LDSS-3513 NYC (Rev. 9/11)

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) ☐ NEW CLAIM	(2) ☐ CHANGE IN DATA	(3) ☐ SUSPEND CLAIM	(4) ☐ DELETE CLAIM	(5) ☐ FAIR HEARING AND CONTINUING	(6) ☐ LIFT FAIR HEARING AND CONTINUING	(7) ☐ TRANSFER RECOUPMENT TO NEW CASE	(8) ☐ REINITIALIZE CLAIM

FOOD STAMP CLAIM TYPE	IPV ☐	Intentional Program Violation	☐ #1 ☐ #2 ☐ #3 Sub Type	IHE ☐	Inadvertent Household Error	☐ #1 ☐ #2 ☐ #3 Sub Type	AE ☐ Agency Error	M3E ☐	RECOUPMENT ID NUMBER

CASE DATA	AUTHORIZATION NUMBER		IM CENTER		ORG. ID		CLIENT ID NUMBER (CIN)	
	CASE NUMBER		SUFFIX		FORM PREP DATE			

OFFENSE DATA	OFFENSE AMOUNT	C I		PERIOD OF OVER-ISSUANCE	FROM	TO
	CHECK NUMBER	DATE OF DISCOVERY MM DD YY		COURT ORDERED RESTITUTION (COR)		QUICK REPAYMENT AMOUNT

FOR ACTION CODE 7	NEW CASE NUMBER		NEW SUFFIX

FOR IPV CLAIM TYPE ONLY	NUMBER OF PERSONS	

ELIGIBILITY SPECIALIST	DATE	SUPERVISOR'S SIGNATURE	DATE

CONTROL CLERK	DATE	CRT OPERATOR	DATE