Overissuance Repayment Agreement _____ County

I,		residing at					do
hereby \$	/ agree to repay the	residing at for benefits received by	County L	Department of Sc was not entitled.	ocial Services This overpayr	the total of nent is for the	following program,
dates,	and amounts:	n program must be com					
	Work First Family A	ssistance for \$	from		to		
	Food and Nutrition S	Services for \$		from		_to	
	Medicaid for \$	from		_ to		-	
		ount of the Medicaid cla dditional claims for this					
l will p	ay in the following manr	ier:					
	I agree to pay the full a	amount of this claim \$		on			
□ (Food	I agree to make a dow \$ or and Nutrition Service	n payment of \$ of e of e s payments can only be	on each month/wee monthly)	and ma ek until the balan (Circle which a	ke regular pay ce is paid in fu <i>ppli</i> es)	yments of ull.	
	l agree to make regula	r payments of \$s payments can only be	on	of eac	,		nce is paid in full.
To get Contac require	the minimum monthly t your local Food and d minimum monthly p rstand that this agreeme	Plaims must be paid in fu payment divide the a Nutrition Services C payment. ant must be accepted by ement is null and void an	mount owed b)ffice if you h	oy 36. ave a hardship t	hat would no	ot allow you to Department of S	o make the Social Services in
unders	stand that	. I will not mail cash pay					are
accep		. Twill not mail cash pay					
State	Income Tax Refund in	ment agreement or to terception and/or NC E ed can also result in c	Education Lott	ery winnings int	terception. Fa	ailure to enter	
Signeo	d:	(Se	eal) Date:				
Subsc	ribed and sworn or affiri	ned to before me this					
	day of	, 20					
(Seal)		(No	otary Public) My	Commission Ex	pires		
By sig Servic		repayment agreement	on behalf of			_ County Depa	rtment of Social
Invest	gator			Supervisor (opti	onal)		

DSS-8604 (Rev. 09/16) Economic and Family Services