

INTENTIONAL PROGRAM VIOLATION DISQUALIFICATION NOTICE FOR THE PUBLIC ASSISTANCE PROGRAM

NOTICE DATE: _____		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE _____ _____		
CASE NUMBER _____	CIN/RID NUMBER _____	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ <hr style="border-top: 1px dashed black;"/> OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS <div style="border: 1px solid black; height: 80px; width: 100%;"></div>				
OFFICE NO. _____	UNIT NO. _____	WORKER NO. _____	UNIT OR WORKER NAME _____	TELEPHONE NO. _____

This is to inform you and members of your family, household or other assistance unit that you, _____ are disqualified from receiving the benefits for the time stated in Section II.

I. Reason For Disqualification

The reason for the disqualification is that you:

- were determined to have committed an Intentional Program Violation. This was determined by an administrative disqualification hearing held on _____, which resulted in a decision dated _____.
- waived rights to an administrative disqualification hearing by signing a Waiver on _____.
- were found guilty of a crime or offense by a court of law on _____ for committing an Intentional Program Violation.
- signed a disqualification consent agreement on _____ and this agreement:
 - did not need to be confirmed by a court.
 - was confirmed by a court on _____.

The regulation which allows us to disqualify you is 18 NYCRR 359.9.

II. Disqualification Period(s)

You, the recipient named in this notice, are disqualified from receiving Public Assistance for the period(s) checked:

- for 6 months because this is the first time that you committed a Public Assistance-IPV and you wrongfully received an amount less than \$1,000.
- for 12 months because this is the second time that you committed a Public Assistance-IPV, or you wrongfully received between \$1,000 and \$3,900.
- for 18 months because this is the third time that you committed a Public Assistance-IPV, or you wrongfully received over \$3,900.
- for 5 years because you have committed three or more previous Public Assistance-IPV's.
- for _____ months because this is the penalty ordered by the court. This is the _____ time that you committed a Public Assistance-IPV.

NOTE: Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services Assistance or Services, may be affected if you must be eligible for Public Assistance in order to receive the particular assistance or for services.

III. When does the disqualification begin and end?

- Your disqualification will begin _____ and will end _____.

Your case will **not** automatically be reopened when the disqualification period ends. To prevent a delay in getting Public Assistance again, you must contact your Social Services District no later than 30 days before the disqualification period ends if you want to reapply for Public Assistance.

- You are not receiving benefits under Public Assistance. You will be subject to the above disqualification penalties if you apply for and are found eligible for assistance or benefits for these programs in the future.

IV. Revised Benefit Levels and Recoupment/Repayment Information

How much Public Assistance will the remaining members of your Public Assistance unit get?

- Your Public Assistance will be discontinued as noted in Section II.
- Your household's Public Assistance will be reduced from \$ _____ to \$ _____. The reduction will begin as noted in Section II. (We do not count the disqualified person in the Public Assistance household, but we must count that person's income.)

Public Assistance Repayment

The amount of the Public Assistance overpayment made to your household is \$ _____.

- The amount of the Public Assistance owed by your household is \$ _____. (This is different from \$ _____ because you have already repaid \$ _____).

A recoupment at the rate of ____ percent (%) is being taken against the grant of the remaining household members. If you believe that this reduction will cause your family an undue hardship, you may contact your worker to explain your reasons. An undue hardship occurs when a person does not have enough income to eat, to pay for shelter or utilities, to clothe and purchase general incidentals, or to pay for extraordinary medical needs that are not covered by Medical Assistance. Your worker will let you know what kind of evidence you will need to support your hardship claim. If it is determined that the recoupment will cause an undue hardship, the recoupment may be changed to a reduction of between 5 and 10 percent (%).

- The recoupment is for the recovery of the overpayment that resulted from the IPV.
- The recoupment is to repay a previous overpayment. The overpayment that resulted from this IPV will be recouped when the previous overpayment(s) has been recouped.

The regulation which allows us to do this is 18 NYCRR 352.31(d).

- You are not currently receiving assistance, but you will be responsible to repay the overpayment.

The regulation which allow us to do this is 18 NYCRR 359.9(f).

V. Effect On Your Supplemental Nutrition Assistance Program (SNAP) Benefits

- You do not receive SNAP Benefits.
- Your SNAP Benefits will continue unchanged.
- You will receive a separate notice about your SNAP Benefits.
- In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance. This decision is based on Regulation 18 NYCRR 387.19.

VI. Effect On Your Medical Assistance Benefits

- You do not receive Medical Assistance.
- Your Medical Assistance will continue unchanged.
- Your Medical Assistance is discontinued for the same reason your Public Assistance is discontinued.
- Your Medical Assistance will continue pending a separate Medical Assistance eligibility determination.

This decision is based on Section 366(1) (a) of the Social Services Law.

NAME:	ADDRESS:	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. 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.
2. **STATE FAIR HEARING** – You or any members of your family or household may request a fair hearing **ONLY** to review (1) the amount of an overpayment or overissuance, but only if the amount was not determined when your disqualification was determined, (2) the amount of the Public Assistance benefits to be provided to the remaining members of your family or household during the disqualification period and (3) the failure to restore you to the household at the end of the disqualification period after you request such restoration.

You or members of your family or household do not have a right to a fair hearing to review the fact that you have been disqualified.

You may contest this action in an appropriate court of law pursuant to Article 78 of the New York Civil Practice Law and Rules (CPLR).

You have **60** days from the date of this notice to ask for a fair hearing.

If this notice is telling you that you got too much in Public Assistance benefits and that you must pay them back and you do not agree, 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 is 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 New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

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.