

Listing of Attachments

Attachment B	Filing References
Attachment C	Agreement to Repay Any Home Relief Overpayments Still Owed After Case is Closed
Attachment D	Assignment of Wages, Salary, Commissions or Other Compensation for Services and A Summary of Provision of Personal Property Law
Attachment E	Notice of Repayment Due Because of an Overpayment of Home Relief Benefits
Attachment F	Notice of Intent to File an Assignment of Wages, Salary, Commissions or Other Compensation for Services
Attachment G	MINOR NOTICE
Attachment H	INSTRUCTIONS for completing penalty forms for IPVs
Attachment I	NOTICE OF CONSEQUENCES OF CONSENTING TO A DISQUALIFICATION CONSENT AGREEMENT
ATTACHMENT J	DISQUALIFICATION CONSENT AGREEMENT
ATTACHMENT K	Intentional Program Violation Disqualification Notice for Public Assistance and Food Stamp Programs
ATTACHMENT L	Notice to Advise Individuals on a Court Record of Disqualification Provisions

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law and Other Legal Ref.	Manual Ref.	Misc. Ref.
95 ADM-10		310	SSL 101	<u>PASB</u>	45 CFR 233.
94 ADM-20		311	131.6	V-F-9-all	107
93 ADM-8		313		VIII-J-all	ABEL Trans-
92 ADM-26		352		VIII-T-1.4	mittal
82 ADM-65		358-3		IX-B-all	95-2
95 INF-36		359		XIII-D-2.2	BICS FISCAL
95 INF-17		369		XIV-H-3.4	UPDATE
95 LCM132		370		XIX-A-all	7/10/95
95 LCM-92		381		XXI-J-all	GIS 95 ES/
95 LCM-88		384		XXII-C-all	DC012
95 LCM-9		620		V-A-all	GIS 95 ES/
					DC035
					GIS 95 ES/
					DC035

Agreement to Repay Any Home Relief Overpayments
Still Owed After Case is Closed

I am applying for Home Relief money, and I understand that:

1. The law that allows me to apply for Home Relief is Title 3 of Article 5 of NYS Social Services Law.
2. I might get paid too much money ("overpayment") because:
 - a. I might be paid money that I was not allowed to get.
 - b. I might be paid money that had to be paid back, according to Social Services laws or regulations.

If I am paid too much money ("overpayment"), I understand and agree to pay back the overpayment:

1. even if I still owe it after my Home Relief case is closed.
2. on the first day of the second month after the month my Home Relief case is closed, unless another date is agreed to by the social services district.
3. To the social services district address listed below, since this social services district gives out Home Relief money for _____ County.

I understand that, in order to be able to get Home Relief money, I must agree to pay back any Home Relief overpayment that I may owe, even if I still owe it after my Home Relief case is closed [NYS Social Services Law 158(g)].

Applicant Signature X _____ Date _____

Applicant's Name and Address (please print)

Social Services Rep. Signature X _____ Date _____

_____ County Department of Social Services

Address: _____

Assignment of Wages, Salary, Commissions
or Other Compensation for Services

For a good and valuable consideration, I, _____ of _____, City of _____, County of _____, State of New York, hereby assign to the _____ Department of Social Services, located at _____, in the City of _____, County of _____ and State of New York, hereinafter designated as the "social services district", its successors and assigns, a ten percent (10%) interest in all my wages, salaries, commissions and other compensation for services. This assignment is made to secure the repayment of any overpayments of Home Relief which have not been repaid by me to the social services district at the time of closing of my Home Relief case.

I authorize and direct any future employer to pay ten percent (10%) of my earnings, or such proportion thereof as may be legally collectible by the social services district under this assignment, such payment to be made directly to the social services district.

I expressly release and discharge my employer from all liability to me on account of any and all moneys paid in accordance with this assignment.

This assignment is executed as security for the payment to me of any Home Relief benefits by the social services district or its successors and assigns pursuant to Title 3 of Article 5 of the Social Services Law of the State of New York.

I acknowledge that this assignment authorizes the social services district to recover any overpayment of my public assistance benefits by collecting the amount of the overpayment directly from my future wages. If I fail to make the payments required by a repayment agreement between the social services district and myself, the social services district will file this assignment with my employer and recover the overpayment directly from my wages. Payment under the repayment agreement must be made at the address of the social services district set forth above on the first day of the second month after the month I cease to receive Home Relief or another date agreed to by the social services district.

No other assignment of wages by me exists in connection with the above described transaction or series of transactions.

