

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 8, 1991

ALL-COUNTY LETTER NO. 91-22

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY GAIN COORDINATORS

SUBJECT: The Greater Avenues for Independence (GAIN) Program  
New Forms and Notice of Action (NOA) Messages for the  
Recovery of Unused Portions of Advance Supportive  
Services Payments and Recovery of GAIN Supportive  
Services Overpayments.

REFERENCES: All-County Letter No. 90-98  
All-County Letter No. 90-102  
All-County Letter No. 90-111  
All-County Letter No. 91-05

The purpose of this letter is to transmit to County Welfare Departments (CWDs) reproducible copies of the new forms and notice of action messages specific to supportive services overpayment recovery and collection of unused portions of advance supportive services payments. These new forms and notices are necessary to implement the final Job Opportunities and Basic Skills (JOBS) Training Program regulations (Family Support Act of 1988, Public Law 100-485) and Assembly Bill (AB) 312, Chapter 1568, Statutes of 1990.

All-County Letter (ACL) No. 91-05 dated January 25, 1991 provided several policy questions and answers regarding the recovery of unused portions of advanced supportive services payments and supportive services overpayments. Additional policy questions and answers are included in Enclosure II of this letter. Also included in this letter are updated versions of the "Supportive Services NOAs" (Enclosure V) and the "Supportive Services NOAs Quick Reference Guide" (Enclosure VI); and flow charts describing the overpayment and unused portions of advances recovery processes (Enclosure VII). Earlier versions of Enclosures V and VI were transmitted to you in ACL No. 90-102, dated November 1, 1990.

If you have any questions regarding this letter, please contact your County's GAIN and Employment Services Operations Bureau Analyst at (916) 324-6962.

A handwritten signature in black ink, appearing to read "D. J. Boyle". The signature is written in a cursive style with a large, looped initial "D".

DENNIS J. BOYLE  
Deputy Director

Attachments (to County GAIN Coordinators only)

cc: CWDA

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## PROCEDURAL GUIDELINES

### A. IMPLEMENTATION

Upon receipt of this ACL, Counties must use the new forms and Notices of Action for Aid to Families with Dependent Children (AFDC) applicants and recipients when recovering unused portions of advance supportive services and supportive services overpayments.

### B. AVAILABILITY OF CAMERA-READY MASTERS OF FORMS AND TRANSLATIONS

Reproducible copies of new GAIN forms are attached for temporary reproduction. To obtain camera-ready masters of the forms in English and Spanish from DSS Forms Management, telephone or write to:

SDSS Forms Management Unit  
744 P Street, MS 7-182  
Sacramento, CA. 95814  
Telephone: (916) 322-8738 or ATSS 492-8738

Camera-ready masters of new forms will be automatically provided in Cambodian, Chinese, Lao, and Vietnamese as soon as they are available. They will be transmitted by a DSS Language Services letter directed to the attention of County Forms Coordinators. County GAIN Coordinators will receive a copy of this letter to advise them that the translations have been transmitted to their respective Forms Coordinators. To obtain reproducible copies of the Cambodian, Chinese, Lao, or Vietnamese translations, telephone or write to:

SDSS Language Services  
744 P Street, MS 14-25  
Sacramento, CA. 95814  
Telephone: (916) 323-9562 or ATSS 473-9562

We anticipate printed stock of the new forms will be available from the SDSS warehouse in early May.

### C. NEW GAIN NOTICES OF ACTION

The language for the new GAIN Notices of Action (NOAs) related to collection of supportive services overpayments and recovery of unused portions of advance supportive services payments are provided under this cover. Counties must use the language contained in the "Message" portion of the enclosed NOAs when collecting unused portions of advance supportive services payments and supportive services overpayments. The GAIN 50, YOUR GAIN HEARING RIGHTS, must accompany each NOA message.

D. PERMITTED COUNTY FORMS CHANGES

The new forms enclosed with this ACL are being designated as "Required Forms, Substitutes Permitted with Prior State Approval." The only County revisions which will not require prior DSS approval are: address information and spacing required for window envelopes; County-specific headers; County GAIN logos; and attachments such as, maps or other instructions to guide the individual to an activity location(s). Please consult with your GAIN and Employment Services Operations Bureau Analyst if you wish to make other types of revisions to the forms.

