

**NOTICE OF OVERPAYMENT
AND REQUEST FOR VOLUNTARY REPAYMENT
For Foster Parents/Relative Caregivers/Non-Relative Extended Family Members**

ADDRESSEE NAME			DATE:
STREET ADDRESS	CITY	STATE	ZIP CODE

Dear Foster Parent,

This is to inform you that you were overpaid Aid to Families with Dependent Children-Foster Care (AFDC-FC) benefits for the following child in your care:

Child's Name _____ Case Number _____

The AFDC Foster Care payment you received for (Child's Name) _____ in the month(s) of _____ is an overpayment.

State law (WIC 11466.24) and Regulations Division (45-304 and 45-305) require county welfare agencies to recoup overpayments with certain exceptions. You are receiving this voluntary notice for repayment because your overpayment meets one of the following exceptions: the foster care overpayment was a result of a county administrative error, both the county welfare department and provider were unaware of information to establish eligibility for AFDC-FC, or the provider did not have knowledge of and did not contribute to the cause of the overpayment.

Specifically, the county has determined that the overpayment was caused by:

- You did not care for the child in your home for the period in which you were paid.
- The child was ineligible for foster care in the month paid, or eligible for a smaller foster care payment.
- The child's parent(s) resided in your home during the period of time for which you were paid.
- Other: _____

AFDC-FC is a federal and state program that helps foster children remain in a safe and supportive environment. Federal mandates have asked counties to repay the federal portion of any overpaid placement cost payments. Therefore, in order to help additional foster parents help vulnerable children, we are asking you to voluntarily repay funds that were given to you erroneously. Your repayment will assist in providing support to other foster families. Below is all the information on how the overpayment occurred as well as how to voluntarily repay the money. Failure to return the overpayment will not result in any adverse action against you or any children you may be caring for in your home.

The balance of your overpayment is \$ _____. We are requesting your voluntary repayment of \$ _____. If you are in agreement with this request, you may repay the overpayment by sending a check or money order to the address listed below. Please include the case number and the child's name on your check or money order. Payments should be mailed to:

County Contact Name:

County Department:

Address:

City, State & Zip Code:

If you cannot afford to make a one time payment, arrangements can be made regarding a repayment plan. If you have any questions regarding the overpayment computation or repayment arrangements, please call

_____ at _____
(NAME) (PHONE)

Authority cited: Welfare and Institutions Code Section 11466.24, Regulations Division 45, Sections 304 and 305.