STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Family and Economic Security

**DAIM QAUV CEEB TOOM TXOG THEM COV NYIAJ RCA TSHAJ LAWM**

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 RCA primary person who received the RCA overpayment.****)***

**Reference**: **RCA Case Tus (Cov) Neeg Laus Lub Npe:**

**RCA Case Nab Npawb:**

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

**RCA Tus Case Worker Lub Npe:**

**RCA Tus Case Worker Tus Xov Tooj:**

**Hais Txog: REFUGEE CASH ASSISTANCE (RCA) TSAB NTAWV CEEB TOOM TXOG THEM NYIAJ TSHAJ. *(Agency Note:*** *Fill in* ***FIRST NOTICE****,* ***SECOND NOTICE****, or* ***LAST NOTICE.)***

Daim ntawv ceeb toom no *yog* hais qhia tuaj rau koj hais tias rov tshawb xyuas txog koj qhov RCA pom tau hais tias koj tau txais cov nyiaj RCA tshaj lawm. Nyob rau Section 400.49 of United States Code of Federal Resister 45 hais tias cov nyiaj them tshaj lawm mus rau cov neeg luas (18 xyoo rov saud) uas tau RCA yuam tsum tau muab rov qab los.

Peb cov ntaub ntawv qhia tau hais tias koj tau txais $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tshaj lawm rau lub sij hawm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hli/xyoo) txog rau \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hli/xyoo).

Qhov pom tau hais tias tau them cov nyiaj RCA tshaj lawm yog.

***(Agency Note:*** *Indicate reason in this sentence.****)***

Cov laus uas muaj npe nyob rau qhov RCA case raws li hauv qab no yog cov tau txais cov nyiaj RCA uas tshaj lawm es yuav tau them rov qab. Yuav tsis tsub paj rau los yog tsis nplua dab tsis ntxiv rau qhov nyiaj hais los saud uas yuav tau them rov qab.

1. 2.

**Yog hais tias** koj qhov RCA case qhia saum qhov **“Reference”** ntawm daim ntawv ceeb toom no hais tias “Qheb”, koj yuav tsum tau hu mus rau tus RCA case worker uas qhia rau saum toj no tsis pub dhau 10 hnub los mus xyuas seb qhov koj tshuav nyob rau hauv RCA yuav raug txo npaum li cas es qhov them rov qab tuaj thiaj li tas. Yog hais tias tsis hu rau koj tus RCA case worker mus tham txog kev them rov qab yuav ua rau koj cov nyiaj RCA them tuaj yuav tsawg heev mus rau qhov tsis muaj lawm, nyob ntawm seb qhov kom yuav tsum tau them tshaj. Ntshe yog hais tias qhov yuav raug them rov qab ntau tshaj qhov tseem tshuav nyob rau hauv RCA uas yuav them tuaj, thiaj mam li yuav tau kos npe rau daim ntawv pom zoo them rov qab xwb. Tiam sis, yog hais tias ho nyiam, koj yeej thov tau ib daim ntawv pom zoo them rov qab txawm hais tias qhov koj tshuav nyob rau hauv RCA ntau tshaj qhov yuav tau them rov qab.

**Yog hais tias** koj qhov RCA case qhia saum qhov **“Reference”** ntawm daim ntawv ceeb toom no hais tias “Kaw Lawm”, koj kuj tseem yuav tau hu mus rau tus RCA case worker uas qhia saum toj no tsis pub dhau 10 hnub los mus tham txog kev npaj kom muaj ib txoj kev pom zoo rau qhov kev them rov qab.

***(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.****)***

**COV CAI KOM MUAB ROV QAB LOS HAIS DUA:**

Ib tug muaj hnub nyoog twg tau RCA uas teev nyob saum toj no uas muaj feem cuam los them cov nyiaj them tshaj yeej thov tau kom “Muab Rov Los Hais Dua” yog lawv xav hais tias qhov ua nov tsis yog lawm. Qhov qhia txog hais tias yuav thov kom muab coj los hais dua yuav muab tau los ntawm tus RCA case worker uas teev nyob saum toj no, los yog koj yeej xa tau ib tsab ntawv thov uas teev koj lub npe, chaw nyob, nab npawb xov tooj, social security nab npawb thiab lub ntsiab lus rau qhov kom muab coj los hais no mus rau Division of Hearings and Appeals, PO Box 7875, Madison WI 53707-7875. Yog hais tias koj thov kom “Muab Rov Los Hais Dua” thiab koj tseem tau txais kev pab cuam los ntawm RCA, koj cov kev pab cuam yuav muaj mus ntxiv txog rau thaum qhov kom muab coj los hais tiav lawm. Koj yuav tau npaj ntaub ntawv mus rau ntawm rooj plaub (Fair Hearing) mus txhawb seb yog vim li cas koj thiaj li yuav tsis tau them rov qab. Tshwj yog hais tias Rooj Plaub” txiaj txim hais tias koj yuav tsis tau them rov qab, koj yeej tseem tau them rov qab. Koj yuav tsum hu rau tus RCA case worker uas teev saud kom sai li sai tau los mus pab sau ntawv thov tsis pub dhau 45 hnub ntawm hnub tau daim ntawv ceeb toom kom muab rooj plaub los hais, tsis li ces tus ntsuam xyuas txog qhov “Fair Hearing” yuav tsis txais koj qhov kev thov lawm.

***(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.****)***