADH is Scheduled

The accused individual, or such individual's representative, must have the opportunity to:

1. Examine the contents of the case file and all documents and records to be presented into evidence by the social services district at the ADH before the date of the ADH and during the ADH;

2. Present the case himself or herself, or with the aid of an authorized representative or attorney;
3. Bring witnesses;
4. Establish all pertinent facts and circumstances;
5. Advance any arguments without undue influence; and
6. Question or refute any testimony or evidence, including the opportunity to cross-examine adverse witnesses.

J. Default of Opportunity to Appear at an ADH

If an accused individual fails to appear at the ADH, the opportunity to appear at an ADH may be considered to be defaulted unless the individual contacts the Department within 10 days after the date of the scheduled ADH and presents good cause for the failure to appear. A new date will then be scheduled for the ADH. The determination that good cause exists must be entered into the record.

If an opportunity to appear at an ADH is defaulted, the ADH will be conducted without the accused individual being present. Even though the accused individual is not present, the hearing officer is required to carefully consider the evidence and determine if an IPV was committed.

If the accused individual who defaulted is found to have committed an IPV, but a hearing official later determines that the individual has good cause for not appearing, the decision will not remain valid and the Department will conduct a new ADH.

K. Decision After the Administrative Disqualification Hearing

After the SSD is notified by an ADH decision that the individual had committed an IPV, the SSD must:

1. Send the individual a notice of disqualification;
2. Begin the period of disqualification no later than the first day of the second month following the date of the notice of disqualification; and
3. If the individual is not currently in receipt of public assistance and/or food stamps, postpone imposition of the disqualification until the individual applies for and is determined to be eligible for public assistance and/or food stamps.

A decision of intentional program violation made after an ADH cannot be reversed by a subsequent fair hearing. However, the

disqualified individual can seek relief in a court having appropriate jurisdiction. In other words, the individual may commence a legal action pursuant to the provisions of Article 78 of the Civil Practice Law and Rules (CPLR).

L. Penalties

If a person is convicted by a court or found by a State ADH to have committed a public assistance IPV or has waived the right to an ADH or has signed a DCA, that person cannot receive public assistance for a certain period of time. The length of time will depend on two things. It will depend on which program the person is receiving benefits under, either Aid to Dependent Children (ADC) or Home Relief (HR, or sometimes PG-ADC or HR-PG). Also, it will depend on whether or not the person has committed an IPV previously. If it is determined that the acts which are the basis of the public assistance IPV also constitute a FS-IPV, a person may lose his/her food stamps, but the person will not lose his/her food stamps solely on the basis of the ADC-IPV or HR-IPV.

A person who has been determined to have committed either an HR-IPV or an ADC-IPV will be unable to receive HR for a time period of six months times the total number of HR-IPVs and ADC-IPVs he or she has been determined to have committed. In addition, a person who has been determined to have committed an ADC-IPV will also be unable to receive ADC for six months for the first time, 12 months for the second time and permanently for the third time that such person commits an ADC-IPV. A person who is permanently disqualified from the ADC program may receive HR instead of ADC after the appropriate HR disqualification period has expired, but the amount of HR received may not exceed the amount of ADC that would have been received had the person not been disqualified from receiving ADC. Additionally, a person who has been determined to have committed a FS-IPV will be unable to receive food stamps for six months for the first time, 12 months for the second time and permanently for the third time. Instructions for completing penalty forms for public assistance and food stamp IPV are contained in Attachment II.

Once a disqualification has started, it will continue uninterrupted until completed, regardless of the eligibility of the other household members. If there are other individuals in the case, these individuals will have to repay the overpaid benefits.

No individual may be sanctioned for an HR-IPV or an ADC-IPV on the basis of a conviction in a court if that conviction is based on a plea of guilty, unless the individual was advised on the record in the court proceeding of the disqualification provisions prior to entry of the plea. The completed forms in Attachments VII-A and VII-B will be accepted as proof that the individual has been properly advised on the record. However, any other proof that the individual has been so advised is

acceptable. An individual not so advised may, however, be subject to an administrative disqualification hearing on the same set of facts as the court proceeding, provided that neither the conviction itself nor the records of the court proceeding may be used in any manner in the administrative disqualification hearing.

