

MO DEPT. OF SOCIAL SERVICES  
CLAIMS & RESTITUTION UNIT



DEMAND LETTER FOR OVERISSUANCE

Date:

Claim:

THIS IS TO NOTIFY YOU THAT YOU HAVE  
RECEIVED A FOOD STAMP OVERPAYMENT  
READ THIS CAREFULLY

Dear

You or your household received \$ more food stamp benefits than you were eligible to receive during the months of through. A claim to repay this amount is established for \$ . This overpayment is an Inadvertant Household Error. The current amount owed is \$ .

If you think we made a mistake in writing this claim, or there is a reason you cannot repay the full amount, please contact the local county office. We may be able to reduce the amount you owe.

The Family Support Division (FSD) may collect for this claim from any adult who was in your food stamp household when the overpayment occurred. FSD may also collect from individuals who were not in your food stamp household, such as an authorized representative who caused an overpayment. The following people are responsible for paying this debt:

A page showing how we determined the amount of the claim is attached to this letter. If you want more information regarding this claim and the cause of overpayment, call . You have a right to see and have a copy of any records related to this claim.

Included with this letter is a repayment agreement. If you sign this agreement, you are saying how you will repay the claim amount. Please read the agreement and decide which method of repayment is best for you. If you fail to return the repayment agreement within 30 days, you have not requested a hearing, and you are receiving food stamp benefits, we will keep some of your food stamp benefits to repay the claim. We will keep 10% of your benefits or \$10, whichever is greater, without further notice.

If you cannot pay the amount you agree to pay, contact your local county office. If you make an agreement and fail to make a payment, we will notify you. If you still do not make a payment after the notice, we will reduce your food stamp benefits. If you stop receiving food stamp benefits and you are approved for benefits at a later time, we will reduce your food stamp benefits.

You may request a hearing within 90 days of , if you do not agree with this decision. At the hearing, you will have a chance to explain why you disagree with this claim. The hearing officer will determine what information is correct. To request a fair hearing, fill out the Hearing Request form accompanying this letter and return it to the address shown. If you need the name and telephone number of someone who can give you free legal advice, you may call .

If this claim is not paid, it will be sent to the federal government for federal collection action. Food stamp overpayments may be collected by the Treasury Offset Program. You may have to pay additional fees. You will be notified if you will have money taken in this manner. You can make a written agreement to repay the amount of the claim before it is sent to the federal government for federal collection action.

If you are owed any restored food stamp benefits due to an underpayment, this amount will be deducted from the amount you owe.