NOTICE OF FOOD STAMP OVERPAYMENT (DEMAND LETTER) (Timely and Adequate) (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE
CASE NUMBER	CIN NUMBER	
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL PHONE 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	PHONE NO.

OVERPAYMENT INFORMATION

1.☐ **New Overpayment Amount $_____ Date of Discovery_____**

We discovered that from _____ to _____ you or your household got more In food stamp benefits than you should have (overpayment). This is because:

1a.☐We incorrectly gave you or your household more benefits than you should have gotten (Agency Error); see Reason:

1b.☐You or your household failed to provide correct or complete information which resulted in us giving you more benefits than you should have gotten (Inadvertent Household Error) due to the Reason below. We may investigate further to decide if the error you or a member of your household made was an intentional violation of the Food Stamp rules. If we decide that it was, you or that household member will not be able to receive food stamps for a period of time. The amount you owe us may also increase. With an intentional violation, we can go back six years instead of one to calculate the amount of food stamps you owe. We will send you another notice if we find there was an intentional violation.

Reason:_____

_____

_____

This decision is based on 18 NYCRR 387.19. We may calculate the amount of this type of overpayment back to a period of twelve (12) months from the date of discovery. Enclosed is a form that shows how your overpayment was calculated.

2. ☐ **Amount You Still Owe on Past Overpayment(s) $_____**

You or your household were notified before of a food stamp overpayment(s). The amount on Line 2 is what you still owe. You have a right to a fair hearing that this amount is correct and shows all payments you have made. You are not allowed a fair hearing on the fact that you have an overpayment, since you were already notified of the overpayment and were allowed a fair hearing at that time.

3. ☐ **TOTAL You Owe for All New and Past Overpayment(s) $_____**.(Total of Lines 1 + 2)

REPAYMENT INFORMATION - All adult members in the household at the time the overpayment occurred are required, according to 18 NYCRR 387.19, to repay this agency by:

1.☐ Reduction of Your Food Stamp Benefits (Recoupment)

1a.☐ New Recoupment - We will reduce your food stamp benefits (recoupment) to pay back your overpayment. See separate notice about this recoupment and how it will affect your food stamp benefits.

1b.☐ Existing Recoupment - Because you have an existing recoupment, no further reduction of your food stamps will be made at this time. When this current recoupment has been completed, we will take at least ten percent (10%) of your food stamp benefits until this new overpayment has been collected.

1c.☐ Continue Recoupment - We will continue your current recoupment until your current overpayment is paid off.

2.☐ Repayment Agreement - The enclosed Repayment Agreement gives you ways to repay. You must sign and return the enclosed Repayment Agreement.

3.☐ You may voluntarily pay back more from your EBT account. See the attached Repayment Agreement.... If you have an active case, contact your worker if you would like to pay back more than what you are paying each month.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges. This decision is based on 31 CFR 285.

If you do not access your food stamp benefits within 270 days, they will be expunged (taken back). If you have a food stamp overpayment, your expunged benefits will be put towards your overpayment. If you apply for food stamp benefits again, and have not repaid the amount you owe, your food stamp benefits will be reduced if you begin to get food stamp benefits again. You will be notified, at that time, of the amount of reduced benefits you will get.

BE SURE TO READ THE BACK OF THIS NOTICE TO SEE WHAT RIGHTS YOU HAVE TO APPEAL THIS DECISION.

Name:	Address:	Case Number:

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

☑ If you are getting food stamp benefits, you may be able to get a discount on your phone service. For information on LIFELINE, call Verizon, toll free, at 1-800-555-5000.

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)

2. STATE FAIR HEARING - You have **90** days from the date of this notice to ask for a fair hearing.

KEEPING YOUR BENEFITS THE SAME: We will not change your food stamp 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 benefits you got, but should not have gotten, while you were waiting for the decision. 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 below:

☐ I do not want to keep my food stamp benefits the same until the fair hearing decision is issued.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by :

Mail: Send a copy of the entire notice 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 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: **(212) 417-6550** (Please have this notice with you when you call.)

Fax: Fax a copy of the front and back of this notice to: **(518) 473-6735.**

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn; 109 East 16th Street, NYC or 330 West 34th Street, NYC.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax or walk-in, 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 which 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 printed at the top of the **front** of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within three working days of when you ask for them, your case file documents may be given to you at your hearing.

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.