E. TRIAL PERIOD FOR TEMPORARY FORMS

These forms have been designated as temporary (TEMP) in order to provide for a field test period. This will allow for a review period of approximately six months, after which we invite County and welfare advocates' input regarding the workability of the forms prior to the release of permanent forms. In addition, the NOA messages will have the same field test period. We expect that printed versions of the permanent forms will be available at the DSS warehouse by May 1992.

**SUPPORTIVE SERVICES OVERPAYMENT POLICY  
QUESTIONS AND ANSWERS**

MPP SECTION 42-751

1. Q. A parent fails to attend his/her assigned GAIN activity with good cause and doesn't take his/her child to day care during the absence, but the child care provider has been paid for that period of time. Does the amount paid to the provider become an overpayment?

A. No. As specified in MPP Section 42-751.121, supportive services overpayments occur when the absence is without good cause.
2. Q. MPP Section 42-751.134 specifies that no overpayment is considered to have occurred "during lapses in AFDC eligibility for less than a full month." How can a lapse of AFDC eligibility for less than a full month occur? What does the phrase, "less than a full month," mean?

A. A lapse of AFDC eligibility for less than a full month generally occurs when an individual is late in submitting his/her Monthly Eligibility Report (CA 7). The phrase, "less than a full month," means one day less than the total number of calendar days in a month.
3. Q. Regarding Section 42-751.211, are GAIN workers supposed to refer cases of suspected fraud to the special investigative unit (SIU), or is this the responsibility of the eligibility worker?

A. The County may design a referral system that is administratively feasible for the County.
4. Q. How do the deferred repayment criteria impact deregistered clients? (MPP Section 42-751.3.)

A. Once a client is deregistered from GAIN, the deferred repayment criteria no longer apply. When an individual whose overpayment has been deferred leaves GAIN, the County must attempt to enter into a repayment agreement (see MPP Section 42-751.32(a)(2)). If unable to do so, the County must send a demand letter as specified in MPP Section 42-751.511.
5. Q. What is the procedure if someone refuses to enter into a repayment agreement?

A. If the individual is still in GAIN and the deferred repayment criteria in Section 42-751.32 do not apply, the CWD would recover the overpayment by adjusting future supportive services payments (see MPP Section 42-751.311). The County would continue to make payment

adjustments for each month supportive services are paid for as long as there is an outstanding overpayment and the individual is participating in GAIN. If the individual leaves GAIN, and continues to refuse to enter into a repayment agreement, the County must demand repayment by sending a GAIN SUPPORTIVE SERVICES OVERPAYMENT FINAL NOTICE (TEMP GAIN 59) (see MPP Section 42-751.511).

6. Q. The maximum recovery from current supportive services payments, as specified in MPP Section 42-751.444(a), is ten percent if the overpayment is caused by the participant; five percent if caused by the county. What is the five/ten percent reduction applied to?
  - A. The five/ten percent reduction is applied to the next child care payment if it was a child care overpayment; or to the next transportation or ancillary payment if it was a transportation or ancillary overpayment (see MPP Sections 42-751.442 and .443).
  
7. Q. The CWD makes vendor payments to a child care provider. There is an overpayment due to the participant's failure to attend the GAIN activity without good cause. Can the County recover the overpayment by reducing future payments to the child care provider?
  - A. No. The County must attempt to collect the overpayment from the participant, not the provider.

**LISTING OF NEW GAIN FORMS AND NOTICE OF ACTION MESSAGES**

OVERPAYMENT FORMS (NEW)

1. GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE -  
TEMP GAIN 57
2. GAIN SUPPORTIVE SERVICES OVERPAYMENT FINAL NOTICE -  
TEMP GAIN 58
3. GAIN SUPPORTIVE SERVICES REPAYMENT AGREEMENT -  
TEMP GAIN 59

NOTICE OF ACTION MESSAGES (NEW)

1. GAIN Recoupment of Unused Portion of Advance Payment -  
M42-750P (Sample)
2. GAIN Supportive Services Overpayment Payment Within  
Maximum - M42-750Q (Sample)

NEW GAIN OVERPAYMENT FORMS AND NOTICES

**GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE - TEMP GAIN 58**  
(2/91; NEW) (Required, substitutes permitted)

MPP 42-750.628 and 42-751.3

This notice informs individuals that an overpayment has occurred, including an unused portion of an advance that could not be recovered through other means, and of the amount of the overpayment. It also describes the methods available to make repayments and how to request a deferred repayment.