When the SSD receives notice that a client (1) was determined to have committed an IPV after an ADH, (2) waived his or her right to an ADH, (3) was found guilty by a court of law of committing an IPV, or (4) signed a DCA, the SSD must send the client an Intentional Program Violation Disqualification Notice for Public Assistance and Food Stamp Programs (Attachment V). The period of disqualification must begin no later than the first day of the second month following the date of the notice of disqualification resulting from an ADH or waiver, or 45 days from a court determination or the signing and confirmation of a DCA.

M. Notices

1. Notification of Disqualification Penalties for IPV. This notice (Attachment VI) outlines for applicants and recipients the disqualification penalties for fraud. SSDs must provide all applicants with the notice at the time of application, and all recipients, no later than the next recertification.

There will be no bulk shipment of this notice. It must be photocopied and distributed. This notice will be added to Book 1 - DSS-4148A of the client information booklets at the time of the next printing.

Note: Until such time as the wording is added to the client information booklet, the attached notice must be given to all applicants at the time of application and all recipients at either next client contact or regular recertification (either face-to-face or mail in). It is our policy that IPV's committed prior to such notice will not be subject to the disqualification penalties. Therefore, it is very important that these notices be given to applicants and recipients.

2. Notice of Disqualification (Attachment V). A written notice must be sent by the SSD to an individual who has been found by a court or an ADH to have committed an IPV, an individual who has waived his or her right to appear at an ADH, or an individual who has signed a DCA (confirmed by a court if it relates to an ADC-IPV or HR-IPV). The notice must:

- (a) Inform the individual as to when the disqualification period will take effect and the date upon which it will end and the length of the period of disqualification;
- (b) Inform the individual of the amount of public assistance and/or food stamps, if any, that the assistance unit will receive during the period of disqualification;
- (c) In the case of the disqualification of an individual who is not currently in receipt of assistance, inform the individual that the imposition of the disqualification will be pended until he/she applies for and is otherwise found eligible for assistance;
- (d) In the case of an individual who has been found after an ADH to have committed an IPV, inform such individual of the decision and the reason for the decision, and
- (e) Inform the individual to be disqualified and the remainder of the assistance unit, if any, of its right to request a fair hearing to contest:
 - (1) the amount of the overpayment or overissuance, if this amount has not been established by an ADH or court determination or set forth in a DCA or waiver of an ADH;
 - (2) the public assistance payment and/or food stamp issuance to be provided to the remaining members of the assistance unit, if any, during the disqualification period; and
 - (3) the SSD's failure to restore the disqualified individual to the assistance unit when the individual requested the restoration after the end of the disqualification period indicated in the written notice.

NOTE: This notice must be reproduced and used by social services districts until it is replaced by a preprinted or electronic form to be prepared and supplied by the New York State Department of Social Services at a future date. In the interim the form in this attachment must be used with no revisions except those specifically authorized or required by the New York State Department of Social Services. This Notice of Disqualification supersedes and replaces any previous form notices relating to intentional program violation disqualifications from the Food Stamp program.

N. Budgeting of Disqualified Individuals

The income and resources of the disqualified individual, but not his or her needs, must be considered in determining the remaining case members' eligibility and degree of need for public assistance and/or food stamps.

O. Claiming

Claiming instructions for this program will be included in future updates to the Local District Cost Allocation Manual - Bulletin 143b. Interim claiming procedures can be found in Local Commissioners Memorandum 92 LCM-115 dated July 30, 1992.

P. Food Stamp Implications

The established rules and regulations regarding food stamp IPVs remain unchanged by the new public assistance fraud mandates. Food stamp procedures also remain the same with the exception that the combined PA/FS IPV notices and notice procedures are to be used if there are public assistance and food stamp IPVs to be determined together.

It is important to note that a household disqualified for a public assistance IPV shall not be disqualified for food stamps solely by reason of a public assistance IPV. Districts must establish whether a public assistance IPV also results in a food stamp IPV. Therefore, for PA/FS cases where a public assistance IPV disqualification is imposed, districts must make a separate determination for the food stamp portion of the case.

Q. Medical Assistance Implications

Continuation of Medical Assistance (MA) for applicants/recipients (A/Rs) of PA who have been determined to have committed an IPV depends on the category of the A/R. For ADC and ADC-U-related A/Rs, under 21 year olds, and parents residing with their children, MA will be continued as in Rosenberg situations. For these situations, households will continue to include the A/R who has been determined to have committed the IPV.

