**DEPARTMENT OF CHILDREN AND FAMILIES OP**

Division of Early Care and Education

**Child Care (CC) Client Overpayment Notice**

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

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| --- | --- | --- |
| Name – Client (First MI Last)      | Case Number      | Claim Number      |
| Name – Additional Liable Individual (First MI Last)      |
| Street Address       | City      | State   | Zip Code      |
| Agency Name       | Agency Telephone Number       |
| Effective Date      |

Records show you received too much child care benefit funds from mm/dd/yyyy to mm/dd/yyyy in the amount of $     .  . This is called an overpayment. You must pay back the extra benefit funds.The attached Child Care Overpayment Worksheet shows how this overpayment was calculated.

**Reason for This Overpayment:**

[ ]  Agency misapplied program policy

[ ]  Benefits continued during fair hearing

[ ]  Collusion between the parent and child care provider

[ ]  Duplicate Benefits

[ ]  Failure to provide accurate information for benefits

[ ]  Agency failed to budget earned income

[ ]  Agency failed to budget accurate household members

[ ]  Agency failed to budget unearned income

[ ]  Failure to report correct child placement

[ ]  Failure to report child/spousal support income

[ ]  Provided false documentation or identification

[ ]  Failure to report household income exceeding program limits

[ ]  Failure to report accurate household members

[ ]  Failure to report incarceration

[ ]  Failure to report assets

[ ]  Failure to report move out state/change of residence

[ ]  Failure to report accurate self-employment income/expenses

[ ]  Non-qualified employer for child care assistance

[ ]  Provider/parent residing together

[ ]  Misrepresentation of or failure to report earned income

[ ]  Misrepresentation of hardship

[ ]  Misrepresentation of Approved Activity Search

[ ]  Reporting incorrect or not reporting change in child care need

[ ]  Trafficking misuse

[ ]  Utilized child care while not in an approved activity

[ ]  Other

**Due To:**

[ ]  Administrative Error

[ ]  Client Error

[ ]  1st Intentional Program Violation

[ ]  2nd Intentional Program Violation

[ ]  3rd Intentional Program Violation

**\*If you have any questions about this overpayment, please contact the agency listed at the top of this page.**

Wisconsin Statute § 49.195(3) authorizes the recovery of all child care overpayments. This amount will be added to any other child care overpayments you have.

By law, you must repay the extra funds you received. A Repayment Agreement will be mailed to you with your options for repayment. Sign and return the Repayment Agreement by the date stated on it.

Failure to make payment arrangements may result in further collection actions including, but not limited to:

* Additional Fees
* Referral to an outside collection agency
* Federal or state tax refund reduced
* Wages or bank accounts reduced through a levy
* A lien placed against personal property

**You must contact your local child care agency within 10 calendar days after any change**. Changes include but are not limited to:

* A new home address
* A change in income
* A loss of a job
* A change in the size of your household
* A change in marital status
* A change in child care need

If you intend to change child care providers next month, you must report it to the child care agency before the last business day of the current month.

**If you disagree with this overpayment, you can ask for a fair hearing.** A fair hearing gives you the chance to explain why you think there has been a wrong decision about your benefits. At the hearing, a hearing officer will hear from you and the local agency to decide if the decision about your benefits was right or wrong. You can bring a friend, family member, or attorney with you to the hearing if you would like.

You can ask for a hearing using a letter or a Request for Fair Hearing form. Go to <https://doa.wi.gov/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx> to see what information should be included on the letter or to print the Request for Fair Hearing form. You can also ask your local agency for a copy of the form. Your request for a fair hearing review of the overpayment must be submitted within 45 days from the effective date of this notice. Your request for a hearing review of the intentional program violation must be submitted within 30 days from the effective date of this notice.

If you will need a language translator, sign language interpreter or other accommodation for a disability during the hearing, please include that information in your written request.

Fax your signed letter or the form to 608-264-9885, or mail your signed letter or the form to:

**Division of Hearings and Appeals**

**P.O. Box 7875**

**Madison, WI 53707-7875**

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Original: Case Record Copy: Agency Copy: Participant