

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

FORM AND INSTRUCTIONS -

For Approved Relatives, Non-Relative Extended Family Members, Foster Family Homes, Non-Related Legal Guardians or Non-Minor Dependents Residing In A Supervised Independent Living Setting:

- (4) Notice Date: _____
- (5) Case Name: _____
- (6) Case Worker Number: _____
- (7) Case Worker Name: _____
- (8) Case Number: _____
- (9) Telephone: _____
- (10) Address: _____

- (1) Name: _____
- (2) Address: _____
- (3) City, State Zip: _____

(19) Insert overpayment calculations and substantiation of time periods by month as required in regulation. See MPP Section 45-305. Attach a page if additional space is needed.

This is to inform you that you were overpaid AFDC-Foster Care benefits

- (11) for _____ (NAME OF CHILD) for
- (12) the period of _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY)

(13) Total amount you received: \$ _____

(14) Total amount you should have received: \$ _____

(15) Total amount of Overpayment: \$ _____

(16) Date of Discovery: _____ Collection is permitted if demand within one year of discovery.

(17) You are required to repay the overpayment amount of \$ _____.

(18) Reason for the overpayment:

- (A) From _____ (date) the child/youth was not residing in your home and you failed to report that to your county social worker and you received payments for him/her that you were not entitled to.
- (B) Other: _____

By law we can collect foster care overpayments if the adult caretaker caused the overpayment. We cannot require you to repay the overpayment if you meet an **exception**. Exceptions to repayment are:

- The overpayment was exclusively caused by county administrative error, or
- Both the county and the foster care provider did not know of or contribute to the cause of the overpayment.
- The minor's absence was temporary and the funds were used to maintain the home for their return or used to support their needs.

If you disagree with the reason for overpayment or the amount of the overpayment, you may request a hearing. Please see following pages for hearing instructions.

If you agree with the reason for overpayment and the overpayment amount, you must do one of the following within 90 calendar days from the day the county gave or mailed you this notice:

- 1) Make a one time payment of the total amount;
Please pay by check or money order, made payable to:

Send to:

- 2) Sign a written payment agreement. You must contact the worker at the top of this page to discuss the terms of a written payment agreement.

If you have any questions regarding the overpayment computation or repayment arrangements, please contact the worker at the top of this form.

Relevant Law: Welfare and Institutions Code section 11466.24, Manual of Policies and Procedures (MPP) sections 22-009, 45-304, 45-305, and 45-306.