Since HR-related A/Rs who are over 21 years old and under 65 years old and not residing with their children must be eligible for PA to receive MA, HR-related A/Rs are ineligible for MA until PA eligibility again exists.

VI. SYSTEM IMPLICATIONS

Upstate

A sanction/ineligible reason code of "20 - Other Sanction" should be

entered on screen 03 for an individual being sanctioned under the provisions of this ADM. Districts will be advised at a future date under separate cover when any new codes are developed to support this activity.

When an individual has been sanctioned in PA but is eligible for MA, an MA-Only case must be opened in order to continue the individual's MA coverage. No sanction code should be entered in the MA case.

NYC

NYC system implications will be provided under separate cover.

VII. EFFECTIVE DATE

This ADM is effective immediately.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Economic Security

Listing of All Attachments (All Attachments Available On-Line)

- Attachment II - Instructions for completing penalty forms for Intentional Program Violations
- Attachment III-A - Notice of Consequences of Consenting to a DCA
- Attachment III-B - Disqualification Consent Agreement
- Attachment IV - Order Confirming Disqualification Consent Agreement
- Attachment V - Intentional Program Violation Disqualification Notice for Public Assistance and Food Stamp Programs
- Attachment VI - Notification of Disqualification Penalties for IPV
- Attachment VII-A - Notice to Advise Individuals on a Court Record of Disqualification Provisions
- Attachment VII-B - Order Entering Statement Into Record

I N S T R U C T I O N S

for completing penalty forms for
Intentional Program Violations

Look to see what the last public assistance program violation [IPV] is or will be.

If the last IPV is an HR-IPV, mark "The Home Relief (HR) Program" box and mark the appropriate penalty box for 6 months, twelve months or more months (and fill in the number of times and the number of months of disqualification for a disqualification of more than 12 months). Do NOT mark any boxes relating to "The Aid to Dependent Children" (ADC) Program."

If the last IPV is or will be an ADC-IPV, mark "The Aid to Dependent Children (ADC) Program" box and mark the appropriate penalty box for 6 months, 12 months or permanent disqualification. ALSO mark "The Home Relief (HR) Program" box and mark the appropriate penalty box for 6 months, twelve months or more months (and fill in the number of times and the number of months of disqualification for a disqualification of more than 12 months).

Food Stamp Intentional Program Violation [FS-IPV] penalties are calculated separately from and without reference to Public Assistance IPV penalties. Mark "The Food Stamp (FS) Program" box and any FS-IPV penalty box ONLY if there is or will be a specific determination that an FS-IPV has been committed.

[Letterhead of Social Services District]

Date:

TO:

N O T I C E OF CONSEQUENCES OF CONSENTING
TO A DISQUALIFICATION CONSENT AGREEMENT

Pursuant to 18 NYCRR 359.4(b)

PLEASE TAKE NOTICE that:

- * You or a member of your family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for the Home Relief (HR) assistance program, the Aid to Dependent Children (ADC) assistance program and/or the Food Stamps (FS) assistance program.
- * When a social services official believes that there are facts that warrant civil or criminal prosecution for such an IPV, the official must refer a case involving an IPV to the appropriate District Attorney (DA) or other prosecutor.
- * A DA or other prosecutor who accepts a case referred by a social services official may choose to settle a referred case by permitting the accused individual, a caretaker relative or a head of household to sign a Disqualification Consent Agreement (DCA) instead of seeking a criminal conviction of the accused individual.
- * Pursuant to an agreement with the DA or other appropriate prosecutor(s), you must be given notification of the consequences of signing a DCA before you can be given an opportunity to enter into such an agreement. If the DA or other prosecutor has requested social services officials to assist in obtaining a DCA from you, you must be provided with this notification at least ten (10) days before signing a DCA and you must be provided with an opportunity to consult with and be represented by a lawyer or other representative.

- * A copy of the DCA you may or may not choose to sign must accompany this notification and this copy of the DCA must set forth the specific penalties and consequences that will occur if you sign this agreement. If you choose to sign this agreement, you will be disqualified from and unable to be eligible for participation in certain assistance programs as follows:

+--+ The Aid to Dependent Children (ADC) Program

+--+

+--+ for 6 months because this was the first time that you committed
+--+ an ADC-IPV. In addition, you will be ineligible to participate in
the Home Relief Program for the number of months set forth below.