Receipt is hereby acknowledged of a copy of this assignment and a summary of sections 46-c, 46-e, 46-f, 47-e, 48, 48-a, 48-b, 48-c and 49 of the Personal Property Law of the State of New York.

THIS IS AN ASSIGNMENT OF WAGES, SALARY COMMISSIONS OR OTHER COMPENSATION FOR SERVICES.

Assignor

Summary of Provisions of the Personal Property Law

Section 46-c includes requirements for assignments of future earnings involving less than one thousand dollars. It requires that such assignments must be written instruments in at least eight point type. The assignments must describe fully the transactions to which they relate, including the name and address of the assignee, the basis of the consideration given for the assignment, and the date on and place at which payments are to be made. It provides that the assignment is security only for the transaction or series of transactions described in it.

NOTE: Section 46-c applies to assignments of less than \$1,000. All the remaining sections apply to assignments of any amount.

Section 46-e requires that an assignment of future earnings be signed by the assignor and that a copy of the assignment and any papers pertaining to the transaction described in the assignment be given to the assignor.

Section 46-f provides that any assignment made for any advance or loan with interest greater than 18 percent is invalid for any purpose.

Section 47-e sets forth requirements for vacating an assignment of earnings. It requires that a proceeding may be brought by order to show cause and petition which specifies the grounds upon which the assignment should be vacated. It sets forth the method for serving the order to show cause and petition which may be by personal service, leaving the papers at the assignee's place of business with a person of suitable age with directions to deliver them to the assignee and mailing a copy by certified mail to the address of the assignee specified on the assignment, or as directed by the court. It provides that if the assignment is vacated the judgment vacating it must be presented to the county clerk where the assignment is filed and the clerk must mark on the assignment "Vacated by order of the court." It further sets forth that this section does not extend the territorial limits of the jurisdiction of the court, no assignment shown to have been made in compliance with the direction of a family in a matrimonial action may be vacated by an order authorized in this section and the court shall have jurisdiction to consider all defenses to the assignment and debt secured by the assignment.

Section 48 requires that a 20 days written notice accompanied by the papers required by section 46-e be sent to the assignor by certified mail, return receipt requested before an assignment of future earnings can be filed with the assignor's employer. The notice cannot be sent until 21 days after the payment which is the subject of the assignment is due. If a payment of any amount is accepted by the assignee before the 20 days notice has elapsed the assignment cannot be filed with the assignor's employer. However, if there is a subsequent default the assignment can be filed with

the employer with no notice to the assignor. The written notice must notify the assignor that if the assignor has a defense to the wage assignment or the debt on which it is based, the assignor may either request a hearing before a court in accordance with the provisions of section 47-e above or send to the assignee within ten days of receipt of the notice by certified notice return receipt requested a written notice containing the assignor's name and address which contains the following statement: I (insert name) residing at (insert address) hereby affirm that I have a bona fide defense to the claim in your notice dated (insert date of notice) and to the wage assignment given as security therefor, based upon the following facts (state the facts constituting the basis of your defense). If the assignor sends the above notice the assignee cannot file the wage assignment with the assignor's employer without an order of a court authorizing the filing.

Section 48-a provides that after filing with the assignor's employer payments shall begin to the assignee beginning with the first salary payment to the assignor after ten days after the filing of the assignment with the employer. A copy of the assignment that is filed with the employer must be authenticated by a notary public or commissioner of deeds and must be accompanied by a statement which sets forth the amount due to the assignee, the date and amount of any payments already made to the assignee on the debt which is the subject of the assignment and the date on which the assignment was filed with the county clerk. The amount that can be paid to the assignee by the employer of assignor cannot exceed ten percent of the assignor's future earnings for the month. If at the time of filing of the assignment with the employer there is any other assignment of future earnings of assignor subject to payment or any garnishment against assignor's earnings or order against the assignor for installment payments to a judgment creditor no amount shall be collectible by the assignee while such other assignment is subject to payment or such other garnishment or order is in force. No portion of assignor's earnings can be withheld or paid to pay any subsequent garnishment while any portion of of the debt of less than one thousand dollars secured by an assignment previously filed with the employer remains unpaid.

Section 48-b provides that the assignor's earnings cannot be withheld pursuant to an assignment of future earnings unless the assignor's earnings exceed \$85 per week.

Section 48-c provides that if an assignor is not employed at the time of signing the assignment of future earnings, the assignment will be collectible from any future employer of the assignor. If the assignor ceases employment while his or her earnings are subject to an assignment, the assignment can be applied to any future employment of the assignor until the debt secured by the assignment is paid in full. If the assignor is re-employed by the same employer after the expiration of ninety days the assignee must file the assignment with the employer once again.