This notice may be used to inform individuals of more than one type of overpayment; e.g., child care and transportation. However, a GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE, TEMP GAIN 58, must be sent each time an overpayment occurs.

When the County determines that repayment should be deferred, the County must inform the participant of this determination and document the deferral as specified in MPP Section 42-751.32. If a subsequent overpayment occurs, the County can either confirm with the participant that the deferred repayment criteria still apply or automatically defer repayment of the subsequent overpayment.

Please Note: This deferred repayment procedure is different and less complex than the procedure described at the regulations training sessions in September 1990. At that time, Counties were instructed to use the repayment agreement for deferred repayments.

Prior DSS approval is not required to delete the check box and line that reads "complete and return the enclosed repayment agreement or," on the TEMP GAIN 58 when the County has decided not to mail the GAIN SUPPORTIVE SERVICES REPAYMENT AGREEMENT, TEMP GAIN 57, with the TEMP GAIN 58.

The GAIN 50, YOUR GAIN HEARING RIGHTS, must accompany the TEMP GAIN 58.

**GAIN SUPPORTIVE SERVICES OVERPAYMENT FINAL NOTICE - TEMP GAIN 59**  
 (2/91; NEW) (Required; substitutes permitted)

MPP 42-751.5

This notice informs the following individuals that repayment of their GAIN supportive services overpayment is due unless they enter into a new REPAYMENT AGREEMENT, TEMP GAIN 57:

- individuals who have left GAIN, including those who become exempt and do not choose to volunteer;
- individuals who have left AFDC; and,
- individuals who have failed to make a cash repayment as specified in their REPAYMENT AGREEMENT.

When the TEMP GAIN 59 has been sent, further notification is not required. If the individual does not enter into a new REPAYMENT AGREEMENT or does not respond to the TEMP GAIN 59, the County should follow its established procedures for collection. In cases of former AFDC recipients, the County may determine whether continued collection efforts would be cost efficient after the TEMP GAIN 59 has been sent (MPP Section 42-751.52).

The GAIN 50, YOUR GAIN HEARING RIGHTS, must accompany the TEMP GAIN 59.

**GAIN SUPPORTIVE SERVICES REPAYMENT AGREEMENT - TEMP GAIN 57**  
 (2/91; NEW) (Required; substitutes permitted)

MPP 42-751.3 and 42-751.511 and .512

This notice is used to: (1) obtain the individual's selected method of repayment; (2) inform individuals of the consequences of not paying in accordance with a signed REPAYMENT AGREEMENT; and, (3) inform individuals that the overpayment balance is due and payable immediately upon termination of AFDC eligibility or upon termination of GAIN participation unless a new REPAYMENT AGREEMENT is entered into.

The TEMP GAIN 57 is not to be used when repayment has been court-ordered.

**GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE - TEMP. GAIN 58 (2/91)**

**INSTRUCTIONS:** Use to notify individuals of an overpayment of GAIN supportive services, including an unused portion of an advance that could not be recovered in accordance with MPP Section 42-750.62. Counties have the option to send a GAIN SUPPORTIVE SERVICES REPAYMENT AGREEMENT (TEMP GAIN 57) with the OVERPAYMENT NOTICE. If the TEMP GAIN 57 is sent with the OVERPAYMENT NOTICE, a self-addressed envelope must be included.

If an overpayment is deferred under MPP Section 42-751.32, the County must inform the individual that the overpayment is still owed but that repayment has been postponed. The County must document in the case file the amount and date of the overpayment and the expected ending date of the deferred status. In addition, it is suggested the County set up a tickler file to reevaluate the need for the continued deferred repayment at each change of GAIN activity.

