

REQUEST FOR REDUCTION OF CLAIM

Purpose: This form provides the EU a way to request a reduction (compromise) of an agency error or inadvertent household error claim due to hardship. To meet a demonstration of hardship, an EU must prove that financial, physical, or mental hardship would exist if forced to pay. Such situation might include medical hardships, loan payments, etc.

Distribution: Complete the CARS-8, keep a copy of the form in the case file, and forward to the Food Stamp Program and Policy Unit. A summary of the information relevant to the compromise request is also submitted to the Food Stamp Program and Policy Unit. Program and Policy staff will make a decision after considering EU circumstances.

Description: complete the following fields.

DCN: Enter the DCN of the head of the EU for the claim.

Date Established: Enter the date the claim was established.

Head of Claim: Enter the name of the head of the EU for the claim.

Original Amount of Claim: Enter the original amount of the claim. This amount is located on the Display Claim Information (OVCI) screen in the Overpaid field.

How many people live in your household: Enter the number of individuals who currently live in the EU's household.

Total cash, bank accounts, and CDs: Enter the total amount of cash, bank accounts, and CDs the EU possesses.

Does anyone who lives with you receive food stamp benefits: Enter Yes if someone in the household receives food stamp benefits and list the individual's name.

Monthly Household Income:

Name: Enter the individual's name who has income.

Where is Income From: Enter the source of the individual's income.

Monthly Amount of Income: Enter the monthly amount of each type of income.

Monthly Expenses:

Type of Expense: Enter the type of expense paid by the EU. These expense include expenses not normally deducted during the eligibility determination for food stamp benefits. The expenses include, but are not limited to: rent, utilities, credit cards, car payments, etc.).

Who Pays this Expense: Enter the name of the individual who pays the expense.

Monthly Amount of Expense: Enter the total monthly amount for each expense.

Comments: Enter any information/reasons an EU gives that a financial, physical, or mental hardship is caused by payment of the claim.

Worker: Enter the name of the worker assisting the EU in completing the form.

Date: Enter the date the form is completed.

Signature: The signature of the individual requesting compromise of the claim is entered.

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Food Stamp Program and Policy Unit completes the remainder of the form.

Original Amount of Claim: The original amount of the claim is entered.

Amount Compromised: The amount that Food Stamp Program and Policy Unit compromises is entered.

Balance of Claim: The balance of the claim the EU will be required to pay is entered.

Approved by: The individual who approves the compromise signs in this field.

Date: The date the compromise is approved or denied is entered.