Section 49 provides that a bank, trust company or credit union doing business in New York State is not required to file an assignment of future earnings with a county clerk. This section also exempts such businesses from the notice requirements contained in section 48 above in certain circumstances.

Notice of a Repayment
Due Because of an Overpayment
of Home Relief Benefits

Notice Date: _____

Case Number: _____ CIN Number: _____

Name:

Address:

Name and Address of Agency/Center or District Office

General Telephone No. for Questions or Help: _____

Office No. _____ Unit No. _____ Worker No. _____

Unit or Worker Name _____ Telephone No. _____

Dear _____:

You have signed an "Agreement to Repay Any HR Overpayments Still Owed After Case is Closed" and an "Assignment of Wages, Salary, Commissions or Other Compensation for Services".

We have determined that your Home Relief case has been closed and that you were overpaid Home Relief benefits which you have not repaid.

You were originally overpaid \$_____.

We have determined that you still owe \$_____. We have calculated the amount of the overpayment(s) as follows.

_____	Amount	of	the	original
_____	overpayment(s)			
_____	Amount repaid or recouped			
_____	Amount of the overpayment(s) still owed			

Please contact _____ at:

Address _____

Telephone No. _____

to find out how to make restitution or to set up a repayment schedule.

You must contact us by _____:

Failure to contact us, to make restitution, to agree to a repayment schedule or to fulfill a repayment schedule could, among other things, result in our taking action to attach your wages, salary, commissions, or other compensation for services. This action to attach your earnings is based on the Assignment of Wages, Salary, Commissions or Other Compensation for Services form that you signed when you applied for Home Relief benefits.

Sincerely,

Notice of Intent to File an Assignment of
Wages, Salary, Commissions or Other
Compensation for Services

Notice Date: _____

Case Number: _____ CIN Number: _____

Name:

Address:

Name and Address of Agency

Office No. _____ Unit No. _____ Worker No. _____

Unit or Worker Name _____ Telephone No. _____

Dear _____:

We told you in a letter dated _____ that you owe us money because you were paid too much Home Relief (HR) money. We have determined that you still to owe \$ _____ and that you are not paying on that debt.

If you do not contact us within 20 days of the date of this notice at the address or telephone number cited above the "Assignment of Wages, Salary, Commissions or Other Compensation for Services" form that you signed at the time you applied for HR will be filed with the County Clerk and your employer.

If you believe that you have a defense to the wage assignment or you believe you do not owe the money we say you do, you are entitled to follow either of the following procedures.

47-e Vacating of an assignment, by order of a court

1. An assignment may be vacated by a judgment of a court of record upon a special proceeding brought by the assignor, his employer or any person having an interest therein. Before such judgment shall be granted an order to show cause and the petition upon which it was granted shall be served upon the assignee, specifying the grounds upon which such relief is sought and requiring the assignee to show cause, at a time and place specified therein, why the assignment should not be vacated. If the application is made by a person other than the assignor, a copy of the order to show cause and the petition upon which it was granted shall be served upon the assignor, as the court shall direct. Such order shall be returnable at a special term of a court of record in the country where the assignment is filed, if it has been filed, or, whether or not the assignment has been filed, in the county where the assignor resides or the county where the assignee resides, and shall be returnable at a time not less than eight days from the service thereof unless the court to whom the application is made shall find that a greater or lesser time is appropriate in the circumstances.

The order to show cause and the petition upon which it was granted shall be served upon the assignee either (1) by personal service, or (2) by leaving them at his or its place of business with a person of suitable age and discretion with directions to deliver them to the assignee and mailing a copy by certified mail to the assignee directed to the address specified in the assignment or if none is specified in the assignment to his or its last known address, or (3) as the court may direct. Proof of such service shall be made by affidavit. If the assignee is a co-partnership consisting of two or more partners service on one partner shall constitute service on the co-partnership.

2. Upon presentation of a transcript of a judgment pursuant to this section, vacating an assignment, and upon payment of fees provided therefor, a county clerk in whose office the assignment is filed shall file the transcript of the judgment and shall enter on the margin of the page where the assignment is entered, and against the assignment to which the judgment relates, the words "Vacated by order of the court."

3. This section does not enlarge the territorial limits of the jurisdiction of any court.

4. No assignment purporting upon its fact or otherwise shown to have been made in compliance with the direction of the court in an action or proceeding in a family court or in a matrimonial action or proceeding in a court of this state shall be vacated by an order pursuant to this section.

