

REPORT OF CLAIM/BENEFIT RESTORATION DETERMINATION
FOOD STAMP PROGRAM

NEW YORK STATE

NAME OF RECIPIENT (CASE)		COUNTY CODE	FEDERAL AUDIT NUMBER:	DATE(S)
ADDRESS		DATE	SPECIAL USDA INVESTIGATION:	DATE(S)
		AMOUNT OF LOSS	OTHER	DATES(S)
AGE	CASE NO.	TYPE OF HOUSEHOLD:		
		☐ CLAIM ☐ NON-FRAUD ☐ BENEFIT RESTORATION		
		☐ NPA ☐ PA ☐ Mixed ☐ AGENCY ERROR ☐ FRAUD		

ACTUAL BASIS OF ISSUANCE (List Below)

Date Certified	Date of Issuance	Size of Household	Income	Benefit Amount
			A TOTALS—	
Month		Size of Household	Income	Benefit Amount
NOTE: Use additional sheets if necessary.			B TOTALS—	

STATUS OF CLAIM

- ☐ Active
☐ Suspended*
☐ Terminated*

*Explain Below:

CALCULATIONS: A - B= Loss
Loss - Restoration Amount = Claim

SUMMARY OF CIRCUMSTANCES:

ACTION TAKEN AND RECOMMENDATIONS:

AUTHORIZED SIGNATURE	DATE	LOCAL AUTHORIZED REVIEWER	DATE	STATE REVIEWER	DATE
X		X		X	