

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

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



January 31, 2017

Case: 5000111127

Worker: Xxxxx X XXXXXXXXX

Phone: (000) 000-0000

XXX XXXXX
XX XXX XX
XXXXXXXXXXXX XX XXXXX

Dear Xxx Xxxx,

The following is information about your case.
5000111127 / FS / 01 / 03

To apply benefits from your Electronic Benefit Transfer (EBT) account to repay an overpayment, sign the Repayment Agreement and return it to the Department of Children and Families at the address listed above.

REPAYMENT AGREEMENT

I hereby request the Department of Children and Families to deduct the amount agreed upon below, from my EBT account and further authorize them to deduct any future amounts from my account requested by me over the phone, by letter, or in person for repayment of existing overpayment debts.

The Department of Children and Families agrees not to make any deductions from monies in my EBT account unless I authorize them to do so by one of the above methods (except for those deductions required by law).

This is a voluntary repayment agreement and I may revoke this agreement at any time by providing a written request to revoke the agreement to the Department's Benefit Recovery Program. However, any payments authorized by me, and deducted by the Department, during the time this agreement was in effect, may not be returned to me unless I overpaid my account.

EBT PAYMENT AMOUNT _____

DATE AGREEMENT SIGNED _____

NAME (PRINT) _____

SIGNATURE _____

EBT CARD NUMBER _____

SOCIAL SECURITY NUMBER _____

10 DIGIT FLORIDA PIN NUMBER _____

(Only complete this line if you do not have a social security number)

If you need additional information, contact the Benefit Recovery worker named above.

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:

- You have the right to ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into the office within 90 days from the mailing date at the top of this notice. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.
- 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.

For additional information about your case, you may access your personal information quickly and securely:

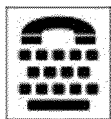
- through My ACCESS Account @ www.myflorida.com/accessflorida/ , or
- by calling the ACCESS Florida Customer Call Center at (866) 762-2237.

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 avì sa a, tanpri kontakte travayè sosyal la nan nimewo telefòn ki endike anlè avì 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.

