

**NOTICE OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS OVERPAYMENT (DEMAND LETTER)
(Timely and Adequate)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

OVERPAYMENT INFORMATION

1. **New Overpayment Amount \$** _____ **Date of Discovery** _____
- We discovered that from _____ to _____ you or your household got more in SNAP benefits than you should have (overpayment). This is because:
- 1a. We incorrectly gave you or your household more benefits than you should have gotten (Agency Error). See Reason below:
- 1b. You or your household failed to provide correct or complete information which resulted in us giving you more benefits than you should have gotten (Inadvertent Household Error) due to the Reason below. We may investigate further to decide if the error you or a member of your household made was an intentional violation of the SNAP benefits rules. If we decide that it was, you or that household member will not be able to receive SNAP benefits for a period of time. The amount you owe us may also increase. With an intentional violation, we can go back six years instead of one to calculate the amount of SNAP benefits you owe. We will send you another notice if we find there was an intentional violation.
- 1c. You or a member of your household were found guilty of an (Intentional Program Violation). See Reason below.

Reason: _____

This decision is based on 18 NYCRR 387.19. We may calculate the amount of an Agency Error or Inadvertent Household Error overpayment back to a period of twelve (12) months from the date of discovery. We may calculate the amount of an Intentional Program Violation back to a period of six (6) years from the date of discovery. Enclosed is a form that shows how your overpayment was calculated.

2. **Amount You Still Owe on Past Overpayment(s) \$** _____
- You or your household were notified before of a SNAP benefits overpayment(s). The amount on Line 2 is what you still owe. You have a right to a fair hearing that this amount is correct and shows all payments that have already been made. You are not allowed a fair hearing on the fact that you have an overpayment, since you were already notified of the overpayment and were allowed a fair hearing at that time.
3. **TOTAL You Owe for All New and Past Overpayment(s) \$** _____ . (Total of Lines 1 + 2)

REPAYMENT INFORMATION – All adult members in the household at the time the overpayment occurred are required, according to 18 NYCRR 387.19, to repay this agency by:

1. Reduction of Your SNAP benefits For Active/Open Cases:
- 1a. New Recoupment – We will reduce your SNAP benefits (recoupment) to pay back your overpayment. See separate notice about this recoupment and how it will affect your SNAP benefits.
- 1b. Existing Recoupment – Because you have an existing recoupment, no further reduction of your SNAP benefits will be made at this time. When this current recoupment has been completed, we will take at least ten percent (10%) of your SNAP benefits until this new overpayment has been collected.
- 1c. Continue Recoupment – We will continue your current recoupment until your current overpayment is paid off.

In addition to your recoupment, you may voluntarily pay back more, including using benefits from your EBT account.

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.

2. Collection Methods for Closed Cases (you may request one or both collection methods):
- Repayment Agreement - The enclosed SNAP benefits Compromise/Repayment Agreement Request gives you ways to repay. You must sign, date and return the enclosed SNAP benefits Compromise/Repayment Agreement Request.
 - Request for Compromise – You may request a compromise (reduction) of your debt. We may approve or deny your request for a Repayment Agreement or Compromise. Your request will be considered and acknowledged in a separate notice.
 - Within thirty (30) days, a payment must accompany your response to this demand letter.

If you have a SNAP benefit overpayment that has not been paid back, and your case is now closed or being closed, you may be able to get a compromise (reduction) of what you owe. If you cannot repay the full balance of what you owe, talk to your local department of social services.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges. This decision is based on 31 CFR 285.

If you do not access your SNAP benefits within 365 days, they will be expunged (taken back). If you have a SNAP benefit overpayment, your expunged benefits will be put towards your overpayment. If you apply for SNAP benefits again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get SNAP benefits again. You will be notified, at that time, of the amount of reduced benefits you will get.

BE SURE TO READ THE BACK OF THIS NOTICE TO SEE WHAT RIGHTS YOU HAVE TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
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- Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. 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.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping Your Benefits The Same).

2. **STATE FAIR HEARING** – You have **90** 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 SNAP benefits and that you must pay them back and you do not agree, you **MUST** call for a fair hearing within 90 days of the date of this notice. If you do not call for a fair hearing within 90 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.

KEEPING YOUR BENEFITS THE SAME: We will not change your SNAP benefits if you ask for a fair hearing before the effective date stated in this notice. However, if you lose the fair hearing, you will have to pay back any benefits you got, but should not have gotten, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box below:

- I do not want to keep my SNAP benefits the same until the fair hearing decision is issued.

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

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 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 get ready for the hearing, you have a right to look at your case file. If you call or write us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call or write us, we will provide you with free copies of other documents from your file that 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 us at the Record Access phone number on the **front** of this notice or write to us at the address on the **front** of this notice.

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.