5. In any proceeding under this section the court shall have jurisdiction to consider any and all defenses to the assignment and the debt secured thereby. The court may grant such interim relief as may be appropriate. The burden of providing the assignment and the debt secured thereby shall be on the assignee.

ADC Program Rule For Minors

If you are applying for or receiving your own ADC grant and if you are under age 18, you may not be eligible to receive public assistance unless you are living with a parent, guardian, adult relative or in an adult-supervised supportive living arrangement.

This rule will apply to you unless you have an exemption.

Exemptions: This rule will not apply to you if:

you have ever been married, or

you have lived apart from your parents or legal guardian for at least one year, or

you do not have parents or a guardian who will allow you to live in their home, or

living in the home of your parent or guardian will be harmful to you (or your child). If you make that claim, Social Services must conduct an investigation into that claim, or

you have other good cause. This means that your parents will allow you to live at home but will not allow your child.

If you are required to live with your parents or guardian but you do not want to live there, you may still be eligible for public assistance if you live with an adult (over age 18) relative or in an adult-supervised supportive living situation. An example of an adult supportive living situation is a family setting where an adult assumes responsibility for your care and supervision the way that a parent would. Another example is a maternity home where counseling, guidance or supervision is provided.

If Social Services thinks that this rule applies to you but you do not agree, tell your worker the reason. Your worker may ask you for proof. If you need help to get the proof, social services will try to help.

If this rule applies to you and you do not live in an eligible living arrangement, you (and your child, if you have one) cannot get public assistance. A separate Medical Assistance determination must be made.

I N S T R U C T I O N S

for completing penalty forms for
Intentional Program Violations

Look to see what the last public assistance program violation (IPV) is or will be.

If the last IPV is an HR-IPV, mark "The Home Relief (HR) Program" box and mark the appropriate penalty box for 6 months, twelve months, 18 months or 5 years. Do NOT mark any boxes relating to "The Aid to Dependent Children" (ADC) Program."

If the last IPV is or will be an ADC-IPV, mark "The Aid to Dependent Children (ADC) Program" box and mark the appropriate penalty box for 6 months, 12 months or permanent disqualification. ALSO mark "The Home Relief (HR) Program" box and mark the appropriate penalty box for 6 months, twelve months, 18 months or 5 years.

Food Stamp Intentional Program Violation (FS-IPV) penalties are calculated separately from and without reference to Public Assistance IPV penalties. Mark "The Food Stamp (FS) Program" box and any FS-IPV penalty box ONLY if there is or will be a specific determination that an FS-IPV has been committed.

*Revised ATTACHMENT II to 93 ADM-8

[Letterhead of Social Services District]

Date:

TO:

NOTICE OF CONSEQUENCES OF CONSENTING
TO A DISQUALIFICATION CONSENT AGREEMENT

Pursuant to 18 NYCRR 359.4(b)

PLEASE TAKE NOTICE that:

- * You or a member of your family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for the Home Relief (HR) assistance program, the Aid to Dependent Children (ADC) assistance program and/or the Food Stamps (FS) assistance program.
- * When a social services official believes that there are facts that warrant civil or criminal prosecution for such an IPV, the official must refer a case involving an IPV to the appropriate District Attorney (DA) or other prosecutor.
- * A DA or other prosecutor who accepts a case referred by a social services official may choose to settle a referred case by permitting the accused individual, a caretaker relative or a head of household to sign a Disqualification Consent Agreement (DCA) instead of seeking a criminal conviction of the accused individual.
- * Pursuant to an agreement with the DA or other appropriate prosecutor(s), you must be given notification of the consequences of signing a DCA before you can be given an opportunity to enter into such an agreement. If the DA or other prosecutor has requested social services officials to assist in obtaining a DCA from you, you must be provided with this notification at least ten (10) days before signing a DCA and you must be provided with an opportunity to consult with and be represented by a lawyer or other representative.

- * A copy of the DCA you may or may not choose to sign must accompany this notification and this copy of the DCA must set forth the specific penalties and consequences that will occur if you sign this agreement. If you choose to sign this agreement, you will be disqualified from and unable to be eligible for participation in certain assistance programs as follows:

The Aid to Dependent Children (ADC) Program

- for 6 months because this was the first time you committed an ADC-IPV. In addition, you will be ineligible to participate in the Home Relief Program for the number of months set forth below.
- for 12 months because this was the second time that you committed an ADC-IPV. In addition, you will be ineligible to participate in the Home Relief Program for the number of months set forth below.
- permanently because this was the third time you committed and ADC-IPV. In addition, you are ineligible to participate in the Home Relief Program for the number of months set forth below.

