

**ATTACHMENT 10: EXPENDITURES STATEMENT AND CLAIM FOR REIMBURSEMENT
(RF-7) ASSISTANCE FOR U.S. CITIZENS RETURNED FROM FOREIGN COUNTRIES
(LDSS-931)**

LDSS-931 EL (rev. 10/01)		Prepare Original And 4 Copies	
EXPENDITURES STATEMENT AND CLAIM FOR REIMBURSEMENT (RF-7) Assistance For U.S. Citizens Returned From Foreign Countries			
NEW YORK STATE		OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE	
CASE NAME (Include first name of husband and wife if couple)	Local Social Services District	Period	From/To
		/ /	/ /
Case Address:	No. of Persons	Repatriated From (Country)	
CLASSIFICATION		EXPENDITURES	
<input type="checkbox"/> Mentally Ill		Medical Care	\$
<input type="checkbox"/> Other than Mentally Ill		Hospitalization	
NATURE OF THIS ACTION		Nursing Home	
<input type="checkbox"/> Initial Claim	ESTIMATED FURTHER CLAIMS	Maintenance	
<input type="checkbox"/> Interim Claim	\$	Transportation	
<input type="checkbox"/> Final Claim	DATE CASE CLOSED	Foster Care	
	REASON CLOSED	Other - _____	
		Other - _____	
		Other - _____	
<input type="checkbox"/> Repayment Recommended		TOTAL	\$
<input type="checkbox"/> Waiver Recommended			
<input type="checkbox"/> Ability to repay cannot be determined at this time			

CERTIFICATION

ADMINISTRATIVE OFFICIAL		FISCAL OFFICER	
The undersigned of the _____ (County or City)		The undersigned of the _____ (County or City)	
certifies that the expenditures for ASSISTANCE FOR U.S. CITIZENS RETURNED FROM FOREIGN COUNTRIES as shown above, on the supporting rolls or abstracts, vouchers and other documents which are deemed a part hereof are just, true and correct and have been authorized by him; that the grantees to whom, or in whose behalf, these expenditures were made have been investigated and found in need of assistance provided; that such expenditures were made in accordance with the rules and regulations of the State Department of Social Services and the rules and regulations promulgated by the Department of Health, Education, and Welfare; and that no part of such expenditures has been claimed previously.		certifies that he has made expenditures for ASSISTANCE FOR U.S. CITIZENS RETURNED FROM FOREIGN COUNTRIES in the amounts shown above and in the supporting documents which are deemed a part hereof; that such expenditures were made on the authority of the administrative official whose Certificate appears herein; that Federal reimbursement in the amount of these expenditures is actually due and owing from the State of New York; that the amounts stated are just, true and correct, and that no part thereof has been paid.	
SIGNATURE OF ADMINISTRATIVE OFFICIAL		SIGNATURE OF FISCAL OFFICER	
X _____		X _____	
TITLE	DATE	TITLE	DATE
	/ /		/ /

DISTRIBUTION: Parts 1-3 - N.Y.S. Office of Temporary and Disability Assistance, 40 North Pearl St., Albany, New York 12243
 Part 4 - Local Fiscal Officer
 Part 5 - Local Social Services District