+--+ for 12 months because this was the second time that you committed
+--+ an ADC-IPV. In addition, you will be ineligible to participate in
the Home Relief Program for the number of months set forth below.

+--+ permanently because this was the third time that you committed an
+--+ ADC-IPV. In addition, you will be ineligible to participate in
the Home Relief Program for the number of months set forth below.

+--+ The Home Relief (HR) Program

+--+

+--+ for 6 months because this was the first time that you committed
+--+ either an HR-IPV or an ADC-IPV.

+--+ for 12 months because this was the second time that you committed
+--+ either an HR-IPV or an ADC-IPV.

+--+ for ____ months because this was the ____ time that you committed
+--+ either an HR-IPV or an ADC-IPV.

+--+ The Food Stamp (FS) Program

+--+

+--+ for 6 months because this was the first time that you committed
+--+ an FS-IPV.

+--+ for 12 months because this was the second time that you committed
+--+ an FS-IPV.

+--+ permanently because this was the third time that you committed
+--+ an FS-IPV.

- * Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services assistance or services, may be affected if you must be eligible for ADC or HR in order to receive the particular assistance or services.
- * If you are not getting benefits now, your disqualification penalty will be effective when you are eligible and apply for assistance again.

* If you sign the DCA, you also will be held responsible for repaying the stated amounts of any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless you already make the identified repayment.

* If you choose not to sign this DCA, the DA or other prosecutor may choose to continue the criminal prosecution of your case or the case may be returned to social services officials for consideration of administrative prosecution by means of an administrative disqualification hearing as described in social services regulations in 18 NYCRR 359.7.

* If you choose to sign this DCA or would like to discuss the consequences of signing this Agreement, on or before the below stated time you must contact:

Name: _____

Place: _____

Telephone: _____

Date/Time: _____

* If you do not contact or appear before the named person or do not contact a social services official in charge of this matter, it will be assumed that you have chosen not to sign a DCA and any pending investigations or prosecutions will be resumed.

* A DCA related to the HR assistance program or the ADC assistance program must be confirmed by a court before the DCA will be effective.

* We encourage you to consult with a lawyer before signing the agreement. The Local Legal Services Office in your area is:

Call: _____

The Local Public Defender is:

Call: _____

DISQUALIFICATION CONSENT AGREEMENT

The undersigned individual(s) understand and agree that:

1. He/she or a member of his/her family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning his/her eligibility for the Home Relief (HR) assistance program, the Aid to Dependent Children (ADC) assistance program and/or the Food Stamps (FS) assistance program.
2. He/she has received notification of the consequences of consenting to this Disqualification Consent Agreement (DCA) and certifies that he/she understands the consequences of consenting to this DCA.
3. He/she is suspected and accused of committing one or more IPVs as follows:

+++	The Aid to Dependent Children (ADC) Program	
+++	resulting in an overpayment in the amount of	\$_____
+++	The Home Relief (HR) Program	
+++	resulting in an overpayment in the amount of	\$_____
+++	The Food Stamp (FS) Program	
+++	resulting in an overissuance amount valued at	\$_____

4. He/she agrees to repay to social services officials the amounts received as overpayments or the value of amounts received as overissuances of food stamps as follows:

5. If he/she chooses to sign this agreement, he/she will be disqualified from and unable to be eligible for participation in certain assistance programs as follows:

+--+ The Aid to Dependent Children (ADC) Program

+--+

+--+ for 6 months because this was the first time that he/she committed
+--+ an ADC-IPV. In addition, he/she will be ineligible to participate
in the Home Relief Program for the number of months set
forth below.

+--+ for 12 months because this was the second time that he/she
+--+ committed an ADC-IPV. In addition, he/she will be ineligible to
participate in the Home Relief Program for the number of months
set forth below.

+--+ permanently because this was the third time that he/she committed
+--+ an ADC-IPV. In addition, he/she will be ineligible to participate
in the Home Relief Program for the number of months set forth
below.

+--+ The Home Relief (HR) Program

+--+

+--+ for 6 months because this was the first time that he/she committed
+--+ either an HR-IPV or an ADC-IPV.

+--+ for 12 months because this was the second time that he/she
+--+ committed either an HR-IPV or an ADC-IPV.

+--+ for ____ months because this was the ____ time that he/she
+--+ committed either an HR-IPV or an ADC-IPV.