Fill in the following:

- The month(s) or period of time the individual was overpaid.
- The check box for the appropriate type of supportive service(s) that was overpaid. More than one box can be checked if necessary.
- The check box under "HERE'S WHY:" that applies to the reason the overpayment occurred. If the overpayment is due to non-participation without good cause, check the first box and specify the activity the individual was to have participated in. If the overpayment is due to an uncollected unused portion of an advance payment, check the second box and fill in the month that the unused portion of the advance was intended to cover; it should be the same month as that on the first line. Use the "Other" box to describe when an overpayment has occurred due to County error.
- The overpayment computation. The County may use the top four lines of the computation section to list either the types of overpaid supportive services or the separate months in which the overpayment occurred when a single type of supportive service has been overpaid for two or more months. The overpayment computation is done below the top four lines.

The County may need to add additional computation sheets.

- The check box(es) that tells the individual what action he/she must take within ten days. Check only the box(es) that apply to the individual. Check the box that begins "You have told the County before that you cannot begin...", ONLY when you are automatically deferring a repayment because the individual already has one or more deferred repayments and it is determined that the deferral criteria still apply; or an unused portion of an advance has already been deferred for the individual. Only current GAIN participants are eligible for deferred repayments.

- The County contact telephone number.
- The maximum authorized payment and the repayment amount on the lines provided. If the overpayment is a result of County error, the repayment amount is five percent of either the child care payment (if the overpayment occurred in child care) or the transportation or ancillary payment (if the overpayment occurred in either transportation or ancillary). If the overpayment is a result of participant error, the repayment amount is ten percent of either the child care payment (if the overpayment occurred in child care) or the transportation or ancillary payment (if the overpayment occurred in either transportation or ancillary).
- The County mailing address.

The GAIN 50, YOUR GAIN HEARING RIGHTS, must accompany this form.

**GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE**

COUNTY OF: \_\_\_\_\_

ADDRESSEE: \_\_\_\_\_

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

You were overpaid for the following Supportive Services(s) for the month(s) of \_\_\_\_\_:

- Child Care       Transportation expenses       Work/training related expenses

**HERE'S WHY:**

- You did not have good reason for not participating in the following assigned activity \_\_\_\_\_ and were not eligible for supportive services.
- You were paid an advance payment for \_\_\_\_\_ that you did not use to pay for GAIN expenses.
- Other: \_\_\_\_\_

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	-\$	-\$	-\$	-\$
OVERPAYMENT AMOUNT.....	=\$	=\$	=\$	=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE.....				=\$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT.....				+\$
NEW TOTAL AMOUNT YOU OWE.....				=\$

**ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:**

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

- pay in full what you owe,  complete and return the enclosed repayment agreement or,  
 call your county at \_\_\_\_\_ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$\_\_\_\_\_ will be lowered by no more than \$\_\_\_\_\_.

You may not have to repay in any month while you are in GAIN if you would:

- not have enough money to pay for child care, transportation and or work/training related expenses to be in GAIN and/or
  - have to change the child care arrangements you have now.
- Call your worker to have your repayment delayed, if either of the reasons above apply to you.
- You have told the County before that you cannot begin to repay the overpayment while you are in GAIN. The County will delay this repayment.

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR GAIN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.**

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get 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's name on it.

**RULES:** These rules apply: MPP 42-751. You may review them at your welfare office.

**GAIN OVERPAYMENT FINAL NOTICE - TEMP GAIN 59 (2/91)**

INSTRUCTIONS: Use to notify the following individuals that their GAIN supportive services overpayment is due unless they enter into a new REPAYMENT AGREEMENT (TEMP GAIN 57):

- individuals who have left GAIN, including those who become exempt and do not choose to volunteer;
- individuals who have left AFDC, except those eligible for transitional child care (TCC). For individuals eligible for TCC, follow the procedures specified in MPP 47-190;
- individuals who have failed to make a cash repayment as specified in their REPAYMENT AGREEMENT, regardless of whether they are still in GAIN or on AFDC.

