

FOOD STAMP REPAYMENT AGREEMENT

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ ----- OR Agency Conference _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Case Payee's SSN _____ - _____ - _____

You were notified that you had a food stamp overpayment(s) due to the reason(s) below. You must repay us.

- AGENCY ERROR INADVERTENT HOUSEHOLD ERROR INTENTIONAL PROGRAM VIOLATION

1. Active Food Stamp Case – You must repay us per 18 NYCRR 387.19.

You were notified that a recoupment will be taken from your food stamp benefits. If you want to pay more than your recoupment towards your overpayment(s), check () the way(s) you would also like to repay:

1. EBT Food Stamp Account – Please take:
 - Everything in my EBT Food Stamp Account, up to the amount of my overpayment(s).
 - \$ _____ from my EBT Food Stamp Account, up to the amount of my overpayment(s).
2. Other* (specify) _____ (*we will contact you to discuss that payment plan.)

2. Closing or Closed Food Stamp Case – You must repay us per 18 NYCRR 387.19.

Check the way(s) you would like to repay:

1. EBT Food Stamp Account – Please take:
 - Everything in my EBT Food Stamp Account, up to the amount of my overpayment(s).
 - \$ _____ from my EBT Food Stamp Account, up to the amount of my overpayment(s).

I understand that if there is not enough in my EBT Food Stamp Account to pay all my overpayment(s), I must also check () another box below for other ways to repay.

2. All at once*
3. Part now, the rest in monthly payments*
4. Monthly payments*

*If you check box 2, 3 or 4, we will contact you to discuss your payment plan _____ .

See the back of this notice for automatic collection information on unpaid overpayments.

Your Address (if different than above): _____

Your Phone Number **Or** Where We Can Reach You (_____) _____ .

Signature of Head of Household _____ Date _____

If your household's financial circumstances change, you may contact us at the phone number above to renegotiate your repayment agreement. If you have any questions, please call us.

RETURN THIS FORM TO US AT THE ABOVE ADDRESS

Accounting Use Only – FS repayment 01

Date Entered on Admin. Screen ___/___/___ Transaction Amount \$ _____ . _____

Entered by: _____ Date ___/___/___

NAME:	ADDRESS:	CASE NUMBER:
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Warning!

Even if you are no longer getting food stamp benefits, you must repay us, according to 18 NYCRR 387.19.

If you fail to sign and return this agreement or fail to make your required repayments, this overpayment will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges. Also, if you get restored or new food stamp benefits in the future, we will reduce those benefits to pay back this overpayment. This is based on 31 CFR 285.