

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

January 11, 1990



ALL COUNTY LETTER NO. 90-03

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP REPAYMENT AGREEMENT (DFA 377.7C) (12/89)

REFERENCE: ALL COUNTY LETTER NO. 88-128³, DATED 9/19/88

The purpose of this letter is to provide Counties with:

- o A reproducible copy of the revised Food Stamp Repayment Agreement (DFA 377.7C) (12/89), and
- o the companion worker instructions.

Background:

All County Letter No. 88-128³ dated September 19, 1988 released the 9/88 version of the Food Stamp Repayment Agreement. The form included language to inform the client of the consequences they face if they do not pay in accordance with their signed agreement. Since then, several Counties have expressed concern that the wording which explains the three payment options, tends to be confusing to the clients. As a result, the DFA 377.7C (9/88) has been revised to provide clarification of the alternate methods of repayment.

Form Changes:

"Terms and Conditions"

In this section, items number 2 and number 3 have been reversed, and slight wording changes were made in the paragraph following item number 4.

"Agreement"

This section has been rearranged and revised to include:

- a) Format changes to coincide with the changes made in the Terms and Conditions section (items 2 and 3),

- b) a new portion (item number 4) containing language to advise the client about a waiver of the statute of limitations,
- c) language to advise the client that interest may be added to the amount owed (item number 5), and
- d) space following each item (1 - 6) for client's initials to certify that he/she understands and agrees to the proposed terms.

Implementation

A reproducible copy of the DFA 377.7C (12/89) is provided for local reproduction because stock will not be available in the State Department of Social Services (SDSS) Warehouse until April 1, 1990. Counties should implement the use of this form as soon as administratively possible but no later than February 1, 1990.

Ordering of State Reproduced Stock

Orders for the DFA 377.7C (12/89) should be submitted to the SDSS Warehouse through the normal form ordering process.

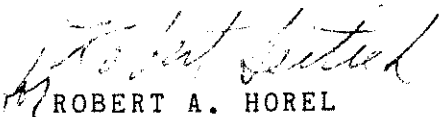
Foreign Language Translations

The DFA 377.7C (12/89) will be translated into the five standard languages. They will be provided as reproducible copies and will not be stocked in the SDSS Warehouse. The translations will be available in approximately three months and will be sent to you when available.

Form Instructions

The attached form instructions replace the instructions in the Food Stamp Handbook, Section 63-1230, DFA 377.7C (9/88). Vertical lines identify changes or additions to the instructions.

If you have any questions regarding this form, please contact the Overpayment Recovery Bureau at (916) 322-5387 or ATSS 492-5387.


ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

- b) a new portion (item number 4) containing language to advise the client about a waiver of the statute of limitations,
- c) language to advise the client that interest may be added to the amount owed (item number 5), and
- d) space following each item (1 - 6) for client's initials to certify that he/she understands and agrees to the proposed terms.

Implementation

A reproducible copy of the DFA 377.7C (12/89) is provided for local reproduction because stock will not be available in the State Department of Social Services (SDSS) Warehouse until April 1, 1990. Counties should implement the use of this form as soon as administratively possible but no later than February 1, 1990.

Ordering of State Reproduced Stock

Orders for the DFA 377.7C (12/89) should be submitted to the SDSS Warehouse through the normal form ordering process.

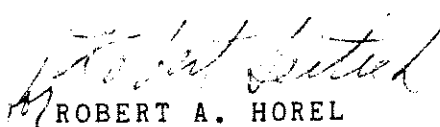
Foreign Language Translations

The DFA 377.7C (12/89) will be translated into the five standard languages. They will be provided as reproducible copies and will not be stocked in the SDSS Warehouse. The translations will be available in approximately three months and will be sent to you when available.

Form Instructions

The attached form instructions replace the instructions in the Food Stamp Handbook, Section 63-1230, DFA 377.7C (9/88). Vertical lines identify changes or additions to the instructions.

If you have any questions regarding this form, please contact the Overpayment Recovery Bureau at (916) 322-5387 or ATSS 492-5387.


ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

Form Instructions
(For CWD)

Food Stamp Repayment Agreement

PURPOSE:

The DFA 377.7C is used by the County to secure a written repayment agreement with an individual who received an overissuance of Food Stamps. This agreement is sent to the individual along with the Food Stamp Repayment Notice, DFA 377.7B (11/88) and the Repayment Notice - Final Notice, DFA 377.7B1 (11/88).

NOTE: The CWD should attempt to contact the individual to discuss the terms of repayment prior to sending the first Food Stamp Repayment Notice and Agreement.

PREPARATION:

Complete an original and three copies of the DFA 377.7C. Additional copies may be required by the County's internal system. Enter the following identifying information:

- Case Number
- Worker
- Name of individual against whom collection action is initiated
- Case name
- Address

"TERMS AND CONDITIONS":

Check the appropriate box in item 2 for the formula which will be used for benefit reduction based on the type of claim. Check the first box (10% or \$10.00) for a claim based on an inadvertent household error; the second box (20% or \$10.00) for an intentional Program violation; or, the third box for an administrative error.

Check the box in item 4 if the court ordered the terms of repayment for an intentional Program violation claim. Complete the appropriate sections of the Agreement to reflect the court-ordered terms before sending the Agreement to the individual.

Enter the appropriate telephone number in the space provided following item 4.

