

FS RECOUPMENT DATA ENTRY FORM - WMS

(ROUTING: Original to Control Unit, Duplicate Filed in IM Record)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME		SURNAME		FIRST NAME	
ACTION CODE	NEW	CHANGE			
(Place "X" in applicable box; only one)	(1) <input type="checkbox"/> NEW CLAIM	(2) <input type="checkbox"/> CHANGE IN DATA	(3) <input type="checkbox"/> SUSPEND CLAIM	(4) <input type="checkbox"/> DELETE CLAIM	(5) <input type="checkbox"/> FAIR HEARING AND CONTINUING
					(6) <input type="checkbox"/> LIFT FAIR HEARING AND CONTINUING
					(7) <input type="checkbox"/> TRANSFER RECOUPMENT TO NEW CASE
					(8) <input type="checkbox"/> REINITIALIZE CLAIM
FOOD STAMP CLAIM TYPE	IPV <input type="checkbox"/>	Intentional Program Violation	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3
			Sub Type		
		IHE <input type="checkbox"/>	Inadvertent Household Error	<input type="checkbox"/> #1	<input type="checkbox"/> #2
				<input type="checkbox"/> #3	Sub Type
			AE <input type="checkbox"/> Agency Error	M3E <input type="checkbox"/>	RECOUPMENT ID NUMBER
					<input type="text"/>
CASE DATA	AUTHORIZATION NUMBER	<input type="text"/>	IM CENTER	<input type="text"/>	ORG. ID
					<input type="text"/>
	CASE NUMBER	<input type="text"/>	SUFFIX	<input type="text"/>	FORM PREP DATE
					<input type="text"/>
OFFENSE DATA	OFFENSE AMOUNT	<input type="text"/>	CI	<input type="text"/>	PERIOD OF OVER-ISSUANCE
					FROM <input type="text"/>
					TO <input type="text"/>
	CHECK NUMBER	<input type="text"/>	DATE OF DISCOVERY	MM <input type="text"/>	DD <input type="text"/>
				YY <input type="text"/>	
					COURT ORDERED RESTITUTION (COR)
					<input type="text"/>
					QUICK REPAYMENT AMOUNT
					<input type="text"/>
FOR ACTION CODE 7	NEW CASE NUMBER	<input type="text"/>	NEW SUFFIX	<input type="text"/>	
FOR IPV CLAIM TYPE ONLY	NUMBER OF PERSONS	<input type="text"/>			

ELIGIBILITY SPECIALIST	DATE	SUPERVISOR'S SIGNATURE	DATE
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CONTROL CLERK	DATE	CRT OPERATOR	DATE
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