NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
LETTER OF OVERISSUANCE

Notification of Claim

Case ID

Claim Type:

Referral ID

It has been determined that you or your household received $ more food and nutrition services than you were eligible to receive during the months of

due to:

Contact the county Food and Nutrition Services Office for information about how we determined the amount of this claim. The claim is equal to the difference between the allotment the household received and the allotment the household should have received. North Carolina Division of Employment Security wages may have been averaged to compute the amount of this claim.

☐ **If this box is checked, you must pay back the value of the extra Food and Nutrition Services you received.**

☐ **If this box is checked, we owed you benefits from past months. For this reason, the amount you owe has been reduced. You now owe us $ instead of the original amount shown above.**

Your Responsibilities

ALL ADULT HOUSEHOLD MEMBERS ARE EQUALLY LIABLE FOR THE CLAIM. You must make every effort to pay the full amount you owe. If you have not previously made arrangements for full repayment, and cannot pay the full amount now, arrangements for full repayment must be made. The agency may reduce any part of the claim if the agency believes that the household is not able to repay the claim. If you are actively receiving Food and Nutrition Services, and have not previously made arrangements for full repayment, the amount of Food and Nutrition Services you receive each month will be reduced by 10% of the entitlement or $10.00, whichever is greater for an administrative error or inadvertent household error claim; or, 20% of the entitlement, or $20.00, whichever is greater for an intentional program violation, until such time as the claim is paid in full. This reduction amount may change if your Food and Nutrition Services allotment changes. Should you stop receiving benefits, contact the county office above and pay the balance of this claim or pay according to a county accepted repayment agreement within 30 days of the last month you receive Food and Nutrition Services. You may make an additional cash payment or payments from your EBT account by contacting local Food and Nutrition Services Office.
Unless written arrangements to repay the amount of the claim are made, the debt will be referred to the United States Department of Treasury for collection through the Treasury Offset Program.
All adult household members are equally liable for the claim. The claim, if not otherwise collected, may be referred to the Department of Justice for litigation.

Fair Hearing Process

Unless the amount of the claim was established at a hearing previously, you may have a fair hearing of your case should you disagree with the amount of the claim, the recoupment amount, or the claim has been previously paid in full. At the hearing you will have the opportunity to explain why you disagree. A Hearing Officer will then make a decision on the case. You can continue to receive Food and Nutrition Services at your current rate if you request a hearing by However, you may later be required to repay some of these benefits.

You have 90 days from the date of this letter, to request a hearing. If you do not request a hearing by this date you are not allowed to have one. To request a fair hearing, contact the Food and Nutrition Services Office at

or, complete and return the form below. You may also contact this office to find out more about how a fair hearing works.

Si necesita ayuda para entender esta carta de notificacion de un pago excesivo, comuniquese con la unidad de integridad de este programa en el departamento de servicios sociales del condado indicado arriba.

If you want a fair hearing, fill out the form, cut it off, and mail to:

_____
Name of person requesting hearing

_____
Address

_____ _____ _____
Telephone number where you can be reached **Your Signature** **Date**

I want a fair hearing because _____

_____

FOR OFFICE USE ONLY

Referral ID _____ **Case ID** _____ **Claim Worker**_____

Date Notice Sent _____ **Date Request Received** _____ **DSS-8554 (Rev. 09/16)**

SEE REVERSE SIDE FOR MORE INFORMATION **Economic and Family Services**

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Your Rights

The household is provided with the opportunity for a fair hearing on the validity and amount of the claim. At this time the household is provided the opportunity to inspect and copy agency records and review with the agency the circumstances relating the claim. Free legal advice may be available in your county. Contact your local legal services office to inquire.

Arrange for Payments

If you are not currently receiving Food and Nutrition Services, and have not previously made arrangements for full repayment, you must choose a method of repayment by checking the appropriate box below. You must then sign and return this form to the county Food and Nutrition Services office within 10 calendar days. The county office must accept this repayment agreement for it to be binding. If you fail to sign and return this form within 10 calendar days, the county will begin other collection actions. Should you miss even one payment, this agreement is null and void, and subject to other collection actions. Other collection actions may include, but is not limited to, civil court actions, Federal payment interception, State income tax refund interception, or wage garnishment. This overissuance may be referred to a private collection agency where you would be required to pay applicable delinquent and or processing fees. Your first payment is due no later than 30 days from the date of this notice. The entire amount of this debt is due and payable should you default on this agreement by missing even one payment. Please call the county office at the phone number listed on the opposite side of this form for information on how and where to make your payments and the forms of payment they accept.

☐ **I agree to make full repayment in the form of a lump sum cash payment.**

☐ **I agree to make monthly cash payments in the amount of $ _____ on The _____ day of each month until the claim is paid in full.**

Food and Nutrition Services claims must be paid in full within 36 months and monthly payments cannot be less than $25.00. To get the minimum monthly payment divide the amount owed by 36.
Contact your local **Food and Nutrition Services Office** if you have a hardship that would not allow you to make the required minimum monthly payment.

Signed _____

Date _____

Accepted by _____