|  |  |
| --- | --- |
| **Department of CHILDREN AND FAMILIES**Division of Family and Economic Security | **OP** |

**WISCONSIN WORKS (W-2) OVERPAYMENT RECOUPMENT NOTICE**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m) Wisconsin Statutes].

|  |  |  |
| --- | --- | --- |
| Name: | Case Number: | Social Security Number: |
| Street Address: | City: | State: | Zip Code: |
| W-2 Agency: | W-2 Worker: | Date: |

|  |
| --- |
| You were previously informed that you were overpaid Wisconsin Works (W-2) payments from the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. The W-2 agency informed you as to the overpayment period and the total amount that you must repay. This overpayment is due to:[ ]  Agency Error[ ]  Household Error[ ]  Intentional Program ViolationWisconsin Statute s. 49.195(3) authorizes the W-2 agency to promptly recover all W-2 overpayments. You may have already been advised of a previous overpayment. This amount is in addition to any other W-2 overpayment you currently owe. |

In order to recover this overpayment, we will reduce your W-2 payment by 10% of the gross payment. However, if the overpayment is due to Intentional Program Violation, we will reduce your W-2 payment on the following schedule:

|  |  |
| --- | --- |
| **If your W-2 overpayment is:** | **The W-2 recoupment amount will be:** |
| less than $300 | 10% of the gross W-2 payment |
| at least $300, but less than $1,000 | $75 per month |
| at least $1,000, but less than $2,500 | $100 per month |
| $2,500 or more | $200 per month |

If you would like to volunteer to pay more, contact the worker listed above.

|  |
| --- |
| **YOUR RIGHT TO A W-2 FACT FINDING:**You may request a W-2 Fact Finding Review, **within 45 days of the decision date**, if you do not agree with the W-2 decision. (This request must be separate from any Fair Hearing request for Medicaid or food stamp benefits.) You can request a Fact Finding Review by writing your worker or W-2 agency. A W-2 fact finder will review your case. W-2 SERVICES WILL NOT BE CONTINUED PENDING THE FACT FINDING DECISION. If you or your representative fail to appear at the Fact Finding Review without good cause, your request is considered abandoned and will be dismissed.If you do not agree with the W-2 agency Fact Finding decision, you may request a Departmental Review. You must request a Departmental Review within 15 days of the date of the Fact Finding Decision. Late requests will not be accepted. To ask for a Departmental Review, send a written request to: Department of Administration, Division of Hearings and Appeals, P. O. Box 7875, Madison, WI 53707-7875.If you have any questions about this notice, contact your worker at the W-2 agency. |

 White: Participant Yellow: Case Record

**RETAIN COMPLETED FORM IN CASE RECORD**

DCF-F-DES10787 (R. 06/2011)