

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 27, 2017

Case: 5100111133

Worker: Xxxxxx X Xxxxxxxx

Phone: (000) 000-0000

XXX XXXXX
XX XXX XX
XXXXXXXXXXXX XX XXXXX

Dear Xxx Xxxx,

The following is information about your case.
5100111133 / FS / 01 / 01

Food Assistance

A review of your case showed that between December 01, 2016 and January 31, 2017 you received \$578.00 more in food assistance benefits than you were eligible to receive. We believe the overpayment occurred because

YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE

The following information is about making a repayment agreement with us, or requesting a compromise of your overpayment claim (reducing the claim to zero dollars) and/or asking for a fair hearing if you disagree that an overpayment occurred.

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 \$10.00, 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.

If you want to make a repayment agreement with us, check either options 1 or 2 below for full or partial repayments.

1. _____ Check here to repay the full amount of the overpayment in one payment. The payment must be received within 30 days of this notice.

2. _____ Check here to repay at least the minimum amount of \$45.00 a month until the full amount of the overpayment is repaid. Indicate the amount of money you agree to repay each month thereafter until the overpayment is paid in full: \$_____ each month. The first payment must be received within 30 days of this notice. All remaining payments must be received by the last calendar day of each month.

Electronic Benefits Transfer (EBT)

If you are not currently receiving benefits and have unused (stale) food assistance benefits in your account, you must return this notice to us with the option below selected within 30 days of this notice if you **do not** want us to apply the balance of unused (stale) benefits to the overpayment claim. If we do not receive any information from you indicating that you do not want your unused (stale) benefits applied to your overpayment claim, your claim will be reduced by the amount of unused (stale) benefits in your account and we will send you a receipt showing the transaction and the balance in your account. If the unused benefits do not pay the overpayment claim in full, you must choose options 1 or 2 above to make arrangements to repay the remaining outstanding balance of your overpayment claim.

_____ If applicable, check here if you **do not** want to have your stale food assistance benefits in your account applied to your overpayment claim.

Sign and date this Voluntary Repayment Agreement, **include full or partial payment as appropriate**, and mail to: "Public Consulting Group, P.O. Box 4069, Tallahassee, FL 32315-4069". Payment can be made by check or money order made payable to "Department of Children and Families". Payment can also be made by phone using your checking or savings account or credit or debit card by calling 1-800-909-9904, or by using your credit or debit card by visiting <http://www.myflfamilies.com/service-programs/public-benefits-integrity>.

Should you default on this repayment agreement the entire remaining balance will be deemed past due and payable immediately, and referred for collection in accordance with the law .

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Print Name

Claim Number

Signature

Date

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.

COMPROMISE REQUEST

We may be able to compromise your overpayment claim (reduced to zero dollars).

For purposes of a compromise, the Department will determine the economic household circumstances reasonably demonstrate the overpayment claim will not be paid within three years of being notified of the overpayment claim and will compromise the overpayment claim to zero dollars when at least one of the following is present:

1. ___ The death or prognosis of death of any liable individual within three years of being notified;
2. ___ Pending litigation (does not include administrative fair hearings or appeals of final orders from administrative fair hearings but does include bankruptcy court), that involves any liable individual's obligation to repay the overpayment within three years of being notified;
3. ___ Any liable individual is sentenced to a period of incarceration that will expire after the 3-year period the overpayment is expected to be paid; or
4. ___ The liable individual(s) sole household's income is based only on either age or disability projecting a fixed, limited economic potential to repay the overpayment within three years.
5. ___ other reasons for compromise

The request and any other related information provided must clearly show the overpayment claim will not be paid within the three-year period. The Department requires verification of a request for compromise on the basis of reasons 1-5 listed above at the time of request. When a decision is made concerning the compromise request, the Department will provide written notice of the decision along with your hearing rights.

If you want to request a compromise, check the option that applies to you above, sign and date the request, **include all required verifications**, and mail to the Department of Children and Families, at the address listed at the top of this notice so that we will receive it no later than 30 days from the date of this notice.

Sign your name here

Date

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

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:

- 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.