The Home Relief (HR) Program

- for 6 months because this was the first time you committed either an HR-IPV or an ADC-IPV.
- for 12 months because this was the second time that you committed an HR-IPV or and ADC-IPV or you wrongly received between \$1,000 and \$3,900.
- for 18 months because this was the third time that you committed an HR-IPV or an ADC-IPV or you wrongly received over \$3,900.
- for 5 years because this was the fourth time that you committed an HR-IPV or an ADC-IPV or you wrongly received over \$3,900 in your previous IPV.

The Food Stamp (FS) Program

for 6 months because this was the first time that you committed an FS-IPV.

for 12 months because this was the second time that you committed an FS-IPV; or because you were found to have a FS-IPV as a result of a first court finding that you traded a controlled substance (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for food stamps.

permanently because this was the third time that you committed an FS-IPV; or because you were found to have committed a FS-IPV as a result of a second court finding that you traded a controlled substance in exchange for food stamps, or because of a first court finding that you traded firearms, ammunition or explosives for food stamps.

- * 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 ADC or HR in order to receive the particular assistance or services.
- * If you are not getting benefits now, your disqualification penalty will be effective when you are eligible and apply for assistance again.
- * If you sign the DCA, you also will be held responsible for repaying the stated amounts of any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless you already make the identified repayment.
- * If you choose not to sign this DCA, the DA or other prosecutor may choose to continue the criminal prosecution of your case or the case may be returned to social services officials for consideration of administrative prosecution by means of an administrative disqualification hearing as described in social services regulations in 18 NYCRR 359.7.

- * If you choose to sign this DCA or would like to discuss the consequences of signing this Agreement, on or before the below stated time you must contact:

Name: _____

Place: _____

Telephone: _____

Date/Time: _____

- * If you do not contact or appear before the named person or do not contact a social services official in charge of this matter, it will be assumed that you have chosen not to sign a DCA and any pending investigations or prosecutions will be resumed.
- * A DCA related to the HR assistance program or the ADC assistance program must be confirmed by a court before the DCA will be effective.
- * We encourage you to consult with a lawyer before signing the agreement. The Local Legal Services Office in your area is:

_____ Call: _____

The Local Public Defender is:

_____ Call: _____

DISQUALIFICATION CONSENT AGREEMENT

The undersigned individual(s) understand and agree that:

1. He/she or a member of his/her family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning his/her eligibility for the Home Relief (HR) assistance program, the Aid to Dependent Children (ADC) assistance program, the Medical Assistance program and/or the Food Stamps (FS) assistance program.
2. He/she has received notification of the consequences of consenting to this Disqualification Consent Agreement (DCA) and certifies that he/she understands the consequences of consenting to this DCA.
3. He/she is suspected and accused of committing one or more IPVs as follows:

++	The Aid to Dependent Children (ADC) Program	
++	resulting in an overpayment in the amount of	\$_____
++	The Home Relief (HR) Program	
++	resulting in an overpayment in the amount of	\$_____
++	The Food Stamp (FS) Program	
++	resulting in an overissuance amount valued at	\$_____
++	The Medical Assistance (MA) Program	
++	resulting in an overpayment in the amount of	\$_____

4. He/she agrees to repay to social services officials the amounts received as overpayments or the value of amounts received as overissuances of food stamps as follows:

5. If he/she chooses to sign this agreement, he/she will be disqualified from and unable to be eligible for participation in certain assistance programs as follows:

+++ The Aid to Dependent Children (ADC) Program

+++

+++ for 6 months because this was the first time that he/she committed
+++ an ADC-IPV. In addition, he/she will be ineligible to participate
in the Home Relief Program for the number of months set
forth below.

+++ for 12 months because this was the second time that he/she
+++ committed an ADC-IPV. In addition, he/she will be ineligible to
participate in the Home Relief Program for the number of months
set forth below.

+++ permanently because this was the third time that he/she committed
+++ an ADC-IPV. In addition, he/she will be ineligible to participate
in the Home Relief Program for the number of months set forth
below.

+++ The Home Relief (HR) Program

+++

+++ for 6 months because this was the first time that he/she committed
+++ either an HR-IPV or an ADC-IPV.

+++ for 12 months because this was the second time that he/she
+++ committed either an HR-IPV or an ADC-IPV or wrongly received
between \$1,000 and \$3,900.

+++ for 18 months because this was the third time that he/she
+++ committed either an HR-IPV or an ADC-IPV or wrongly received
over \$3,900.

+++ for 5 years because this was the fourth time he/she committed
+++ either an HR-IPV or an ADC-IPV or wrongly received over \$3,900 in
his/her previous IPV.

