

REFUGEE CASH ASSISTANCE (RCA) REPAYMENT AGREEMENT

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

RCA Case Primary Name	RCA Case Spouse Name	RCA Case Number
Date	RCA Agency Case Worker Name and Telephone #	RCA Overpayment Amount \$

Please complete and sign the repayment agreement below. Keep a copy of this agreement for yourself and return the signed original no later than ____/____/____ to:

If you wish the RCA agency to provide you a copy of this signed agreement, please request a copy to be mailed to you in a note attached to the returned signed agreement.

REPAYMENT AMOUNT and REQUIRED DATES:

You have previously received notice of this RCA overpayment and your appeal rights. You also have discussed your repayment options with your RCA Case worker. This is the supporting repayment agreement that documents the discussed terms of your repayment.

As previously notified, you are responsible for repaying the following RCA overpayment claim. Our records indicate that you were overpaid \$ _____ for the period ____/____/____ to ____/____/____.

Payment is due in full at the agency listed above by ____/____/____. If you are unable to pay the amount in full before ____/____/____, you can make installment payments by completing and returning this agreement to the agency listed above. Please check the repayment method below in "TERMS:" that you have chosen and discussed with your RCA case worker. If you have any questions concerning this repayment agreement or require a translator to understand this repayment agreement, please contact the RCA case worker shown above for assistance.

Sign the Repayment Agreement using your full name and return it to the agency listed above.

TERMS:

If your overpayment balance is **under \$500.00**, you are required to pay monthly installments of at least **\$50.00** per month. If your overpayment balance is **over \$500.00**, you are required to pay equal monthly installments and have your balance paid in full within three years.

- I am returning this repayment agreement with my payment of the entire amount of the overpayment.
- I agree to repay \$ _____ of the overpayment in _____ monthly installments.

I am returning this signed agreement with my first installment.

If there is a change in your financial situation, the terms of this agreement may be renegotiated. Please contact the agency case worker listed above to renegotiate your repayment agreement.

RCA Adult Participant Signature	Date Signed
RCA Adult Spouse Signature	Date Signed

RETAIN COMPLETED FORM IN CASE RECORD