DSS-2215 (REV. 10/83)

REPORT OF CLAIM/BENEFIT RESTORATION DETERMINATION
FOOD STAMP PROGRAM

NEW YORK STATE

NAME OF RECIPIENT (CASE)	COUNTY CODE	FEDERAL AUDIT NUMBER:	DATE(S)
ADDRESS	DATE	SPECIAL USDA INVESTIGATION:	DATE(S)
	AMOUNT OF LOSS	OTHER	DATES(S)

AGE	CASE NO.	TYPE OF HOUSEHOLD: ☐ NPA ☐ PA ☐ Mixed	☐ CLAIM ☐ AGENCY ERROR ☐ NON-FRAUD ☐ FRAUD	☐ BENEFIT RESTORATION

ACTUAL BASIS OF ISSUANCE *(List Below)*

Date Certified	Date of Issuance	Size of Household	Income	Benefit Amount
			A TOTALS–	

Month	Size of Household	Income	Benefit Amount
NOTE: Use additional sheets if necessary.		B TOTALS–	

STATUS OF CLAIM

☐ Active

☐ Suspended*

☐ Terminated*

*Explain Below:

CALCULATIONS: A - B= Loss

Loss - Restoration Amount = Claim

SUMMARY OF CIRCUMSTANCES:

ACTION TAKEN AND RECOMMENDATIONS:

AUTHORIZED SIGNATURE	DATE	LOCAL AUTHORIZED REVIEWER	DATE	STATE REVIEWER	DATE
X		X		X	