++ The Food Stamp (FS) Program

++

++ for 6 months because this was the first time that he/she
++ committed an FS-IPV.

++ for 12 months because this was the second time that he/she
++ committed an FS-IPV; or because he/she was found to have
committed a FS-IPV as a result of a first court finding that
he/she traded a controlled substance (illegal drugs or certain
drugs for which a doctor's prescription is required) in exchange
for food stamps.

++ permanently because this was the third time that he/she committed
++ an FS-IPV; or because he/she was found to have committed a
FS-IPV as a result of a second court finding that he/she traded
a controlled substance in exchange for food stamps, or because of
a first court finding that he/she traded firearms, ammunition or
explosives for food stamps.

6. If he/she is not eligible for an assistance program from which he/she is disqualified at the time the disqualification period is to begin, the period will be postponed until the individual(s) become(s) eligible for such benefits.
7. The remaining members of the assistance unit of the individual(s) must agree to and will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless the individual(s) already make the identified repayment.
8. Further prosecution by social services officials of the individual regarding the IPVs described in this DCA will be deferred pending the performance of the terms of this Agreement and the charges will be withdrawn and/or dismissed upon complete performance of the terms of this Agreement.
9. If this DCA includes an ADC-IPV or an HR-IPV, it shall be executory and not be effective or complete until it has been confirmed by a court.
10. The individual(s) signing this Agreement shall be disqualified from the above indicated assistance programs commencing within forty-five (45) days of the date on which this DCA is executed and effective, which shall not be until after it is confirmed by a court if the DCA includes an ADC-IPV or an HR-IPV.

For Individual(s) to be disqualified:

Date_____	Signature_____
Date_____	Signature_____

For an ADC-IPV if the individual(s) (is) (are) not the caretaker relative:

Date_____	Signature_____	Caretaker Relative
-----------	----------------	--------------------

For an FS-IPV if the individual(s) (is) (are) not the head of household:

Date_____	Signature_____	Head of Household
-----------	----------------	-------------------

*Revised ATTACHMENT III-B of 93 ADM-8

**Intentional Program Violation
Disqualification Notice For Public Assistance and Food Stamp Programs**

NOTICE DATE:	NAME AND ADDRESS OF AGENCY			
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
+--- +--	---+ ---+ ---			
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP				
OR Agency Conference Fair Hearing information and assistance Record Access				
Legal Assistance information				
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 described 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 the following benefits for the period(s) checked:

The Aid to Dependent Children (ADC) Program

- for 6 months because this is the first time that you committed an ADC-IPV. In addition, you are ineligible for Home Relief as shown in the Home Relief Box.
- for 12 months because this is the second time that you committed an ADC-IPV. In addition, you are ineligible for Home Relief as shown in the Home Relief Box.
- permanently because this is the third time that you committed an ADC-IPV. In addition, you are ineligible for Home Relief as shown in the Home Relief Box.
- For ____ months because this is the penalty ordered by the court. This is the ____ time that you committed an ADC-IPV. In addition, you will be ineligible for Home Relief as shown in the Home Relief Box.

The Home Relief (HR) Program

- for 6 months because this is the first time that you committed an HR-IPV or an ADC-IPV.
- for 12 months because this is the second time that you committed a HR-IPV or an ADC-IPV or you wrongly received between \$1,000 and \$3,900.
- for 18 months because this is the third time that you committed an HR-IPV or an ADC-IPV or you wrongly received over \$3,900.
- for 5 years because this was the fourth time you committed either an HR-IPV or an ADC-IPV or you wrongly received over \$3,900 in your previous IPV.
- for ____ months because this is the penalty ordered by the court. This is the ____ time you committed an HR-IPV or a ADC-IPV.

The Food Stamp (FS) Program

for 6 months because this is the first time that you committed an FS-IPV.

for 12 months because this is the second time that you committed an FS-IPV; or because you were found to have committed FS-IPV as a result of a first court finding that you traded a controlled substance (illegal drugs for which a doctor's prescription is required) in exchange for food stamps.

permanently because this is the third time that you committed an FS-IPV; or because you were found to have committed a FS-IPV as a result of a second court finding that you traded a controlled substance in exchange for food stamps, or because of a first court finding that you traded firearms, ammunition or explosives for food stamps.

for ___ months because this is the penalty ordered by the court. This is the _____ time that you committed an FS-IPV.

This is your _____ violation of the food stamp rules. Normally this means you cannot get food stamps for _____ months, but because we did not notify you in time you will not be disqualified, you will be disqualified for _____ months beginning _____.

