

\$\$FILENAME\$\$WINR9482  
\$\$DISTRICT\$\$01\$\$  
\$\$CENTER\$\$ \$\$  
REPORT DATE: 02/09/2010

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
DOE INELIGIBLE CLASS MEMBER FOUND ACTIVE FOR ONGOING TA

PAGE: 1

WRTS REPORT

DISTRICT: ALBANY

DISTRIBUTION: DISTRICT MANAGEMENT

REFERENCE NO 1

W1, W2 Payment Types Total 76

Duplicate Payee on same case. District determination needed.

Office CASE	Unit	Wkr	Case Number Id	Payee	Name	TA ACTIVE DISTRICT /	
ALB	CD	BH	P11111	BB77777Y	WILSON, JOE	01 P33333	
ALB	EF	FMD	P12345	CC88888X	SMITH, JOHN	19 P99999	
ALB	EF	FMD	P12345	DD99999W	SMITH, MARY		
ALB	GH	AG	P22222	EE55555V	PUBLIC, PETER	01 P22222	
ALB	AB	SUP	P00000	AA66666Z	JONES, BETTY	66 004444444A	
DISTRICT TOTAL		5					