"AGREEMENT":

Enter the individual's name, the County name, and the amount to be repaid in the spaces provided.

If the CWD was able to contact the individual and establish the terms of repayment, check the appropriate box(es) under the repayment options and enter the agreed-upon amounts and dates.

If the CWD was unable to contact the individual or is unable to establish the terms of repayment, do not enter any information under the repayment options.

INITIAL DISTRIBUTION:

The original and two copies are provided to the individual along with the Food Stamp Repayment Notice (DFA 377.7B and DFA 377.7B1) and a return envelope. The third copy is retained by the CWD pending receipt of the signed agreement.

COUNTY SECTION:

When the signed agreement is returned by the individual, determine if the terms are acceptable as specified by regulation. Enter the following information in the section marked "To be completed by the County:".

- Name of County official accepting Agreement
- Date
- Name of County
- Address where payments should be sent
- Signature of authorized County official

FINAL DISTRIBUTION:

The original signed Agreement is filed in the County unit responsible for collections. One signed copy showing the County's acceptance of the Agreement is provided to the individual and the second signed copy is filed in the case record. The pending copy is discarded. Additional copies should be distributed in accordance with specific County needs.

Enter the individual's name, the County name, and the amount to be repaid in the spaces provided.

If the CWD was able to contact the individual and establish the terms of repayment, check the appropriate box(es) under the repayment options and enter the agreed-upon amounts and dates.

If the CWD was unable to contact the individual or is unable to establish the terms of repayment, do not enter any information under the repayment options.

INITIAL DISTRIBUTION:

The original and two copies are provided to the individual along with the Food Stamp Repayment Notice (DFA 377.7B and DFA 377.7B1) and a return envelope. The third copy is retained by the CWD pending receipt of the signed agreement.

COUNTY SECTION:

When the signed agreement is returned by the individual, determine if the terms are acceptable as specified by regulation. Enter the following information in the section marked "To be completed by the County:".

- Name of County official accepting Agreement
- Date
- Name of County
- Address where payments should be sent
- Signature of authorized County official

FINAL DISTRIBUTION:

The original signed Agreement is filed in the County unit responsible for collections. One signed copy showing the County's acceptance of the Agreement is provided to the individual and the second signed copy is filed in the case record. The pending copy is discarded. Additional copies should be distributed in accordance with specific County needs.

E NUMBER

FOOD STAMP REPAYMENT AGREEMENT

WORKER

NAME

CASE NAME

ADDRESS

TERMS AND CONDITIONS

You must repay extra food stamp benefits by using one or more methods listed here:

- Lump Sum Payment** - You may repay all or part of the amount owed at one time with cash and/or coupons.
- Benefit Reduction** - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be based on the terms checked here:
 - 10% of your monthly benefit or \$10 each month, whichever is more.
 - 20% of your monthly benefit or \$10 each month, whichever is more; or
 - Talk to us about the amount to be reduced.
- Installments** - You may repay all or part of the amount owed in monthly payments with cash and/or coupons.
- Court Ordered Repayment**
 - The court ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the County.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at _____.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the County, a signed copy of this Agreement will be sent to you.

AGREEMENT

I, _____, understand this Agreement is between me and _____ County because extra food stamps in the amount of \$ _____ were issued. I agree to repay this amount by the method(s) checked below:

- Lump Sum Payment**
 - I will repay by a lump sum cash payment of \$ _____ due on _____.
 - I will repay by a lump sum coupon payment of \$ _____ due on _____.
- Monthly Benefit Reduction**
 - I will repay by having my household's benefits reduced by \$ _____ each month, beginning _____.
- Monthly Cash or Coupon Payments**
 - I will repay by monthly cash payments of \$ _____ due on the _____ day of each month beginning _____.
 - I will repay by monthly coupon payments of \$ _____ due on the _____ day of each month beginning _____.

I also understand and agree that:

- My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments. _____
INITIALS
- If anything changes I may ask the county to refigure the terms checked above. _____
INITIALS
- If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now. _____
INITIALS
- I understand that because I have agreed to pay the county back the amount of the overissued food stamps I got, they will not take me to court. I also understand that if I do not pay them back as I have agreed to, they can take me to court at any time. Even if it is beyond the 3 year time limit in the law. _____
INITIALS
- If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, court costs and interest. _____
INITIALS
- If I do not pay, the county may take my state income tax refund and/or ask the court to attach my wages or any property I own. _____
INITIALS

Signature _____ Date _____ County _____

To be completed by the County:

The above signed Agreement has been accepted by _____ on _____ Date
for _____ County. Payments should be made at:

(Signature of Authorized County Official)

ERRATA

January 24, 1990


TO: All County Welfare Directors

REFERENCE: All-County Letter No. 90-03, Dated 1/11/90

SUBJECT: Food Stamp Repayment Agreement (DFA 377.7C) (12/89)

All County Letter No. 90-03 provided form changes for the Food Stamp Repayment Agreement (DFA 377.7C). Under the reference and background sections it lists All County Letter No. 88-128, Dated 9/19/88. The reference and background sections should read All County Letter No. 88-123, Dated 9/19/88.

We apologize for any inconvenience this may have caused. Should you have any questions you may contact Mr. Cary Lemos of my staff at (916) 322-5387.


Conrad De Castro, Chief
Overpayment Recovery Bureau