+--+ The Food Stamp (FS) Program

+--+

+--+ for 6 months because this was the first time that he/she
+--+ committed an FS-IPV.

+--+ for 12 months because this was the second time that he/she
+--+ committed an FS-IPV.

+--+ permanently because this was the third time that he/she committed
+--+ an FS-IPV.

6. If he/she is not eligible for an assistance program from which he/she is disqualified at the time the disqualification period is to begin, the period will be postponed until the individual(s) become(s) eligible for such benefits.

7. The remaining members of the assistance unit of the individual(s) must agree to and will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless the individual(s) already make the identified repayment.

- 8. Further prosecution by social services officials of the individual regarding the IPV's described in this DCA will be deferred pending the performance of the terms of this Agreement and the charges will be withdrawn and/or dismissed upon complete performance of the terms of this Agreement.
- 9. If this DCA includes an ADC-IPV or an HR-IPV, it shall be executory and not be effective or complete until it has been confirmed by a court.
- 10. The individual(s) signing this Agreement shall be disqualified from the above indicated assistance programs commencing within forty-five (45) days of the date on which this DCA is executed and effective, which shall not be until after it is confirmed by a court if the DCA includes an ADC-IPV or an HR-IPV.

For Individual(s) to be disqualified:

Date _____	Signature _____
Date _____	Signature _____

For an ADC-IPV if the individual(s) (is) (are) not the caretaker relative:

Date _____	Signature _____
	Caretaker Relative

For an FS-IPV if the individual(s) (is) (are) not the head of household:

Date _____	Signature _____
	Head of Household

STATE OF NEW YORK
COURT COUNTY OF

People of the State of New York

v.

ORDER

CONFIRMING

DISQUALIFICATION

CONSENT AGREEMENT

Upon examining the Disqualification Consent Agreement in this matter, together with the accompanying Notice describing the consequences of consenting to a Disqualification Consent Agreement, and the said Disqualification Consent Agreement having been submitted to be confirmed by this Court in accordance with regulations of the New York State Department of Social Services at 18 NYCRR 359.4(b)(2) and regulations of the United States Department of Health and Human Services at 45 CFR 235.113(d)(1), it is hereby

ORDERED that the said Disqualification Consent Agreement be and hereby is CONFIRMED.

Date: _____

Intentional Program Violation
Disqualification Notice For Public Assistance and Food Stamp Programs

NOTICE DATE:				NAME AND ADDRESS OF AGENCY
CASE NUMBER		CIN/RID NUMBER		
CASE NAME (And C/O Name if Present) AND ADDRESS				
+	---		---	+
				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	

This is to inform you and members of your family, household or other assistance unit that you, _____, are disqualified from receiving the benefits described in section II.

I. Reason For Disqualification

The reason for the disqualification is that you:

were determined to have committed an intentional program violation. This was determined by an administrative disqualification hearing held on _____, which resulted in a decision dated _____.

waived rights to an administrative disqualification hearing by signing a Waiver on _____.

were found guilty of a crime or offense by a court of law on _____ for committing an intentional program violation.

signed a disqualification consent agreement on _____ and this agreement:

did not need to be confirmed by a court.

was confirmed by a court on _____.

The regulation which allows us to disqualify you is 18 NYCRR 359.9.

II. Disqualification Period(s)

You, the recipient named in this notice, are disqualified from receiving the following benefits for the period(s) checked:

The Aid to Dependent Children (ADC) Program

for 6 months because this is the first time that you committed an ADC-IPV. In addition, you are ineligible for Home Relief as shown in the Home Relief Box.

for 12 months because this is the second time that you committed an ADC-IPV. In addition, you are ineligible for Home Relief as shown in the Home Relief Box.

permanently because this is the third time that you committed an ADC-IPV. In addition, you are ineligible for Home Relief as shown in the Home Relief Box.

For ___ months because this is the penalty ordered by the court. This is the ___ time that you committed an ADC-IPV. In addition, you will be ineligible for Home Relief as shown in the Home Relief Box.

The Home Relief (HR) Program

for 6 months because this is the first time that you committed an HR-IPV or an ADC-IPV.

for 12 months because this is the second time that you committed a HR-IPV or an ADC-IPV.

for ___ months because this is the ___ time that you committed an HR-IPV or an ADC-IPV.

for ___ months because this is the penalty ordered by the court. This is the ___ time you committed an HR-IPV or a ADC-IPV.

