

MO DEPT. OF SOCIAL SERVICES  
CLAIMS & RESTITUTION UNIT

**REPAYMENT AGREEMENT**

You are given two agreements below. The first agreement allows you to repay with check, money order, or with food stamp benefits. The second agreement allows your food stamp benefits to be reduced each month before they are available to you.

If you choose to sign a repayment agreement, you should decide which method is best for you. Then mark the blocks showing your choices, sign, and date the agreement.

If you have requested a hearing, you should not complete this agreement.

If you return the repayment agreement and you later receive food stamp benefits we will reduce your food stamp benefits by the agreement amount, 10% of your benefits, or \$10, whichever is greatest, without further notice.

If the overpayment is later determined to be an Intentional Program Violation and you receive food stamp benefits we will reduce your food stamp benefits by the agreement amount, 20% of your benefits, or \$20, whichever is greatest, without further notice.

**CHECK, MONEY ORDER, OR BENEFITS REPAYMENT AGREEMENT**

You may use food stamp benefits in place of, or with, check or money order to make your payments.

I choose to repay the amount

- all at once.
- part now, the rest in monthly payments of \$ \_\_\_\_\_.
- monthly payments of \$ \_\_\_\_\_.

If you agree to monthly payments, your next monthly payment will be due one month from the day you sign this agreement, and on the same day of each month until the debt is paid in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BENEFIT REDUCTION**

You must be receiving food stamp benefits to select this option. Should you choose this repayment method, we will reduce your household's monthly food stamp benefits before they are available and apply it to this debt. We will reduce the benefits by 10% or \$10 whichever is greater. For example, if you receive \$124 in food stamp benefits, we will reduce your benefits by \$12. You will receive \$112 and \$12 will be subtracted from the balance due on this claim. The amount of the reduction will change as your food stamp benefits change and will continue until the claim is paid in full.

If the overpayment is later determined to be an Intentional Program Violation we will reduce your food stamp benefits by 20% or \$20, whichever is greatest, without further notice.

I choose to repay the amount due through a benefits reduction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CLAIM: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ DATE EST: \_\_\_\_\_

AFTER SIGNING THE AGREEMENT FORM IN THE APPROPRIATE SPACE, RETURN THE AGREEMENT TO THE DFS OFFICE.