

REQUEST FOR REDUCTION OF CLAIM

Purpose: This form provides the household 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, a household 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 SNAP Program and Policy Unit. A summary of the information relevant to the compromise request is also submitted to the SNAP Program and Policy Unit. Program and Policy staff will make a decision after considering household circumstances.

Description: complete the following fields.

Head of Household for Claim: Enter the name of the head of the household for the claim.

DCN: Enter the DCN of the head of the household 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.

Date Claim Established: Enter the date the claim was established.

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

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

Does anyone who lives with you receive SNAP benefits: Enter Yes if someone in the household receives SNAP 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 household. These expense include expenses not normally deducted during the eligibility determination for SNAP 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 a household gives that a financial, physical, or mental hardship is caused by payment of the claim.

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

Date: Enter the date the form is completed.

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SNAP 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 SNAP Program and Policy Unit compromises is entered.

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

CARS-2 Submitted: Yes or No if a CARS-2 was submitted.

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

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