The Food Stamp (FS) Program

for 6 months because this is the first time that you committed an FS-IPV.

for 12 months because this is the second time that you committed an FS-IPV.

permanently because this is the third time that you committed an FS-IPV.

for ___ months because this is the penalty ordered by the court. This is the ___ time that you committed an FS-IPV.

This is your ___ violation of the food stamp rules. Normally this means you cannot get food stamps for ___ months, but because we did not notify you in time you will not be disqualified, you will be disqualified for ___ months beginning _____.

NOTE: Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other social services assistance or services, may be affected if you must be eligible for ADC or HR in order to receive the particular assistance or services.

When does the disqualification begin and end?

You are currently receiving assistance and/or benefits under ADC HR FS (check programs which apply). Your disqualification will begin _____ for ADC/HR and _____ for FS, and will end _____ for ADC/HR and _____ for FS.

You are not receiving benefits under ADC HR FS (check programs which apply). You will be subject to the above disqualification penalties if you apply for and are found eligible for assistance or benefits for these programs in the future.

To prevent a delay in getting assistance and/or benefits again, you must contact your social services district no later than 30 days before the disqualification period ends if you want to reapply for ADC or Food Stamps. For HR, you must reapply 45 days before that date. Your case will not automatically be reopened when the disqualification period ends.

III. Revised Benefit Levels And Recoupment/Repayment Information

Public Assistance

How much public assistance (ADC or HR) will the remaining members of your public assistance unit get?

- Your public assistance will be discontinued as noted in Section II.
 Your public assistance will remain unchanged because you are disqualified only from the Food Stamp Program.
 Your household's public assistance will be reduced from \$ _____ to \$ _____. The reduction will begin as noted in Section II. (We do not count the disqualified person in the public assistance household, but we must count that person's income. This amount includes a recoupment).

Public Assistance Repayment Agreement

The amount of the public assistance overpayment made to your household is \$ _____.

- The amount of the public assistance owed by your household is \$ _____. (This is different from \$ _____ because you have already repaid \$ _____).

- A recoupment at the rate of _____ percent (%) is being taken against the grant of the remaining household members. If you believe that this reduction will cause your family an undue hardship, you may contact your worker to explain your reasons. An undue hardship occurs when a person does not have enough income to eat, to pay for shelter or utilities, to clothe and purchase general incidentals, or to pay for extraordinary medical needs that are not covered by medical assistance. Your worker will let you know what kind of evidence you will need to support your hardship claim. If it is determined that the recoupment will cause an undue hardship, the recoupment may be changed to a reduction of between 5 and 10 percent (%) in cases where the grant is provided in the Aid to Dependent Children(ADC) category. The recoupment may be changed to a reduction between 5 and 15 percent (%) in cases where the grant is provided in the Home Relief (HR, PG-ADC or VA) category. The regulation which allows us to do this is 18 NYCRR 352.31(d).
- You are not currently receiving assistance, but you will be responsible to repay the overpayment if you reapply and are found eligible for public assistance in the future.

Food Stamps

How much Food Stamps will the remaining members of your Food Stamp household get?

- Your food stamps will be discontinued as noted in Section II.
- Your food stamps will remain unchanged because you are disqualified only from public assistance.
- Your household's monthly amount of food stamps will be reduced from \$ _____ to \$ _____. This reduction will begin as noted in section II. In figuring the amount of food stamps your household will get, we do not count the disqualified person in the household, but we must count the disqualified person's income. Also your household got more in food stamps than it should have during the months of _____ to _____.

You got \$ _____ more in food stamps than you should have because you intentionally violated food stamp rules.

The amount of food stamps owed by your household is:

- \$ _____.
- \$ _____. This amount is different from \$ _____ because you have already repaid \$ _____.
- \$ _____. This amount is different from \$ _____ because we have subtracted \$ _____ in food stamps that we owed you, or your household, for the month(s) of _____.
- The amount of food stamps you owe is more since we previously notified you of the overissuance because we found that _____ intentionally violated food stamp rules. Because the violation was intentional the food stamp repayment rules are stricter, and allow us to go back up to six years to figure the amount of food stamps you owe. We also figured earned income differently if your household failed to report the income. We told you this would happen if we investigated and found that there was an intentional violation of food stamp rules.

