

**WELFARE TO WORK/CAL-LEARN SUPPORTIVE SERVICES
OVERPAYMENT FINAL NOTICE**COUNTY OF: _____
ADDRESSEE

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER'S NAME*

We told you on _____ that you were overpaid for the following supportive service(s):

 Transportation expenses Work/training related expenses Education related expenses

The amount of your overpayment that you still owe is \$ _____ and is due now.

HERE'S WHY:

- You did not agree to repay.
- You did not pay as agreed.
- You are no longer in Welfare to Work/Cal-Learn, and your method of repayment no longer works.
- You are no longer getting cash aid, and your method of repayment no longer works.
- You did not have to repay while you were in Welfare to Work/Cal-Learn. Now you need to repay.
- Other.

TOTAL OVERPAID AMOUNT	LESS AMOUNT REPAID	TOTAL AMOUNT YOU OWE
\$	- \$	= \$

You must pay the County what you owe or contact us to make a repayment plan within ten days from the date this notice was mailed to you.

If you do not repay the County or contact the County to enter into a repayment agreement, the County may take what you owe out of your state income tax refund or take other action to collect the amount you owe.

If you get cash aid you can ask to have your cash aid grant lowered to pay what you owe.

You do not have to use any Social Security or SSI benefits to repay this overpayment.

If you pay by check or money order, send or bring it to:

Address:

If you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County name on it.

If you have any questions call _____.

CONTACT YOUR WORKER/CASE MANAGER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**RULES:** These rules apply. CalWORKs Implementation Guidelines, Section VII, Welf. & Ins. Code 11004, 11323.4. You may review them at your welfare office.

