



VOLUNTARY REPAYMENT AUTHORIZATION FORM

CASE NUMBER	LOAD NO.
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TO	NAME	F R O M	COUNTY DIRECTOR
	ADDRESS (STREET, CITY, STATE, ZIP)		ADDRESS

INSTRUCTIONS FOR COMPLETION

Complete this form for a food stamp and/or cash claim repayment. Only one form is needed for both types of repayment. The voluntary repayment screen on MOP can complete only one repayment transaction at a time. Enter each cash or food stamp repayment transaction separately in MOP.

FOOD STAMP REPAYMENT

AVAILABLE FOOD STAMP BENEFITS	\$
REPAYMENT AMOUNT	\$
REMAINING FS AMOUNT	\$

CASH REPAYMENT

AVAILABLE CASH	\$
REPAYMENT AMOUNT	\$
REMAINING CASH AMOUNT	\$

I authorize payment of the amount(s) shown above from my Temporary Assistance cash or food stamp account. The payment(s) will be used to repay any Temporary Assistance cash or food stamp benefits to which I was not entitled.

SIGNATURE OF PARTICIPANT	SIGNATURE OF DFS STAFF
DATE	TITLE

COUNTY OFFICE USE ONLY

RECEIVED BY
DATE CLAIM ESTABLISHED
MONTH OF OVERISSUANCE
AMOUNT OF OVERISSUANCE
DATE VOLUNTARY REPAYMENT COMPLETED
SIGNATURE
TITLE