



Department of Social Services

Human Resources Administration
Department of Homeless Services

Department of Social Services
Accountability Office

**INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
BUREAU OF FRAUD INVESTIGATION**

375 PEARL STREET
NEW YORK, NY 10038

Date: January 1, 2000

[Last Name], [First Name]

[Address]

[City], [State] [Zip Code]

Case # [Client Number]



Dear [Client Name]:

This office is conducting an investigation that may lead to a finding that you owe money. Please read this letter completely and with care, so that you understand your rights.

This investigation is about your [Select Item]... [Select Item].... This is based on information we have showing that between 1/1/2000 and 1/1/2000, you or someone in your household:

- Select Item...Select end of sentence... Select more items...
- Select Item...Select end of sentence... Select more items...
- Select Item...Select end of sentence... Select more items...

We scheduled an interview for you to discuss this matter with us:

	Address:	375 PEARL STREET, 22nd FLOOR NEW YORK, NY 10038
	Date:	_____
	Time:	_____

Please bring your Photo ID card, this letter, and the following document(s):

If you need more time to find these documents or need to reschedule your interview, call Investigator [Investigator Name] at 929-252-[xxx] before 1/1/2000.

IMPORTANT NOTICE

You can bring an attorney or other representative to assist you in resolving this matter. You can contact your local bar association or a legal services organization to seek free legal representation.

You are entitled to interpretation assistance. Please let us know if you would like us to provide an interpreter in the language that you request.

You may answer questions or choose not to say anything. If you do not answer questions, your [Select Item] [Select Item] cannot be stopped or reduced just because you do not answer.

If our investigation finds that you were ineligible for benefits received, we will determine the most appropriate way to resolve this case. This could include you being sued in civil court to recover the amount owed, referral for criminal prosecution, or a repayment agreement; if we agree to settle this case, you will be asked to repay the amount owed. You do not have to sign a repayment agreement.

You may still be eligible for certain benefits now even if you were not eligible in the past. If you would like to discuss your current eligibility for Medicaid, you can go to your local Medicaid office.

TRAVEL INSTRUCTIONS

(By Train): 4, 5, 6, J, Z to Brooklyn Bridge City Hall; 2, 3, 4, 5, A, C, J, Z, R to Fulton Center

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.