Fill in:

- The date(s) the original overpayment notice(s) (TEMP GAIN 58) was mailed telling the individual about the overpayment(s).
- The type of supportive service(s) that was overpaid.
- The remaining amount owed.
- The check box which designates the reason for the FINAL NOTICE.
- The overpayment computation.
- The County mailing address.
- The County contact telephone number.

The GAIN 50, YOUR GAIN HEARING RIGHTS, must accompany this form.

**GAIN 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):

- Child Care       Transportation expenses       Work/training 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 GAIN, and your method of repayment no longer works.  
 You are no longer getting AFDC, and your method of repayment no longer works.  
 You did not have to repay while you were in GAIN. Now you need to repay.  
 Other. \_\_\_\_\_

TOTAL OVERPAID AMOUNT	LESS AMOUNT YOU 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 AFDC you can ask to have your AFDC 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 IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. 'YOUR GAIN HEARING RIGHTS' FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.****RULES:** These rules apply. MPP 42-751 You may review them at your welfare office.

**GAIN SUPPORTIVE SERVICES REPAYMENT AGREEMENT - TEMP GAIN 57**  
(2/91)

**INSTRUCTIONS**

**Purpose**

The GAIN SUPPORTIVE SERVICES REPAYMENT AGREEMENT is to be used to secure a written repayment agreement with an individual who received GAIN supportive services payments he/she was otherwise not entitled to receive. It may be sent with the OVERPAYMENT NOTICE (TEMP GAIN 58) to be completed by the individual or the County may use it in a meeting with the individual to document the terms of repayment. If neither of the two preceding situations apply, the TEMP GAIN 57 is to be sent at the point the REPAYMENT AGREEMENT is to be established.

**Preparation**

An original and three copies of the TEMP GAIN 57 are to be completed.

**Section I**

The County fills in the total amount of the overpayment and checks the appropriate box for the type of supportive service that was overpaid.

A child care overpayment can only be recovered from a subsequent child care payment. Transportation and/or ancillary overpayments can be recovered from either a subsequent transportation or ancillary payment.

If there is more than one type of supportive services overpayment, a separate REPAYMENT AGREEMENT must be used for each type.

In the space provided, enter the telephone number the individual can call if he/she has any questions about the agreement.

**Section II**

The individual reads and initials Section II.

**Section III**

The individual checks the box which represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

**Section IV**

The individual checks the appropriate box in this section.

The County stamps the County's address appropriate for payments.

**The individual signs and dates.**

**Section V**

When the signed agreement is returned by the individual and the County determines that the terms are acceptable as specified in regulations, the County enters the following information in the section marked "To be completed by the County":

- Name of the County official accepting agreement (printed)
- Date
- Name of County
- Signature of authorized County official

**Distribution**

The original of the REPAYMENT AGREEMENT remains in the County file once it has been signed by both parties.

If the REPAYMENT AGREEMENT is sent to the individual, the original and two copies must be mailed with a self-addressed return envelope. The fourth copy is retained by the CWD pending receipt of the signed agreement. After the individual signs the original and both copies, he/she is instructed to keep the last copy and return the others to the County. After approving the agreement, the County signs the original and the copy. The County keeps the original and sends the signed second copy back to the individual.

If the County secures the REPAYMENT AGREEMENT at a meeting with the individual, the second copy must be given to the individual with both parties' signatures; the original, with both parties' signatures, is retained in the County file.

**GAIN SUPPORTIVE SERVICE  
REPAYMENT AGREEMENT**

ADDRESSEE

CASE NUMBER
CASE NAME
WORKER
DATE

**I. REPAYMENT TERMS AND CONDITIONS**

You must repay what you owe by using one or more of the methods listed in Section III. Your total overpayment is \$ \_\_\_\_\_ for  child care,  for transportation or work/training related expenses.

You do not have to begin to repay the overpayment while you are in GAIN if you would not be able to keep the child care you have now or you would not have enough money to pay for child care, transportation and/or work/training related expenses that you need to be in GAIN.

If you cannot repay or begin to repay now, tell your worker now or if this form was mailed to you, call your worker within ten days of the date the form was mailed. If the County agrees, you will still have to pay back what you owe, just not now. The County will then check to see if you can begin to repay when you change GAIN activities.

