Department of Children and Families P.O. Box 4069 Tallahassee, FL 32315-4069

## Notice of Case Action State of Florida Department of Children and Families



January 26, 2017 Case: 5100111138 Worker: Xxxxxx X Xxxxxxxx Phone: (000) 000-0000

XXX XXXXX XX XXX XX XXXXXXXXXXX XX XXXXX

Dear Xxx Xxxx,

The following is information about your case. 5100111138 / FS / 01 / 04

## **Food Assistance**

We received the decision on your recent fair hearing. The hearing officer upheld the Department's decision that you were overpaid \$3,560.00 in Food Assistance benefits because

You misrepresented your household circumstances and/or size

If you think that this action is incorrect, your Benefit Recovery worker will be glad to discuss it with you. The following information is about making a repayment agreement with us.

BVPFBE FORM: CF-ES 128 12 2008

## **VOLUNTARY REPAYMENT AGREEMENT**

We intend to collect this overpayment from all persons who were adults and part of the household group when the overpayment occurred. If you were an adult in the household group when the overpayment occurred and either applied for benefits on behalf of the household or applied for and received benefits as a part of the household you are legally responsible for repaying the full amount of the overpayment. If you are currently receiving food assistance benefits, we will reduce your food assistance benefits by 10% or \$10, whichever is greater, effective March 01, 2017. If your household stops receiving benefits, you have 30 days from the last month you received benefits to make an acceptable repayment agreement with us to repay the remaining balance of the claim. If you are not currently receiving food assistance benefits, we will forward this matter to a collection agency and/or the federal government for federal collection action. Before this happens, you or a member of your household can make a repayment agreement with us. You may also be subject to additional processing charges authorized by law if collection activity is initiated.

Signature	- Date
Print Name	Claim Number
	5100111138 / FS / 01 / 04
Should you default on this repayment agreement the immediately, and referred for collection in accordance	entire remaining balance will be deemed past due and payable e with the law .
"Public Consulting Group, P.O. Box 4069, Tallahasse made payable to "Department of Children and Familie	include full or partial payment as appropriate, and mail to: ee, FL 32315-4069". Payment can be made by check or money order es". Payment can also be made by phone using your checking or 00-909-9904, or by using your credit or debit card by visiting -benefits-integrity.
If applicable, check here if you do not want to your overpayment claim.	have your stale food assistance benefits in your account applied to
return this notice to us with the option below selected balance of unused (stale) benefits to the overpaymenthat you do not want your unused (stale) benefits appamount of unused (stale) benefits in your account an	nused (stale) food assistance benefits in your account, you must d within 30 days of this notice if you do not want us to apply the nt claim. If we do not receive any information from you indicating polied to your overpayment claim, your claim will be reduced by the d we will send you a receipt showing the transaction and the balance e overpayment claim in full, you must choose options 1 or 2 above nding balance of your overpayment claim.
received by the last calendar day of each month.	
\$ each month. The first payment must be re-	ceived within 30 days of this notice. All remaining payments must be
is repaid. Indicate the amount of money you agree to	repay each month thereafter until the overpayment is paid in full:
2 Check here to repay at least the minimum a	amount of \$45.00 a month until the full amount of the overpayment
30 days of this notice.	
1 Check here to repay the full amount of the c	overpayment in one payment. The payment must be received within
If you want to make a repayment agreement with us,	check either options 1 or 2 below for full or partial repayments.

If you make or provide any knowingly false statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C 3729-3731), or other applicable statutes, and/or criminal penalties under 18 U.S.C 286, 287, 1001, and 1002, or other applicable statutes.

Unless prohibited by law or contract, we will promptly refund to you any amounts paid by you or deducted from your payment for your debt which are later waived or found not owed to the United States.

If you have questions about this notice, would like to inspect or copy records, you must contact your Benefit Recovery worker at the telephone number listed above or by mail at the Benefit Recovery address listed above.

Chapter 414 Florida Statutes and Florida Administrative Code 65A-1.900 require this action and notice.

## Go paperless and receive email notifications when your notices are available. Log into My ACCESS Account now to Enroll!!!

Here is some important information about public assistance programs:

• In accordance with Federal laws and State policy, the Department of Children and Families is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, political belief or marital status.

If you have questions about your case, call the ACCESS Florida Customer Call Center at 1-866-762-2237.

If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Child Support Enforcement Program at 1-800-622-KIDS (5437).

Other programs that may be of assistance to you:



Earn less than \$53,505 in 2016? You may be eligible for an Earned Income Tax Credit up to \$6,269. For more information on where to find free tax assistance in your area, call the IRS at 1-800-829-1040.



For TDD or TTY services, please call 1-800-955-8771.

You may also be eligible to receive a \$ 12.75 discount on your monthly phone bill through Florida's Lifeline Assistance Program. Please call your phone company or the Florida Public Service Commission at 1-800- 342-3552 for enrollment information. You may provide this letter as proof of your Food Assistance, Cash Assistance or Medicaid eligibility if you have been approved for benefits.

For help translating this notice, please contact the worker at the phone number shown on the top of this notice or call 1-866-762-2237.

Si necesita ayuda para traducir este aviso, comuníquese con el trabajador en el número de teléfono indicado en la parte superior de este aviso o llame al 1-866-762-2237.

Pou jwenn èd pou tradui avi sa a, tanpri kontakte travayè sosyal la nan nimewo telefòn ki endike anlè avi sa a, oswa rele 1-866-762-2237.

Если Вам нужна помощь в переводе данного уведомления, пожалуйста, обратитесь к нашему работнику по телефону, указанному в начале уведомления, или позвоните по номеру: 1-866-762-2237.

Para ajudar a traduzir este aviso, queira contactar o(a) assistente social através do número de telefone indicado no topo deste aviso, ou telefone para o número 1-866-762-2237.

Za pomoć u vezi prevoda ove obavesti, molimo nazovite socijalnog radnika na broj naveden na početku ove poruke, ili nazovite 1-866-762-2237.

Per avere aiuto nella traduzione di questa comunicazione, contattare il lavoratore al numero di telefono che si trova sopra il testo della comunicazione o chiamare il numero 1-866-762-2237.

如需獲得有關翻譯此通知的協助,請撥顯示於此通知上方的電話號碼或撥 1-866-762-2237 聯絡工作人員。

Để được hỗ trợ dịch thuật thông báo này, vui lòng liên hệ nhân viên ở số điện thoại được nêu ở phần trên trong thông báo này hoặc gọi số 1-866-762-2237.

Pour vous faire aider à traduire cet avis, veuillez contacter le travailleur social au numéro de téléphone indiqué en haut de cet avis, ou appelez au numéro 1-866-762-2237.