STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Family and Economic Security

**SAMPLE RCA OVERPAYMENT NOTIFICATION LETTER**

***AGENCY NOTES: All agency notes*** *provided in this sample notice to guide RCA agency staff* ***MUST*** *be removed in the final version sent to the RCA participant.*

***(Agency Note:*** *Indicate Date of Letter Mailing.****)***

***(Agency Note****:**List name and address of the RCA primary person who received the RCA overpayment.****)***

**Reference**: **RCA Case Adult Name(s):**

**RCA Case Number:**

**RCA Case Status:** **(*Agency Note:*** *Indicate Open or Closed.***)**

**RCA Case Worker Name:**

**RCA Case Worker Telephone:**

**Subject: REFUGEE CASH ASSISTANCE (RCA) OVERPAYMENT NOTIFICATION**

***(Agency Note:*** *Fill in* ***FIRST NOTICE****,* ***SECOND NOTICE****, or* ***LAST NOTICE.)***

This notice *is* to inform you that a review of your RCA case indicates that you have received an RCA overpayment. Section 400.49 of United States Code of Federal Register 45 requires the overpayment to be recovered from RCA adults (18 years of age or older) who received the overpayment.

Our records indicate that you were overpaid $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr).

The reason for the RCA overpayment was found to be ***(Agency Note:*** *Indicate reason in this sentence.****)***

The following adult individual(s) in this RCA case are listed as RCA participant(s) who are responsible for paying back the overpayment amount. No interest or penalty is included or required in the above amount that requires repayment.

1. 2.

**If** your RCA case status shown in the above **"Reference"** section of this notice is "Open", you are required to contact the RCA case worker identified above within 10 calendar days to determine how much your remaining RCA payments will be reduced so that repayment can be completed. Failure to contact your RCA case worker to discuss repayment may cause your remaining RCA payment(s) to be very low to nothing, depending on the amount that must be overpaid. Only if the amount to be repaid is greater than your remaining amount of RCA payments, should a signed repayment agreement be necessary. However, if desired, you may request a signed written repayment agreement even if your remaining RCA payments are greater than the amount to be repaid.

**If** your RCA case status shown in the above **"Reference"** section of this notice is "Closed", you are still required to contact the RCA case worker identified above within 10 calendar days to discuss establishing a repayment agreement.

***(Agency Note:*** *Overpayment recovery for closed cases is limited to amounts of $75.00 or more and for RCA cases closed for one year or less.****)***

**APPEAL RIGHTS:**

Any RCA adults listed above who are responsible for repaying the overpayment amount can ask for a "Fair Hearing" if they think this decision is wrong. The directions for requesting a hearing can be obtained from the above RCA case worker, or you may send a written request with your name, address, phone number, social security number and reason for the appeal to: Division of Hearings and Appeals, PO Box 7875, Madison WI 53707-7875. If you request a "Fair Hearing" and you are currently receiving RCA benefits, your benefits will continue until the hearing decision is made, unless your RCA benefit eligibility period expires before the hearing is completed. You will need to provide information at the "Fair Hearing" to support why you are not liable for repayment. Unless the "Fair Hearing" result indicates that you do not have to repay, you will remain liable for repayment. You should contact the above RCA case worker as soon as possible to obtain guidance on how to request a Fair Hearing in writing within 45 days of the date of this notice, or the "Fair Hearing" examiner may not consider your request.

***(Agency Note:*** *If you do not have the name and mailing address of your agency in letterhead form on the top of this letter, include the name and full mailing address of your agency in this signature block area. In* ***all*** *cases, provide your agency's signatory person's name, title, and telephone number in this signature area.****)***