Emergency Assistance (EA) Overpayment Claim Notice

This form is used by W-2 agencies to inform Emergency Assistance program recipients of overpayments.

**Instructions:** Fill out the first page completely, then print the entire form and mail it to each liable individual. **Do not** print the instructions page.

In the *Reason for Overpayment* field, copy and paste a reason from the list below. **Do not** make any changes to the reasons.

FAI – Misrepresentation of or Failure to Provide Accurate Information for Benefits

FCP – Misrepresentation of or Failure to Report Correct Child Placement

FCS – Misrepresentation of or Failure to Report Child/Spousal Support Income

FDI – Provided False Documentation or Identification

FHI – Misrepresentation of or Failure to Report Household Income Exceeding Program Limits

FHM – Misrepresentation of or Failure to Report Accurate Household Members

FIN – Misrepresentation of or Failure to Report Incarceration

FLA – Misrepresentation of or Failure to Report Accurate Living Arrangement

FRA – Misrepresentation of or Failure to Report Assets

FSE – Misrepresentation of or Failure to Report Accurate Self-Employment Income/Expenses

HSP – Misrepresentation of Hardship

OTH – Other

RAE – Misrepresentation of or Failure to Report Accurate Emergency Situation

REI – Misrepresentation of or Failure to Report Earned Income

RVI – Misrepresentation of or Failure to Report Unearned Income

SPR – Second Party Quality Control Review

SYE – System Error

WFD – W-2 Check Forgery Denial

|  |  |
| --- | --- |
|  | **State of Wisconsin** |
| W-2 Agency Name  Street Address  City, State, ZIP Code |
| Date: mm/dd/yyyy | **Claim Creation Office** |
| Applicant Name  Street Address  City, State, ZIP Code | Office Name  **Phone #:** |
|  | **PIN:** |

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

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| The State of Wisconsin is an equal opportunity service provider. If you need this material in a different format because of a disability, or if you need this letter translated or explained in your own language, please call the number below and a representative will assist you. These services are free. | | |
| **EA:** (608) 266-3400 | **Civil Rights:** (608) 422-6889 | **TTY:** 711 |

Emergency Assistance (EA) Overpayment Claim Notice

Our records show you got Emergency Assistance benefit funds you should not have gotten. This is called an overpayment. Since you should not have gotten these benefit funds, you must repay them.

The table below shows the date(s) you got benefit funds you should not have, the reason you should not have gotten the benefits, and any other individuals who are responsible for paying back the benefit funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency Assistance Claim #** | | | | | |
| **Case Number** | **Claim Number** | **Overpayment**  **Begin Date** | **Overpayment**  **End Date** | **Overpayment**  **Amount** | **Error Type** |
|  |  | mm/dd/yyyy | mm/dd/yyyy | $ |  |
| Reason for Overpayment | | | | | |
| Other Liable Individual(s) | | | | | |

The total amount you must repay is $     . This amount will be added to any other Emergency Assistance overpayments you have.

For more information about how we calculated the amount you owe, see the worksheet that came with this letter. You have the right to review and get copies of all the information related to this overpayment.

Wisconsin Statute § 49.195(3) authorizes the recovery of Emergency Assistance overpayments.

If you have questions about this letter or the amount you owe, call the claim creation office at the phone number listed at the top of this letter as soon as possible.

# How to Repay the Benefit Funds:

A repayment agreement with options for paying back the debt will be sent to you separately from this letter. Each individual liable for the overpayment will get a repayment agreement. The balance must either be paid in full, or each liable individual must enter into a monthly repayment agreement. The repayment agreement must be signed and sent to the Public Assistance Collection Section (PACS) with your payment by the due date listed on the agreement.

If you would like to repay this debt before receiving the repayment agreement, you can send a check or money order to the following address:

Public Assistance Collection Section

PO Box 8938

Madison, WI 53708-8938

Make the check or money order payable to Public Assistance Collection Section and include the PIN located at the top of page one of this letter. If you are repaying payments for other people, include their PINs as well.

# If You Do Not Repay Your Benefit Funds:

Your Emergency Assistance overpayment can become delinquent for any of the following reasons:

* You do not repay your overpayment at all
* You do not return your signed repayment agreement by the date listed on the agreement
* You pay less than the amount listed on the repayment agreement
* You did not repay another Emergency Assistance overpayment, so the total amount due on this letter is also considered delinquent

The amount you owe will remain delinquent even if you agree to another repayment agreement or make a payment. If you are delinquent, any of the following may happen:

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

# Appeal Rights:

You have a right to appeal this action. Pursuant to § DCF 120.085(1)(b), Wis. Admin Code, **your written request must be sent directly to and received by the Division of Hearings and Appeals no later than thirty (30) days from the date of this notice.** Please attach a copy of this notice to your request for a hearing.

To submit your request for an administrative hearing under s. 227.44, Wis. Stats.:

|  |  |  |
| --- | --- | --- |
| **Send your request via**  **U.S. Mail:**  Division of Hearings and Appeals  P.O. Box 7875  Madison, WI 53707-7875 | **Hand deliver your request:**  Division of Hearings and Appeals  4822 Madison Yards Way  Madison, WI 53705 | **Send your request**  **via Facsimile:**  Division of Hearings and Appeals  (608) 264-9885 |

# Your request must be submitted no later than thirty (30) days from the date of this notice.

For information on free legal help in your area please contact:

* Legal Action of Wisconsin: [http://legalaction.org](http://legalaction.org/) or call 1-888-278-0633 or
* Wisconsin Judicare Inc.: [http://judicare.org](http://judicare.org/) or call 1-800-472-1638.