

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS COMPROMISE/REPAYMENT AGREEMENT ACKNOWLEDGMENT

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> ┌ ┐ </div> <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> └ ┘ </div>		GENERAL PHONE NO. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Record Access _____ Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	PHONE NO.

COMPROMISE: Your request for a compromise of your overpayment has been:

- Accepted
- Denied
- Modified as follows: _____

REPAYMENT AGREEMENT: Your request to establish a repayment agreement has been:

- Accepted
- Denied
- Modified as follows: _____

Your payment of \$ _____ must be received within the next 30 days of this notice and you must continue to send the monthly payment so that the payment reaches us by the 10th of each month or \$ _____ on _____ and _____ if the payment schedule is bi-weekly until your debt is paid in full. If your payment has not been received by the last day of the month, you will immediately become delinquent and your debt will be referred for collection. Your payment means that you accept the terms of this acknowledgment. If you fail to maintain the payments and do not renegotiate a new payment agreement, your debt will be delinquent and will be forwarded for collection. Collection activities are discussed below.

If you have an overpayment that is not paid back, it 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. This decision is based on 31 CFR 285.

If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued. If you have a SNAP benefits overpayment, your expunged benefits will be put towards your overpayment. If you apply for SNAP benefits again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get SNAP benefits again. You will be notified, at that time, of the amount of reduced benefits you will get.

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Name:	Address:	Case Number:
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CONFERENCE – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct any mistakes.

Ask for a meeting (conference) with one of our supervisors.

CONFERENCE (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have.

Accounting Use Only – SNAP Repayment 01 – (Completed by worker after agreement is accepted)

Repayment Agreement Date _____

Repayment Amount \$ _____ Per _____ (frequency)

Recurring Payment Due Date _____

Was a Claim Compromised? No Yes, from \$ _____ to _____ Claim No: _____

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

Entered By : _____ Date Verified ____ / ____ / ____