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 ADC or HR in order to receive the particular assistance or services.

When does the disqualification begin and end?

- You are currently receiving assistance and/or benefits under ADC HR FS (check programs which apply). Your disqualification will begin _____ for ADC/HR and _____ for FS, and will end _____ for ADC/HR and _____ for FS.
- You are not receiving benefits under ADC HR (check programs which apply). 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.
- You are not receiving FS benefits. You will be subject to the above disqualification penalties beginning _____. This was the date the disqualification was imposed.

To prevent a delay in getting assistance and/or benefits again, you must contact your social services district no later than 30 days before the disqualification period ends if you want to reapply for ADC or Food Stamps. For HR, you must reapply 45 days before that date. Your case will not automatically be reopened when the disqualification period ends.

III. Revised Benefit Levels And Recoupment/Repayment Information

Public Assistance

How much public assistance (ADC or HR) will the remaining members of your public assistance unit get?

- Your public assistance will be discontinued as noted in Section II.
- Your public assistance will remain unchanged because you are disqualified only from the Food Stamp Program.
- 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. This amount includes a recoupment).

Public Assistance Repayment Agreement

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 (%) in cases where the grant is provided in the Aid to Dependent Children(ADC) category. The recoupment may be changed to a reduction between 5 and 15 percent (%) in cases where the grant is provided in the Home Relief (HR, PG-ADC or VA) category. 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.

Food Stamps

How much Food Stamps will the remaining members of your Food Stamp household get?

- [] Your food stamps will be discontinued as noted in Section II.
- [] Your food stamps will remain unchanged because you are disqualified only from public assistance.
- [] Your household's monthly amount of food stamps will be reduced from \$ _____ to \$ _____. This reduction will begin as noted in section II. In figuring the amount of food stamps your household will get, we do not count the disqualified person in the household, but we must count the disqualified person's income. Also your household got more in food stamps than it should have during the months of _____ to _____.

You got \$ _____ more in food stamps than you should have because you intentionally violated food stamp rules.

The amount of food stamps owed by your household is:

- [] \$ _____.
- [] \$ _____. This amount is different from \$ _____ because you have already repaid \$ _____.
- [] \$ _____. This amount is different from \$ _____ because we have subtracted \$ _____ in food stamps that we owed you, or your household, for the month(s) of _____.
- [] The amount of food stamps you owe is more since we previously notified you of the overissuance because we found that _____ intentionally violated food stamp rules. Because the violation was intentional the food stamp repayment rules are stricter, and allow us to go back up to six years to figure the amount of food stamps you owe. We also figured earned income differently if your household failed to report the income. We told you this would happen if we investigated and found that there was an intentional violation of food stamp rules.

Food Stamp Repayment Agreement

- [] You have already signed a "Disqualification Consent Repayment Agreement" or have been given a court order on repayment. You must make repayment as follows:

- [] You must repay the amount you owe. We will automatically reduce your household's food stamps unless you complete, sign and return the enclosed Repayment Agreement by _____. If you want us to automatically reduce your food stamps to get back what you owe, do not return the Repayment Agreement.

Normally, if we discover that by mistake you were underpaid food stamps, we give you food stamps to make up for the underpayment. However, if this occurs and you have not repaid us, we will first subtract what you owe us and give you the difference, if any.

The regulations which allow us to do this are 18 NYCRR 387.19 and 359.9(f).

IV. Fair Hearings

You or any members of your family or household may request a fair hearing ONLY to review (1) the amount of an overpayment or over-issuance, but only if the amount was not determined when your disqualification was determined, (2) the amount of the public assistance or food stamp allotment 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 or assistance unit 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).

PLEASE READ THE NEXT PAGE FOR MORE ABOUT YOUR RIGHTS

_____ County

Intentional Program Violation: Disqualification Notice for Public Assistance and Food

RIGHT TO A CONFERENCE: You may have a conference to review the amount of the overpa
overissuance of food stamps if the amount was not determined when your disqualification
the amount of the public assistance or food stamp benefits to be provided to the rema
or assistance unit during the disqualification period, or the district's failure
individual upon request to the assistance unit's public assistance budget or the hous
the end of the disqualification period. If you want a conference, you should ask for c
conference, if we discover that we made a wrong decision or if, because of informati
change our decision, we will take corrective action and give you a new notice. You n
calling us at the number on the first page of this notice or by sending a written requ
at the top of the first page of this notice. This number is used only for asking for a
you request a fair hearing. If you ask for a conference you are still entitled to a fair hear
for a conference, you still have only 60 days from the date of this notice to request a
assistance and 90 days to ask for a fair hearing about your food stamp benefits
information.

