| Office of Administrative Hearings (OAH) | Transmittal Number: 94-56 | | |
|------------------------------------------------------------------|--------------------------------------------------|--|--|
| Procedures Transmittal | Date: December 12, 1994 | | |
| Distribution: | | | |
| ALB OAH Staff [X] UPS ALJs/ [] Upstate LDSS [X] SUP ALJs [] | Subject: Revised Decision Transmittal Forms | | |
| NYC OAH Staff [X] NYC ALJs/ [] NYC Agencies [X] SUP ALJs [] | | | |

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The format of the forms utilized for the Transmittal of Fair Hearing Decision will change over the next several weeks. Please refer to the enclosed examples of the overall cover sheet listing all <u>Decisions Transmitted</u> as well as the individual <u>Transmittal of Fair Hearing Decision</u> page. This format change has been necessitated by the changeover from a manual to an electronic method of processing decisions and should help to ensure accurate transmission of material to all parties.

Mark Lacivita, Director of Administration Office of Administrative Hearings

Attachments

TRANSMITTAL OF FAIR HEARING DECISION TO SOCIAL SERVICES AGENCY

HRA FOOD STAMP PROGRAM ATT: S P 233 S STREET, 3RD FL. BROOKLYN , NY 11201-

Fair Hearing #: Hearing Date: 11/09/94 Decision Date: 12/02/94 Case #: Category/Subcategory: FS / Agency: NEW YORK CITY F15 Appellant: DOE JOHN XXXX PARK AVENUE AI BROOKLYN , NY 11111-Representative:

***ENCLOSED IS THE DECISION RENDERED IN THE ABOVE FAIR HEARIN

If this decision reverses or does not affirm the action intended to be taken by your Agency certain other action, you must do so and so notify the Appellant forthwith (as quickly as possi to contact the state's Compliance Unit if compliance is not effected within ten (10) days after

In accordance with the provisions of the Regulations of the State Department of Social Serv the social services official has misapplied provisions of the law, department regulation, or su policy, the social services official is required to review other cases with similar facts for c findings in the decision.

If you have questions about directions contained in this decision, please call or write:

New York State Department of Social Services Office of Administrative Hearings Compliance Unit P. O. Box 1930 Albany NY 12201 - 1930

1-518-474-5603

| Report no. FH-029 | New York State Department | of So | cial Services | |
|-----------------------------------------|---------------------------|-------|---------------|------|
| ************************************** | Bureau of Fair B | | 5 | |
| * * * * * * * * * * * * * * * * * * * * | Decisions Trans | mitte | a | |
| Appellant Name | Street | Cat | Case No | Cent |
| DOE JOHN XXXX | Y PARK AVE APT2 | FS | 123456789 | Fl |