

## NOTIFICATION OF OVERPAYMENT OF PUBLIC ASSISTANCE TO A FORMER RECIPIENT AND DEMAND FOR REPAYMENT (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
FORMER CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 2em;">{</span> <span style="font-size: 2em;">}</span> </div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		<b>OR</b> Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

**SECTION I – PUBLIC ASSISTANCE**

This is to tell you about an overpayment that occurred when your Public Assistance case was active. The time period during which the overpayment occurred was from \_\_\_\_\_ to \_\_\_\_\_.

The amount of the overpayment is: \_\_\_\_\_.

The reason(s) for the overpayment is: \_\_\_\_\_

THE LAW(S) AND/OR REGULATION(S) which allows us to do this is 18 NYCRR 352.31(d)(5).

**SECTION II – METHOD OF PAYMENT**

You must repay the entire amount of the overpayment all at once, or in installments. Please return this agreement to let us know about the repayment method that you choose by \_\_\_\_\_.

Make sure you sign and date this agreement below, before you return it.

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.

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

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

I agree to repay by this method.

Your Address (if different than above): \_\_\_\_\_

Your Phone Number or Where We Can Reach You ( \_\_\_\_\_ ) \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- We will contact you to discuss the repayment method you have chosen and give you a written statement showing how much you will be repaying (and how long your payments will continue should you choose to repay through monthly payments).

**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.**

**IF YOU NEED HELP IN COMPLETING THIS AGREEMENT, PLEASE CALL US AT THE TELEPHONE NUMBER ABOVE.**

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION.**

**Accounting Use Only – Cash Repayment 02**

Date Entered on Admin. Screen \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Transaction Amount \$ \_\_\_\_\_

Entered by: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME:	ADDRESS:	FORMER CASE NUMBER:
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**CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you ask for a conference, you are still entitled to a fair hearing. **Even if you ask for a conference, you still have only 60 days from the date of this notice to request a fair hearing. HOWEVER, IF YOU WANT TO PREVENT COLLECTION OF THIS DEBT UNTIL YOU HAVE HAD A FAIR HEARING, YOU MUST REQUEST A FAIR HEARING WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE. Read below for fair hearing information.**

2. **STATE FAIR HEARING** – You have 60 days from the date of this notice to ask for a fair hearing:

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.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

**Mail:** Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.) \_\_\_\_\_

**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735.

**Walk-In:** Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn.

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the State by phone, by fax, or online, please write to ask for a fair hearing before the deadline.

**TO PREVENT POSSIBLE COLLECTION ACTIVITIES UNTIL AFTER A FAIR HEARING HAS BEEN HELD:** You must call for a fair hearing within ten days of the date of this notice. You may request a fair hearing up to 60 days from the date of this notice but if you make your request later than ten days after the date of this notice, you may not be able to delay collection until the fair hearing decision is issued.

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.