

Overissuance Repayment Agreement
_____ County

I, _____ residing at _____
do hereby agree to repay the _____ County Department of Social
Services the total of \$ _____ for benefits received by me to which I was not
entitled. This overpayment is for the following programs, dates, and amounts:

- Work First Family Assistance for \$ _____ from _____ to _____
- Food and Nutrition Services for \$ _____ from _____ to _____
- Medicaid for \$ _____ from _____ to _____

I understand the amount of the Medicaid claim may change because providers have 12 months to file charges and be paid. I agree to pay any additional claims for this reason. I will be notified of any changes in the Medicaid claim amount.

I will pay in the following manner:

- I agree to pay the full amount of this claim \$ _____ on _____
- I agree to make a down payment of \$ _____ on _____
and make regular payments of \$ _____ on _____ of each
month/week until the balance is paid in full.

(Circle which applies)

I understand that this agreement must be accepted by _____ County
Department of Social Services in order to be binding. This agreement is null and void and
the full amount due and payable should I miss even one payment. I also understand that
_____ are acceptable
forms of payments. I will not mail cash payments. Acceptable forms of payments will be
mailed to _____ or payments will be
made in person and with correct change at _____.

**Failure to enter into a repayment agreement or to pay as agreed above can result in
Federal payment interception and/or State Income Tax Refund interception and/or
NC Education Lottery winnings interception. Failure to enter into a repayment
agreement or to pay as agreed can also result in civil court action and/or other
collection activity.**

Signed: _____ (Seal) Date: _____

Subscribed and sworn or affirmed to before me this

_____ day of _____, 20__

(Seal) _____ (Notary Public) My Commission Expires _____

By signing below, I accept this repayment agreement on behalf of _____
County Department of Social Services.

Investigator

Supervisor (optional)