Food Stamp Repayment Agreement

- [] You have already signed a "Disqualification Consent Repayment Agreement" or have been given a court order on repayment. You must make repayment as follows:

- [] You must repay the amount you owe. We will automatically reduce your household's food stamps unless you complete, sign and return the enclosed Repayment Agreement by _____. If you want us to automatically reduce your food stamps to get back what you owe, do not return the Repayment Agreement.

Normally, if we discover that by mistake you were underpaid food stamps, we give you food stamps to make up for the underpayment. However, if this occurs and you have not repaid us, we will first subtract what you owe us and give you the difference, if any.

The regulations which allow us to do this are 18 NYCRR 387.19 and 359.9(f).

IV. Fair Hearings

You or any members of your family or household may request a fair hearing ONLY to review (1) the amount of an overpayment or over-issuance, but only if the amount was not determined when your disqualification was determined, (2) the amount of the public assistance or food stamp allotment to be provided to the remaining members of your family or household during the disqualification period and (3) the failure to restore you to the household or assistance unit at the end of the disqualification period after you request such restoration.

You or members of your family or household do not have a right to a fair hearing to review the fact that you have been disqualified. You may contest this action in an appropriate court of law pursuant to Article 78 of the New York Civil Practice Law and Rules (CPLR).

PLEASE READ THE NEXT PAGE FOR MORE ABOUT YOUR RIGHTS

_____ County
Intentional Program Violation: Disqualification Notice for Public Assistance and Food

RIGHT TO A CONFERENCE: You may have a conference to review the amount of the overpayment or overissuance of food stamps if the amount was not determined when your disqualification review the amount of the public assistance or food stamp benefits to be provided to your household or assistance unit during the disqualification period, or the disqualification period for a disqualified individual upon request to the assistance unit's public assistance budget or food stamp budget after the end of the disqualification period. If you want a conference as soon as possible. At the conference, if we discover that we made a wrong decision on your behalf, we determine to change our decision, we will take corrective action and we may ask for a conference by calling us at the number on the first page of this notice. You may request a conference by calling us at the number on the first page of this notice. If you are asking for a conference. **It is not the way you request 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 90 days from the date of this notice to request a fair hearing about your public assistance and 90 days to ask for a fair hearing about your food stamp benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: You may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island)

If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:**
4868

If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County:** (716) 266-4868

If you live in: **Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Otsego, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County:** (315) 422-4868

If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington or Westchester County:**
474-8781

OR

(2) **Writing:** By sending a copy of this notice completed, to the Office of Administrative Services, State Department of Social Services, P.O. Box 1930, Albany, New York 12201. Please

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

Signature of Client _____ Date _____

Address _____

Case # _____ Telephone Number _____

YOU HAVE **60** DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING ABOUT YOUR PUBLIC ASSISTANCE AND FOOD STAMP BENEFITS.
YOU HAVE **90** DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING ABOUT YOUR FOOD STAMP BENEFITS.

If you request a fair hearing, the State will send you a notice informing you of the date, time and location of the hearing. You have the right to be represented by legal counsel, a relative, a friend or to represent yourself. At the hearing you, your attorney or other representative may present written and oral evidence to demonstrate why the action should not be taken, and you may question any persons who appear at the hearing. Also, you have a right to bring evidence in your favor. You should bring to the hearing any documents such as this notice, pay stubs, etc.

Dear Public Assistance Applicant/Recipient:

This notice is to tell you about changes in the law which will change the amount of public assistance benefits you will get if you or someone in your case has committed an act of lying about or concealing money, property or resources. This is called an Intentional Program Violation or IPV. The food stamp program has similar rules for IPV's.

If a person is determined to have committed an IPV by a court or a State administered hearing, that person cannot receive public assistance for a certain period of time. The length of time will depend on two things. It will depend on which program the person is receiving benefits under either Aid to Dependent Children (ADC) or Home Relief (HR, or sometimes PG-ADC or HR-PG). Also, it will depend on whether or not the person has committed an IPV before.

A person who has been determined to have committed either an HR-IPV or an ADC-IPV will be unable to receive HR for a time period of six months times the total number of HR-IPV's and ADC-IPV's he or she has been determined to have committed. In addition, a person who has been determined to have committed an ADC-IPV will also be unable to receive ADC for six months for the first time, 12 months for the second time and permanently for the third time. A person who is permanently disqualified from the ADC program may receive HR instead of ADC after the appropriate HR disqualification period has expired, but the amount of HR received may not exceed the amount of ADC that would have been received had the person not been disqualified from receiving ADC.

