

**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  
 NOTICE TO DEBTOR**

**THIS LETTER IS TO NOTIFY YOU THAT YOUR NORTH CAROLINA  
 INCOME TAX REFUND HAS BEEN INTERCEPTED**

\_\_\_\_\_ Social Security Number

Food and Nutrition Services Amount Eligible for N.C. Tax Intercept	\$
AFDC/Work First Amount Eligible for N.C. Tax Intercept	\$
Medicaid/N.C. Health Choice Amount Eligible for N.C. Tax Intercept	\$
<b>TOTAL AMOUNT</b>	<b>\$</b>

According to our records, you have an outstanding claim in the Food and Nutrition Services, AFDC/TANF, and/or the Medicaid/N.C. Health Choice Programs. This claim(s) is owed because you received public assistance for which you were not eligible.

Since you have not paid this claim(s) in full, we notified the North Carolina Department of Revenue that you owe us this claim(s). We have directed the Department of Revenue to hold any state income tax refund that you may be eligible to receive and pay us the amount you owe us from your refund. This action is taken in accordance with North Carolina General Statute 105 (A) and House Bill 53, Chapter 18.

The Department of Revenue has notified us that you are due to receive a refund. At the top of this notice we show the amount that is eligible for N.C. Tax Intercept. The amount of your claim(s) balance may have changed if payments have been made on the claim(s) in recent weeks or if a federal tax intercept has recently occurred.

Any amount of your tax refund that is intercepted which is more than your claim(s) will be returned to you. Interest that may accrue on the amount of the refund will be paid in accordance with G.S. 105-266.

You have the right to request a hearing to contest this action unless the debt has been previously litigated in a court proceeding. You must request a hearing by filing a written Petition with the Office of Administrative Hearings (OAH). You must mail or deliver the original and one copy of the Petition to the OAH at the address listed below. In addition, you must mail or deliver a copy of the Petition to the agency named as the Respondent, the Department of Health and Human Services (DHHS), at the address listed below. You have 30 calendar days from the date of this notice to request a hearing. Your request for a hearing must be mailed with postage prepaid and properly addressed or delivered by the 30th day after the date of this notice. If you have not requested a hearing by the 30th day, you will have waived the opportunity to contest the action and we will apply the amount of your refund against what you owe the County Department of Social Services.

OAH Mailing Address: Office of Administrative Hearings 6714 Mail Service Center Raleigh, NC 27699-6714 (919) 431-3000	OAH Physical Address: Office of Administrative Hearings 1711 New Hope Church Rd. Raleigh, NC 27609 (919) 431-3000	DHHS Mailing Address: Ms. Lisa Corbett Office of Legal Affairs, DHHS 2001 Mail Service Center Raleigh, NC 27699-2005
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If you have questions concerning this action, please contact the Program Integrity Section at the County Department of Social Services listed below.

COUNTY/LOCAL AGENCY ADDRESS:

COUNTY/LOCAL AGENCY PHONE NUMBER: