

## Office of Temporary and Disability Assistance

# Reporting Welfare Fraud Committed in New York State

Please use this NYS OTDA form to report fraud in New York State for **only** these programs: Public/Cash Assistance, SNAP (Supplemental Nutrition Assistance Program, formerly called Food Stamps) and HEAP (Home Energy Assistance Program). For Medicaid, SSI Disability or SNAP vendor fraud, please refer to the previous Reporting Welfare Fraud page of contact information.

### Client Information

First Name                      Middle Initial      Last Name                      Date of Birth (MM/DD/YYYY)

Street Address                      City                      State                      ZIP

New York

SSN (9 numbers only)                      Gender                      Phone (10 numbers - area code first)

Female      Male      X

### Allegation Information

Case Number (if known)                      Local District or County where the client is receiving assistance

Case Type (please check all that apply)

SNAP (Food Stamps)      Public Assistance      Home Energy Assistance Program (HEAP)

Comment (required): Please enter details regarding the allegation. If allegation involves children or unreported income, include children's names and/or employer's name and address. Use back of form if more space is required.

### Your Contact Information

Your contact information is **optional** but would be helpful to us in case we need any additional clarification.

First Name                      Middle Initial      Last Name

Street Address                      City                      State                      ZIP

New York

Phone (10 numbers - area code first)      Email

Because of confidentiality laws, we are **NOT** able to inform or respond to you as to the outcome or specifics of a case.

### Please send or fax the completed form to:

NYS Office of Temporary and Disability Assistance  
40 North Pearl Street, 3<sup>rd</sup> Floor  
Albany, NY 12243

**Fax Number:** 518-473-6236