In addition to losing benefits due to a disqualification, you will be required to repay the amount of benefits you wrongly received. You will either have to pay back the benefits in cash or, when you begin receiving benefits again, the benefit will be reduced until the amount owed is repaid. If you live in a household with other people and these other individuals continue to receive benefits during the disqualification period, these other household members may have their benefits reduced to repay the overpayment.

If a person has been determined to have committed an IPV for the public assistance programs of ADC or HR, he or she may also lose his or her medical assistance because the eligibility for public assistance may be the basis for medical assistance eligibility. If the acts constituting fraud for public assistance are also used to obtain a FS-IPV as well as the public assistance IPV, then a person may lose his or her food stamps, but the person will not lose his or her food stamps solely on the basis of the ADC-IPV or HR-IPV.

If a person is disqualified from FS, he or she cannot receive FS benefits for six months for the first IPV occasion and 12 months for the second occasion. The third occasion results in permanent disqualification. The person would also have to pay back the amount of overpaid food stamps.

If a person is no longer receiving assistance when he or she is determined to have committed an IPV, the disqualification is postponed until after the person is eligible for assistance again.

Before we take any action on your case, however, you will be sent a notice and given a chance to dispute our actions.

If you have any questions, please speak to your worker.

STATE OF NEW YORK
COURT COUNTY OF

People of the State of New York

v.

STATEMENT

for the

RECORD

STATEMENT

To Advise Individuals on the Record
of Disqualification Provisions Contained in
Social Services Law Section 145-c and
Regulations at 18 NYCRR 359.9

If you or a member of your family or household enter a plea of guilty or are convicted of making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for the Home Relief assistance program, the Aid to Dependent Children assistance program and/or the Food Stamps assistance program, you may be determined to have committed an intentional program violation which may result in your being disqualified from participating in those assistance programs.

If you are determined to have committed an intentional program violation in either the Home Relief assistance program or the Aid to Dependent Children assistance program, you will be unable to receive Home Relief assistance for a time period of six months times the total number of Home Relief and Aid to Dependent Children intentional program violations you have been determined to have committed.

In addition, if you are determined to have committed an intentional program violation in the Aid to Dependent Children program, you will also be unable to receive Aid to Dependent Children for six months for the first time, twelve months for the second time and permanently for the third time. A person who is permanently disqualified from the Aid to Dependent Children assistance program may receive Home Relief assistance instead of Aid to Dependent Children assistance after the appropriate Home Relief assistance disqualification period has expired, but the amount of Home Relief assistance received may not exceed the amount of Aid to Dependent Children assistance that would have been received had the person not been disqualified from receiving Aid to Dependent Children.

If you are determined to have committed an intentional program violation in the Food Stamps assistance program, you will be unable to receive Food Stamps assistance for six months for the first time, twelve months for the second time and permanently for the third time.

If you are determined to have committed an intentional program violation in either the Home Relief assistance program or the Aid to Dependent Children assistance program, your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services assistance or services, may be affected if you must be eligible for Aid to Dependent Children or Home Relief in order to receive the particular assistance or services.

If you are not getting benefits now, your disqualification penalty will be effective when you are eligible and apply for assistance again. If you are determined to have committed an intentional program violation, you also will be held responsible for repaying any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance unless you already make the identified repayment.

This statement is offered on the record to satisfy the requirements of subdivision 4 of Section 145-c of the Social Services Law and paragraph (5) of subdivision (d) of section 359.9 of title 18 of the State of New York Codes, Rules and Regulations.

STATE OF NEW YORK
COURT COUNTY OF

People of the State of New York

v.

ORDER

ENTERING

STATEMENT

INTO RECORD

Upon examining the accompanying Statement for the Record, and having advised the defendant on the record of the disqualification provisions contained in Section 145-c of the Social Services Law in accordance with the requirements of subdivision 4 of Section 145-c of the Social Services Law and paragraph (5) of subdivision (d) of section 359.9 of title 18 of the State of New York Codes, Rules and Regulations, it is hereby

ORDERED that the said Statement for the Record be and hereby is ENTERED into the record of these proceedings.

Date: _____