If you have any questions, please call us at \_\_\_\_\_.

If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all other copies to the County. Do not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the County name on it.

When approved by the County, a signed copy of this agreement will be sent to you.

If you are still in GAIN and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the County will take action to collect the overpayment by reducing your next payment.

If you are no longer in GAIN and you do not return this form within ten days of the date this notice was mailed to you the County will demand payment and take other action to collect the overpayment.

**II. I understand that:**

- Any changes in my ability to pay can change my monthly payments.
- If anything changes, I can ask the County to enter into a new repayment agreement with me.
- If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the County will require a new repayment agreement.
- If I do not pay back the County as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. I may have to pay collection costs, attorney fees, court costs, and interest.
- If I do not pay, the County may take my state income tax refund and/or ask for the court to attach my wages or any property I own.
- The County may ask other family members to repay if I do not repay the overpayments.

Put your initials here \_\_\_\_\_ to show that you have read and understand items 1 through 6 above.

**III. Check below the ways you want to repay. Fill in the amount(s) you will repay.****1. Cash Payment**

You may repay all or part of what you owe with cash.

I will repay by lump sum cash payment of \$ \_\_\_\_\_ by \_\_\_\_\_

I will repay by monthly cash payment of \$ \_\_\_\_\_ by the first day of each month beginning \_\_\_\_\_.

**2. Payment Reduction**

If you get GAIN supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was caused by you. If the overpayment was an error by the County, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month.

I will repay the highest amount that applies in my case.

Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ \_\_\_\_\_ each month.

**3. Grant Reduction**

You may repay by having your AFDC payment reduced.

I will repay by having my AFDC grant reduced by \$ \_\_\_\_\_ each month.

**IV. CHECK THE BOX BELOW THAT APPLIES TO YOU**

I can begin repayment within 30 days from the date this notice was mailed to me.

I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by \_\_\_\_\_.

Mail this form and payments to:

Bring this form and payments "in person" to:

Sign your name below and enter the date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**V. To be completed by the County**

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_

for \_\_\_\_\_ County.

Signature \_\_\_\_\_

## NOTICES OF ACTION MESSAGE

### RECOUPMENT OF UNUSED PORTION OF ADVANCE PAYMENT - M42-750P (2/91; NEW) (Required; no substitutes permitted)

MPP 42-750.6

This Notice of Action (NOA) message is issued when a subsequent supportive services payment is to be reduced by the amount of an advance payment which is not supported by proof of costs because:

- proof of costs was received for the advance payment by the 10th of the month following the month for which the advance was intended, but did not equal the amount of the advance; OR,
- proof of costs was not received for the advance payment by the 10th of the month following the month for which the advance was intended.

This NOA must be issued timely; that is, 10 days prior to the issue date of the subsequent supportive services payment.

For example, in January, an advance is made for February; the individual does not provide proof of costs for the advance by the 10th of March (the month following the month for which the advance is intended). At this point, the County must send the M42-750P NOA, informing the individual that the necessary proof of costs were not received and that either the reimbursement for March or the advance for April (whichever is appropriate) will be reduced by the amount of the unused portion of the advance for February (see MPP Section 42-750.62).

If, after receipt of the M42-750P NOA, proof of costs is not provided by the individual or otherwise secured by the County within the timely notice period, the reduction to the March reimbursement or the April advance is made; further notification is not required.

If, after receipt of the M42-750P NOA, proof of costs is provided or secured within the timely notice period, the reimbursement for March or the advance for April is reduced by any amount of the advance for February which is not supported by the proof of costs.

In either situation, if the individual indicates that recovery of the unused portion of the advance for February would result in disruption of current child care arrangements, preclude program participation or prevent employment, recovery is to be deferred in accordance with MPP Section 42-751.32.

