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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
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Brian J. Wing
Commissioner

Informational Letter

Section 1

Transmittal:	03 INF 32
To:	Local District Commissioners
Issuing Division/Office:	Division of Temporary Assistance
Date:	July 30, 2003
Subject:	LDSS-4682: Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment (5/03) and LDSS-4682 NYC: Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment (NYC) (5/03)
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 4-6055 Program Questions: Central Region - (518) 474-9344 Metro Region - (212) 383-1658 WMS Questions: (518) 474-8749
Attachments:	LDSS-4682: Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment (Rev.5/03) LDSS-4682 NYC: Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment (NYC) (Rev.5/03)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
00 ADM-04 00 ADM-06		352.31 (d)(5) Part 358		TASB Chapter 22	

Section 2

I. Purpose:

The purpose of this release is to introduce the revised LDSS-4682: “Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment” (Rev. 5/03) (Upstate) and LDSS-4682 NYC: “Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment” (Rev. 5/03) (New York City).

Copies of these forms are attached.

II. Background:

Effective August 2000, the Office of Administrative Hearings (OAH) revised policy to grant fair hearing requests to former Public Assistance recipients whose cases were already closed and where overpayments were discovered.

The State mandated notices, LDSS-4682 and LDSS-4682 NYC, were developed to make these requests and must be provided to former recipients as the initial notice of a Public Assistance overpayment.

III. Revisions

The following are the revisions incorporated into the 5/03 versions of:

- DSS-4682: Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment” (no longer printed – master copy only)
- DSS-4682 NYC: Notification of Overpayment of Public Assistance to a Former Recipient and Demand For Repayment” (NYC) (not printed – master copy only)

A. Front Page

1. The Revision Date was changed to 5/03.
2. The title of the form was changed to “Notification of Overpayment of Public Assistance To A Former Recipient and Demand For Repayment”.
3. The method of payment information was updated/revised and reads as follows:

If you choose to pay in installments, please check the installment method you wish to use and sign your agreement:

1. EBT Cash Account – Please take:
 - Everything in my EBT Cash Account, up to the amount of my overpayment(s).

- \$ _____ from my EBT Cash Account, up to the amount of my overpayment(s).

I understand that if there is not enough in my EBT Cash Account to pay all my overpayment(s), I must also check another box below for other ways to repay.

2. All at once* 3. Part now, the rest in monthly payments* 4. Monthly payments*

*If you check box 2, 3 or 4, we will contact you to discuss your payment plan.

4. The 2nd bullet and the paragraph following that bullet were deleted and replaced by the following paragraph:

If you do not appeal this decision or if you fail to respond to this notice to repay or you do not repay this debt either all at once, or by monthly payments, the social services district may refer the debt for collection in a number of ways including, but not limited to, automated collection from your tax refund.

5. The following, gray shaded box, was added to the bottom of this page and is used by local districts to record accounting information:

Accounting Use Only – Cash Repayment 02

Date Entered on Admin. Screen ___/___/___
Entered by: _____

Transaction Amount \$ ____,_____. ___
Date ___/___/___

B. Reverse Page

1. The Revision Date was changed to 5/03.
2. The “Deadline to Request a Fair Hearing” section was changed to read:

If you do not agree that you owe this overpayment you MUST call for a fair hearing within 60 days of the date of this notice. If you do not call for a fair hearing within 60 days of the date of this notice, you cannot claim in the future that the agency’s decision that you owe the debt was wrong.

IV. Additional Information

Forms Requests

Due to low usage, the LDSS-4682 (Upstate) will no longer be printed but will be available as a camera-ready master copy.

The revised 5/03 versions of the LDSS-4682 (Upstate) (master copy) and the LDSS-4682 NYC (New York City) (master copy) can be requested at any time. The Spanish master copies of these forms (LDSS-4682-SP and LDSS-4682-SP NYC) will also be revised.

Upon receipt of the revised master copies, all previous versions of the LDSS-4682 (Upstate) and LDSS-4682 NYC (New York City) should be destroyed and the 5/03 versions must be used for any notice of overpayment to a former recipient.

Requests for clear master copies should be submitted on Form OTDA-876 (Rev. 6/98): “Request for Forms or Publications”, and should be sent to:

Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, Ext. 4-9522.

Issued By

Name: Patricia A. Stevens

Title: Deputy Commissioner

Division/Office: Division of Temporary Assistance