

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

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



January 31, 2017

Case: 5000111119

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.  
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**Medicaid**

We received the decision on your recent fair hearing. The Hearings Officer upheld the Department's decision that you were overpaid \$22.00 in Medicaid because  
YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER

If you think 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.

## 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.

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.

\_\_\_\_\_  
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 debt which are later waived or found not owed to the United States.

**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.

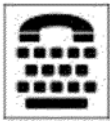
If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Child Support Enforcement Program at 1-800-622-KIDS (5437).

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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.

