

Department of Children and Families
PO Box 4069
Tallahassee, FL 32315-4069

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



October 20, 2015

Case: XXXXXXXXXXXX

Worker: Lynda C Bergstrom

Phone: (000) 000-0000

XXXXXXXX XXXXXXXX
XXXXXX XX XXXXXX
XXXXXX, XX XXXXXX

Dear XXXXXXXX XXXXXXXX,

The following is information about your case.
XXXXXXXXXXXX / ADCR / 01 / 04

You are a State of Florida employee who has a Benefit Recovery overpayment account with a balance of more than \$50.00. This overpayment occurred from January 01, 2005 to January 31, 2005. This debt is owed to the State of Florida and will remain outstanding until paid in full.

We can arrange to have the payment deducted from your salary. If you would like to make a voluntary repayment agreement with us, please fill out the attached Voluntary Repayment Agreement and return to our office. Once received, we will forward the agreement to your personnel office to initiate the payroll deduction.

Contact the department if you would like to discuss other repayment options or have any other questions.

The following information is about making a repayment agreement with us.

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 want to make a repayment agreement with us, check the below option.

___ 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.

Sign and date this Voluntary Repayment Agreement, 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.

Print Name

Social Security Number/Case Number/
Account 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.

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.

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.

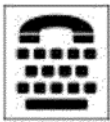
If you have questions about your case, call the ACCESS Florida Customer Call Center at 1-866-762-2237.

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 \$ 52,427 in 2014 ? You may be eligible for an Earned Income Tax Credit up to \$ 6,143. 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.

