



# Office of Temporary and Disability Assistance

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Governor

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Commissioner

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Executive Deputy Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	17-INF-11
<b>To:</b>	Social Services District Commissioners
<b>Issuing Division/Office:</b>	Audit and Quality Improvement (A&QI)
<b>Date:</b>	September 6, 2017
<b>Subject:</b>	Revisions of the LDSS-3156, LDSS-3156NYC, LDSS-4053 and LDSS-4857
<b>Suggested Distribution:</b>	
<b>Contact Person(s):</b>	SNAP Policy Questions: SNAP Bureau at: 518-473-1469 Fraud Policy Questions: AQI Program Integrity, Stephen Bach, at: 518-402-0117
<b>Attachments:</b>	<a href="#">Attachment 1 - LDSS-3156 Notice of Supplemental Nutrition Assistance Program (SNAP) Benefits Overpayment (Demand Letter) (Timely and Adequate)</a>  <a href="#">Attachment 2 - LDSS-3156NYC Notice of Supplemental Nutrition Assistance Program (SNAP) Benefits Overpayment (Demand Letter) (Timely and Adequate)</a>  <a href="#">Attachment 3 - LDSS-4053 Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Request</a>  <a href="#">Attachment 4 - LDSS-4857 Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Acknowledgment</a>
<b>Attachment Available Online:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
04-ADM-01 05-ADM-15 05-INF-18 06-INF-20		7 CFR 273.18 18 NYCRR 387.19		SNAP SB Section 16	

## Section 2

### I. Purpose

The purpose of this Informational Letter (INF) is to inform social service districts (districts) that the following forms have been revised:

- LDSS-3156 and LDSS-3156NYC “Notice of Supplemental Nutrition Assistance Program (SNAP) Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Rev. 7/17);
- LDSS-4053 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Request” (Rev. 7/17);
- LDSS-4857 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Acknowledgment” (Rev. 7/17)

### II. Background

Federal regulations require state agencies to mail or otherwise deliver written notification to the household before starting any collection on a SNAP claim, regardless of the claim type. Therefore, individuals who have claims originating from Intentional Program Violations (IPVs) must be sent a demand letter in addition to the Notice of Disqualification (LDSS-4799 and LDSS-4799NYC “Intentional Program Violation (IPV) Disqualification Notice for the Supplemental Nutrition Assistance Program (SNAP)”). The manual demand letters (LDSS-3156 and LDSS-3156NYC “Notice of Supplemental Nutrition Assistance Program (SNAP) Benefits Overpayment (Demand Letter) (Timely and Adequate)”) have been revised to include an option for IPV claim type.

OTDA has also changed the repayment agreement request form (LDSS-4053 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Request”) and acknowledgment form (LDSS-4857 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Acknowledgment”) to ensure consistency. Both forms will now use a standard due date of the tenth of the month for repayment agreements with monthly payment schedules. While the due date will be the tenth of the month, language is included to inform the client that they will be considered delinquent if a payment has not been received by the last day of the month. The debt will then be immediately referred for collection through the Treasury Offset Program (TOP).

### III. Revisions

The LDSS-3156 and LDSS-3156NYC “Notice of Supplemental Nutrition Assistance Program (SNAP) Benefits Overpayment (Demand Letter) (Timely and Adequate)”

- An additional checkbox (1c.) was added under “Overpayment Information” for an IPV option.
- The language under *Reason* has been revised to clarify that an Agency Error or Inadvertent Household Error overpayment may be calculated back to a period of 12 months from the date of discovery, while an IPV overpayment may be calculated back to a period of six years from the date of discovery.

The LDSS-4053 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Request”

- In the list of repayment agreement instructions, language after the last checkbox has been revised to explain that a payment must be received by the 10<sup>th</sup> of each month until the debt is paid in full. It also explains that if a payment has not been received by the last day of the month, the client will immediately become delinquent and their debt will be referred for collection.

The LDSS-4857 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Acknowledgment”

- In the paragraph below the Repayment Agreement acceptance or denial, the language has been revised to explain that a payment must be received by the 10<sup>th</sup> of each month until the debt is paid in full. It also explains that if a payment has not been received by the last day of the month, the client will immediately become delinquent and their debt will be referred for collection.

### IV. Forms Ordering Information

- The revised English version of the LDSS-3156 and LDSS-3156NYC “Notice of Supplemental Nutrition Assistance Program (SNAP) Benefits Overpayment (Demand Letter) (Timely and Adequate)” (Rev. 7/17); LDSS-4053 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Request” (Rev. 7/17); and LDSS-4857 “Supplemental Nutrition Assistance Program (SNAP) Benefits Compromise/Repayment Agreement Acknowledgment” (Rev. 7/17) are Camera Ready Only forms.

- The above referenced documents have been posted on the OTDA Intranet website at: [http://otda.state.ny.net/ldss\\_eforms/default.htm](http://otda.state.ny.net/ldss_eforms/default.htm) and are available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous versions of these forms **must immediately be destroyed** and replaced with the version listed above.
- Any future requests for master camera ready copies of the English version, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance  
BMS Document Services and Operational Support  
PO Box 1990  
Albany, NY 12201

E-mail: [forms.orders@otda.ny.gov](mailto:forms.orders@otda.ny.gov)

Social Services Districts (SSD) on-line forms ordering system: <http://formorders/>  
Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at: 518-474-9522.
- Any previously approved Local Equivalent of this form should be resubmitted, reflecting the current updates, to the mailing address above for review and approval within 30 days of this INF.

**Issued By**

**Name:** Kevin Kehmna  
**Title:** Director, Audit & Quality Improvement