

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**NOTICE OF CHILD CARE ASSISTANCE OVERPAYMENT
AND REPAYMENT REQUIREMENTS**

NOTICE DATE		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER:	CIN NUMBER:			
CASE Name (And C/O Name if Present) and ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
		OR Agency Conference Fair Hearings Information and Assistance 1-800-342-3334 Record Access Legal Assistance Information		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
YOU HAVE THE RIGHT TO A FAIR HEARING TO APPEAL THIS DECISION. YOU ALSO HAVE THE RIGHT TO AN AGENCY CONFERENCE. BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION AT A FAIR HEARING AND/OR REQUEST AN AGENCY CONFERENCE.				
SECTION I – NOTICE OF CHILD CARE ASSISTANCE OVERPAYMENT				
You received more child care benefits than you should have (overpayment) from _____ to _____ . The amount of the overpayment is \$ _____.				
The reason the overpayment occurred is:				
<input type="checkbox"/> You or someone in your household failed to inform us of changes that affect your eligibility or benefit level.				
<input type="checkbox"/> We incorrectly gave you more benefits than you should have gotten due to: _____				
<input type="checkbox"/> Other: _____				
Explanation and Calculation of Overpayment: _____				
The regulations that allow us to do this are 18 NYCRR 415.4(i) and (j).				
SECTION II – REPAYMENT PLAN AGREEMENT				
If you are requesting a Fair Hearing regarding this decision, you are not required to complete and sign the repayment plan at this time. However, you must complete and sign the Fair Hearing request on the reverse side of this form and return it to the address indicated on the reverse.				
You are required to make full repayment by _____. If you are unable to repay the overpayment as shown below or you want to set up another agreement plan, or if you have any questions please call _____ at _____, right away. Otherwise, sign this agreement, make a copy of it for yourself, and return the agreement to the address at the bottom of this page. If you do not respond to this notice, your case will be closed.				
Your repayment plan is shown below.				
<input type="checkbox"/> Revised Family Share – Recovery will be made from your child care benefits. To repay this debt, you must pay \$ _____ per week. This is in addition to your current family share of \$ _____ per week.				
Your total family share is now \$ _____ per week. You must make this payment each week to your child care provider. Your first payment is due on _____. We will pay your provider \$ _____ per week.				
<input type="checkbox"/> You must make weekly payments of \$ _____ to the Department of Social Services. You must send payment to the address below. Your first payment is due on _____. We will pay your provider \$ _____ per week.				
I agree to repay by this method. I understand that failure to pay the amount stated on time will result in a discontinuation of my child care benefits and/or legal action may be taken in the court to recover this overpayment.				
SIGNATURE _____				DATE _____

Return this repayment plan agreement to:

Return Payment to:

RIGHT TO A CONFERENCE: You may have an agency conference to review these actions. A conference is when you meet with someone from the agency, other than the person who made the decision, to discuss your case. You may request an agency conference by calling the number on the front of this notice, in the upper right hand corner. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. Requesting an agency conference is not the same as requesting a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you disagree with the decision made by our agency, you may request a fair hearing. At the hearing you will have the opportunity to present written and oral evidence to demonstrate why you think the agency's decision is wrong and the action should not be taken. You have the right to be represented by legal counsel, a relative, friend or other person, or you may represent yourself. You have the right to bring witnesses and to question witnesses at the fair hearing. You have the right to present written and oral evidence at the hearing, and should bring any documents that may be helpful in presenting your case, such as this notice, pay stubs, receipts, child care bills, medical verification, letters, etc. There is additional information below on how to obtain access to your file and copies of documents in your file.

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING:

When you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or, to represent yourself.

TO REQUEST A FAIR HEARING:

Telephoning: 1 800-342-3334 (Please have this notice with you when you call).

Online: Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>.

Walk In Locations: 14 Boerum Place, Brooklyn, NY OR 330 West 34th Street, Third Floor, Manhattan, NY.

Writing: Complete the following information, sign and mail a copy of this entire notice to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. **Please keep a copy for yourself.**

Faxing: Complete the following information, sign and fax this entire notice to the New York State Office of Administrative Hearings at: 518-473-6735.

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

I understand I may be eligible for aid continuing (current recipients only). My benefits have been stopped and I wish to have my benefits restored (aid continuing) until the hearing decision is issued.

If you request a fair hearing and aid continuing, within ten (10) days of the date of the postmark of the mailing of this notice, your child care will be reinstated and will be unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, you will owe any child care that you should not have received. We are required to recover any child care overpayments. We must make a claim against you for any child care you receive that you were not entitled to, which may be collected by reduction of future child care benefits, through lump sum installment payments, or through legal action. If you want to avoid this possibility you can check the box below. You can also indicate over the telephone or in a letter that you do not want reinstatement of your child care.

I do not want my benefits continued until the hearing decision is issued.

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

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: You have a right to look at your case file, and to receive free copies of the documents that the agency will put into evidence and other documents necessary for you to prepare for the fair hearing. To review your file or receive copies of any documents in your file, you can call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. If you want the documents mailed to you, you must specifically ask that they be mailed. You should ask for documents ahead of time. They will be provided to you within a reasonable time before the date of the hearing.

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 copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.