

Cover letter from district of residence to former district of residence

DISTRICT LETTERHEAD

To:
_____ **County Department of Social Services**

Re: Potential Doe Class Member

Name

Current Address:

CIN#

DOB

SSN

Date:

Dear (TA Director or designee)

The above named potential Doe class member was referred to this office by OTDA.

The potential Doe class member:

___ Is eligible for public assistance as of the date of this letter

___ The current category of assistance is FA

___ The current category of assistance is SNA (MOE)

___ The current category of assistance is SNA (non-MOE)

___ Is not eligible for public assistance as of the date of this letter

The monthly underpayment amount that we determined is \$ _____.

___ This agency determined that amount as the difference between the household's TA benefit with the proration in place and after the proration was removed.

___ This agency determined the amount of the underpayment by finding the flat underpayment amount for the household size as there is no current SSI family member in the household.

Please determine if this is a Doe class case and take the appropriate action.

Thank you,

Name/Title/Phone#

_____ County DSS

Attachments:

- Documentation of household composition
- Statement/documentation of relationship
- Other _____