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Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Robert Doar
Commissioner

Informational Letter

Section 1

Transmittal:	06-INF-28
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	August 31, 2006
Subject:	Revised 9/06 version of the LDSS-4778: "Calculation of Total Overpayment Amount"
Suggested Distribution:	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Cash Assistance - (518) 474-9344 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749
Attachments:	LDSS-4778: "Calculation of Total Overpayment Amount" (Rev.9/06)
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.
		352.31 (d)			

Section 2

I. Purpose

The purpose of this INF is twofold:

1. To introduce the revised 9/06 version of the LDSS-4778: “Calculation of Total Overpayment Amount”.
2. To inform local districts that this form will no longer be printed, but will continue to be available, through the normal forms ordering procedures as a camera ready copy for reproduction locally.

Additionally, the revised IAF form will also be available on Centraport.

II. Background

The LDSS-4778 was originally designed to be used for instances when CNS cannot generate Food Stamp Benefits Overpayment Calculation information. This Statewide form continues to be used by Food Stamp Benefits Program staff for such instances, however, recent modifications to this form for the 9/06 version also enables the Temporary Assistance, Medical Assistance, HEAP and Day Care Programs to utilize this manual form.

Additionally, by adding a “Date of Establishment” field, the Food Stamp Benefits requirement to track the time period from “Discovery” to “Establishment” is fulfilled.

III. Forms Ordering Information:

- The revised 9/06 version of the LDSS-4778 (Camera Ready Copies) can be requested at any time. Upon receipt of any revised Camera Ready Copy, all previous versions of the form should be destroyed.
- Any future written requests for a Camera Ready Copy of the 9/06 version of the LDSS-4778 should be submitted on OTDA-876 “Request For Forms or Publications”, and should be sent to:

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

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

- A Camera Ready Copy of the document may also be ordered through Outlook. To order a Camera Ready Copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: gg7359@dfa.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm.

Issued By _____

Name: Russell Sykes
Title: Deputy Commissioner
Division/Office: Division of Employment and Transitional Supports

