

NAME-OF-COUNTY--
ADDRESS-LINE-1---
ADDRESS-LINE-2---
CITY -----

SSN - TIN - #
Social Security Number

FIRST-NAME ---- LAST NAME
ADDRESS-LINE 1
ADDRESS-LINE 2
CITY NC ZIP CODE

We recently collected and applied an amount to your claim for overissued Food and Nutrition Services. Because the Federal agency that made this collection reversed their decision and returned these funds to you, we must add this amount back to the balance on the claim you owe for overissued Food and Nutrition Services.

Referral ID :
The balance on your Food and Nutrition Services claim is.....: \$
Total Reversed.....: \$
NEW BALANCE.....: \$

PAY THE REMAINDER OF YOUR CLAIM(S) BALANCE TO AVOID FUTURE COLLECTION ACTION THROUGH THE TREASURY OFFSET PROGRAM.

If you have any questions regarding this matter, please use the following address and/or phone number to contact the Department of Social Services in your county:

NAME-OF-COUNTY--
ADDRESS-LINE-1---
ADDRESS-LINE-2---
CITY ----

PHONE NUMBER:

CYCLE NUMBER: