LDSS-3969B Front (Rev. 8/01)

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

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.

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

FOOD STAMP BENEFITS NOT PICKED UP WITHIN 270 DAYS CANNOT BE REPLACED.

1. ☐ **INCREASE** your food stamp benefits from $ _____ to $ _____ effective _____.
2. ☐ **CONTINUE** your food stamp benefits from $ _____ to $ _____ effective _____.
3. ☐ **REDUCE** your food stamp benefits from $ _____ to $ _____ effective _____.

☐ The benefit on Line 1 above reflects a _____% reduction (recoupment) of $_____ in your benefits. This is because you or your household got more in food stamp benefits than you should have (overpayment). **This decision is based on 18 NYCRR 387.19.**

☐ The benefit on Line 1 above reflects a _____% reduction (recoupment) of $_____ in your benefits. You or your household were notified before that you got more in food stamp benefits than you should have (overpayment). This recoupment is being used to pay back this overpayment. **This decision is based on 18 NYCRR 387.19.**

☐ See separate Demand Letter for more overpayment information.

4. ☐ **DISCONTINUE** your food stamp benefits as of _____.

4a. ☐ We are establishing a food stamp overpayment. See separate Demand Letter and Repayment Agreement about the amount you owe and how you will repay this overpayment.

4b. ☐ You currently have a food stamp overpayment. See separate Demand Letter and Repayment Agreement about the amount you still owe and how you will repay this overpayment.

5. ☐ 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.

6. ☐ 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:

_____.

_____.

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.

Enclosure

CLIENT/FAIR HEARING COPY

Name:	Address:	Case Number:

☑ 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 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 in **writing** or by **phone**.

Writing: 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.)

_____

_____

Phoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.) If you cannot reach the State by phone, please write to ask for a fair hearing before the deadline. Call the number below for the county you live in:

Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming: **(716) 852-4868**
Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates: **(716) 266-4868**
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins, Tioga: **(315) 422-4868**
Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, Westchester: **(518) 474-8781**
Nassau, Suffolk: **(516) 739-4868**

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.