RIGHT TO A FAIR HEARING: You may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

- If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island)
- If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:** (716) 266-4868
- If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne County:** (716) 266-4868
- If you live in: **Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, St. Lawrence, Tompkins or Tioga County:** (315) 422-4868
- If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Nassau, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington or Westchester County:** (518) 878-8781

OR

(2) **Writing:** By sending a copy of this notice completed, to the Office of Administration, Department of Social Services, P.O. Box 1930, Albany, New York 12201. Please keep a copy of this notice.

[] I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address _____

Case # _____ Telephone Number _____

YOU HAVE ~~60~~ DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING ABOUT YOUR
YOU HAVE ~~90~~ DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING ABOUT YOUR

If you request a fair hearing, the State will send you a notice informing you of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person of your choice. At the hearing you, your attorney or other representative will have the opportunity to present oral evidence to demonstrate why the action should not be taken, as well as an opportunity to appear at the hearing. Also, you have a right to bring witnesses to speak in your favor and to submit any documents such as this notice, paystubs, receipts, medical bills, hearing letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance from a local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the notice.

ACCESS TO RECORDS/INFORMATION: You have the right to review your case record. Upon your request, we will provide you with free copies of documents which we will present into evidence at the fair hearing. You also have the right to free copies of other documents from your case record which you need for your case. If you have any questions or to find out how you may review your case record, call the number indicated on the notice, or send a written request to us at the address listed at the top of the first page of this notice.

If you want additional information about your case, how to request a fair hearing, how to file and/or additional copies of documents, you may call the number indicated on the notice or write us at the address listed at the top of the first page of this notice.

*Revised ATTACHMENT V to 93 ADM-8

STATE OF NEW YORK
COURT COUNTY OF

People of the State of New York

v.

STATEMENT

for the

RECORD

STATEMENT

To Advise Individuals on the Record
of Disqualification Provisions Contained in
Social Services Law Section 145-c and
Regulations at 18 NYCRR 359.9

If you or a member of your family or household enter a plea of guilty or are convicted of making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for the Home Relief assistance program, the Aid to Dependent Children assistance program and/or the Food Stamps assistance program, you may be determined to have committed an intentional program violation which may result in your being disqualified from participating in those assistance programs.

If you are determined to have committed a Home Relief or Aid to Dependent Children intentional program violation, you will be unable to receive Home Relief assistance for six months. If you are found to have committed a second intentional program violation or if you wrongly receive between \$1,000 and \$3,900, you will not be able to receive Home Relief assistance for twelve months. After a third intentional program violation or if you wrongly receive over \$3,900, you will be disqualified for 18 months. If you commit any future intentional program violations, you will not be able to receive public assistance for five years.

In addition, if you are determined to have committed an intentional program violation in the Aid to Dependent Children program, you will also be unable to receive Aid to Dependent Children for six months for the first time, twelve months for the second time and permanently for the third time. A person who is permanently disqualified from the Aid to Dependent Children assistance program may receive Home Relief assistance instead of Aid to Dependent Children assistance after the appropriate Home Relief assistance disqualification period has expired, but the amount of Home Relief assistance received may not exceed the amount of Aid to Dependent Children assistance that would have been received had the person not been disqualified from receiving Aid to Dependent Children.

If you are determined to have committed an intentional program violation in the Food Stamps assistance program, you will be unable to receive Food Stamps assistance for six months for the first time, twelve months for the second time and permanently for the third time. However, any member of your household who is found guilty in a court of law of buying or selling firearms, ammunition or explosives in exchange for food stamps will never be able to get food stamps again. Any member of your household who is found guilty in a court of law of buying or selling controlled substances (illegal drugs or prescription drugs) in exchange for food stamps, will not be able to get food stamps for 12 months for the first offense and permanently for the second offense.

If you are determined to have committed an intentional program violation in either the Home Relief assistance program or the Aid to Dependent Children assistance program, 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 Aid to Dependent Children or Home Relief in order to receive the particular assistance or services.

If you are not getting benefits now, your disqualification penalty will be effective when you are eligible and apply for assistance again. If you are determined to have committed an intentional program violation, you also will be held responsible for repaying any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance unless you already make the identified repayment.

This statement is offered on the record to satisfy the requirements of subdivision 4 of Section 145-c of the Social Services Law and paragraph (5) of subdivision (d) of section 359.9 of title 18 of the State of New York Codes, Rules and Regulations.

*Revised Attachment VII-A to 93 ADM-8