**SUPPORTIVE SERVICES OVERPAYMENT PAYMENT WITHIN MAXIMUM -**  
**M42-750Q (2/91; NEW) (Required; no substitutes permitted)**

This NOA message provides concurrent notice to individuals when the County issues a supportive services payment that is less than the amount claimed, but within the authorized maximum, and the reduction is due to: (1) the recovery of an unused portion of an advance payment when proof of costs has been received after the M42-750P NOA has been issued; or (2) a supportive services overpayment being recovered by payment adjustment (either automatically or in accordance with a signed REPAYMENT AGREEMENT, TEMP GAIN 57).

The M42-750Q NOA MUST BE issued at the same time as the reduced payment.

State of California  
Department of Social Services

Manual Reg. No.: M42-750P 1of3  
Action : Inform  
Reason: Unused Advance of  
Supportive Services  
Title: Recoupment of Unused  
Portion of Advance Payment  
Form No. :  
Effective Date : 02/01/91, New  
Revision Date :  
Regulation Cite: 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44

MESSAGE:

Effective \_\_\_\_\_, your payment for: [ ]child care [ ]transportation  
[ ]work and training related expenses for \_\_\_\_\_ will be  
\$ \_\_\_\_\_. This amount is less than what you asked for.

Here's why:

You have to pay us back any money we advance to you that you do not use  
to pay for GAIN expenses.

- [ ] The proof of costs shows that you did not use all of your advance  
for \_\_\_\_\_.
- [ ] You failed to give us proof of costs by the 10th of this month. You  
must give us \_\_\_\_\_.

If you give us this information, you may still get your payment up  
to your approved maximum payment, but it may be late.

[ ] Other:

CHILD CARE:

Payment for your child care is figured on this notice.

[ ] Your payment of \$ \_\_\_\_\_ for this month will be adjusted  
effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_  
- \_\_\_\_\_ your actual costs for that month  
= \_\_\_\_\_ unused advance

\$ \_\_\_\_\_ amount requested  
- \_\_\_\_\_ unused advance  
= \$ \_\_\_\_\_ adjusted payment

State of California  
Department of Social Services

Manual Reg. No.: M42-750P 2of3  
Action : Inform  
Reason: Unused Advance of  
Supportive Services  
Title: Recoupment of Unused  
Portion of Advance Payment  
Form No. :  
Effective Date : 02/01/91, New  
Revision Date :  
Regulation Cite: 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44

Auto ID No. :  
Flow Chart No. :  
Source : GAIN

TRANSPORTATION OR WORK AND TRAINING RELATED EXPENSES:

Payment for your transportation and/or work and training related expenses is figured on this notice.

[] Your payment of \$ \_\_\_\_\_ for this month will be adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_  
- \_\_\_\_\_ your actual costs that month  
= \_\_\_\_\_ unused advance  
  
\$ \_\_\_\_\_ amount requested  
- \_\_\_\_\_ unused advance  
= \$ \_\_\_\_\_ adjusted payment

Call your GAIN worker if this adjusted payment means you will not be able to stay in your GAIN activity, if you will have to change the child care provider you have now or if you will not be able to accept a job.

CALL YOUR GAIN WORKER IF YOU THINK THIS NOTICE IS WRONG. ALSO, YOU MAY ASK FOR A STATE HEARING. "YOUR GAIN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

INSTRUCTIONS: Use to provide timely notice to individuals that there is an unused portion of an advance payment, and as a result, one of the following supportive services payments will be reduced as appropriate:

- the supportive services reimbursement for the month after the month for which the advance was made; or
- the supportive services advance for the second month after the month for which the advance was made.

Enter the effective date on the line that reads, "Effective \_\_\_\_\_, your payment for:...." THIS NOA MUST BE TIMELY.

State of California  
Department of Social Services

Manual No.: M42-750P 3of3  
Action : Inform  
Reason: Unused Advance of  
Supportive Services  
Title: Recoupment of Unused  
Portion of Advance Payment  
Form No. :  
Effective Date : 02/01/91, New  
Revision Date :  
Regulation Cite: 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44

Auto ID No. :  
Flow Chart No. :  
Source : GAIN

Check the appropriate box for the supportive service the reduced payment is intended to cover.

Fill in the month or period of time the reduced payment is intended to cover.

Fill in the amount of the reduced payment.

