

NOTICE OF FOODSHARE OVERISSUANCE

Case Name		Case Address			
Date of Notice	Case Number	<input type="checkbox"/> First Notice	<input type="checkbox"/> Second Notice	<input type="checkbox"/> Third Notice	<input type="checkbox"/> _____ Notice



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call _____ . These services are free.

You were issued more FoodShare benefits than you were eligible to receive. The amount you were overissued is \$ _____ during this time period of _____. By law, you must repay the overissuance checked below. The attached Repayment Agreement tells you how you can repay this overissuance. If this is your first notice, an Overissuance Worksheet is attached that shows how the overissuance was calculated. If you have also been underissued benefits, the amount you must repay has been reduced by the underissued amount (see line 22 on the worksheet). All adult members of the group that received the overissuance are responsible for the overpayment.

Reason for this Overissuance

- Unintentional Household/Client Error:** _____
Sign and return the attached repayment agreement by _____. If your case is open and you do not return the agreement, we will reduce your benefits each month by 10% of your group's monthly allotment or \$10, whichever is greater, beginning the next benefit month. We will mail you a Notice of Decision 10 days before reducing your benefits. (A future administrative or court hearing may determine that this error is an intentional program violation. You will be notified if any administrative or court hearing will be scheduled.)
- Administrative/Agency Error:** _____
Sign and return the attached repayment agreement by _____. If your case is open and you do not return the agreement, we will reduce your benefits each month by 10% of your group's monthly allotment or \$10, whichever is greater, beginning the next benefit month. We will mail you a Notice of Decision 10 days before reducing your benefits.
- Intentional Program Violation:** _____
Sign and return the attached repayment agreement by _____. If your case is open and you do not return the agreement, we will reduce your benefits each month by 20% of your group's monthly entitlement or \$20, whichever is more, beginning the next benefit month. We will mail you a Notice of Decision 10 days before reducing your benefits.
- Closed Case**
Even though you are no longer receiving benefits, you must repay the overissuance described above. Sign and return the attached repayment agreement by _____.

Your Rights and Responsibilities:

You will have the right to request a fair hearing if you believe the agency's decision that you received a FoodShare overissuance is wrong or if you disagree with the amount of the overissuance. If your case is open, you will receive a Notice of Decision explaining your hearing rights and how to appeal. The notice explains that you can request a hearing, orally or in writing, within 30 days of the action affecting your FoodShare benefits. If you request a hearing within 10 days after the FoodShare repayment is to begin, your benefits will not be reduced until a hearing decision is made. If your case is closed and you receive FoodShare benefits again, you will receive a Notice of Decision and can request a hearing as explained in the Notice of Decision.

You have the right to request a fair hearing if the amount of the overissuance was not established at a fair hearing. The request for a fair hearing must be made within 90 days of the effective date of the agency action or at any time while you are getting benefits if you do not agree with the benefit amount.

If the overissuance is not paid, it will be sent to other collection agencies, which will use various collection methods to collect the overissuance. If this debt becomes delinquent, the liable individual(s) may be subject to additional processing fees.

You have the right to review and copy any records related to this overissuance.

Your household can make a written agreement to repay the overissuance prior to it being referred for federal collection action. If the overissuance is not paid, it will be referred to the federal government for federal collection action.

The state agency may reduce any part of the claim if the agency believes your household is not able to repay the claim.

Free legal services may be available to you. For information on services in your areas, visit the Legal Action of Wisconsin website at www.legalaction.org/ or call 1-888-278-0633 or visit the Wisconsin Judicare, Inc., website at www.judicare.org/ or call 1-800-472-1638.

SIGNATURE – Income Maintenance Worker

Agency	Phone Number (include area code)
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RETAIN COMPLETED FORM IN CASE RECORD

USDA NONDISCRIMINATION STATEMENT

Do Not Send Applications Here

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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