Under "Here's Why:", check the appropriate reason box. If the reduction is because proof of costs were received by the 10th of the month following the month the advance was intended to cover (the current month) but did not equal the amount of the advance, check the first box and fill in the appropriate month or period of time the advance was intended to cover. If the reduction is because proof of costs was not received by the 10 of the current month, check the second box and describe the required information that was not provided. If the reduction is for another reason, check the "Other" box and specify the reason for the action.

Complete the appropriate computation for child care or ancillary (transportation and/or work-related) expenses. Fill in the amount of the current payment and the effective date of the payment adjustment. On the first line of the calculation, enter the total amount of the advance payment and the month for which the advance payment was intended; i.e., the month when the advance was not completely used. On the second line, enter the actual costs; i.e., the amount of the advance payment that was supported by proof of costs. On the third line, enter the amount that was unused; i.e., not supported by proof of costs. On the fourth line, enter the payment, before the adjustment is made, for the current month. On the fifth line, enter the same amount that was entered on line three of the computation. On the sixth line, fill in the reduced amount that will be issued in the current month.

State of California  
Department of Social Services

Manual Pg. No.: M42-750Q 1of4  
Action : Inform  
Reason: Overpayment of  
Supportive Services  
Title: Supportive Services  
Overpayment Payment  
Within Maximum

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.6, 42-751

Form No. :  
Effective Date : 02/01/91 New  
Revision Date :

MESSAGE:

Your payment for: child care transportation work and training  
related expenses for \_\_\_\_\_ is \$ \_\_\_\_\_. This amount is less  
than what you asked for. Your payment limit has not changed.

Here's why:

- You have to pay us back any money we advance to you that you do not use to pay for GAIN supportive services expenses. We subtracted that portion of your advance payment that was not used to pay for GAIN supportive services.
- We subtracted the amount listed in your overpayment repayment agreement dated \_\_\_\_\_.
- We subtracted the amount we figured we need to take to adjust your overpayment. We told you about this in your overpayment notice dated \_\_\_\_\_.
- Other:

CHILD CARE:

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$	_____	your actual advance payment for _____
-	_____	your actual costs for that month
= \$	_____	unused advance
\$	_____	amount requested for _____
-	_____	unused advance
= \$	_____	adjusted payment

State of California  
Department of Social Services

Manual .sg. No.: M42-750Q 2of4  
Action : Inform  
Reason: Overpayment of  
Supportive Services  
Title: Supportive Services  
Overpayment Payment  
Within Maximum

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.6, 42-751

Form No. :  
Effective Date : 02/01/91 New  
Revision Date :

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ amount you asked for  
- \_\_\_\_\_ amount collected because of an overpayment  
=\$ \_\_\_\_\_ adjusted payment

Call your GAIN worker if this adjusted payment means you will not be able to stay in your GAIN activity, if it means you will have to change the child care provider you have not or if you will not be able to accept a job.

#### TRANSPORTATION OR WORK AND TRAINING RELATED EXPENSES:

Mileage can be paid only if there is no public transportation available or it costs the same as or less than public transportation. Public transportation is available when it takes no more than two hours round trip for you to get from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is less.

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ your actual advance payment for \_\_\_\_\_  
- \_\_\_\_\_ your actual costs for that month  
= \$ \_\_\_\_\_ unused advance

\$ \_\_\_\_\_ amount requested  
- \_\_\_\_\_ unused advance  
= \$ \_\_\_\_\_ adjusted payment

Your payment of \$ \_\_\_\_\_ for \_\_\_\_\_ has been adjusted effective \_\_\_\_\_ as follows:

\$ \_\_\_\_\_ amount you asked for  
- \_\_\_\_\_ amount collected because of a prior overpayment  
= \$ \_\_\_\_\_ adjusted payment

State of California  
Department of Social Services

Manual Pg. No.: M42-750Q 3of4  
Action : Inform  
Reason: Overpayment of  
Supportive Services  
Title: Supportive Services  
Overpayment Payment  
Within Maximum

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.6, 42-751

Form No. :  
Effective Date : 02/01/91 New  
Revision Date :

Call your GAIN worker if this adjusted payment means you will not be able to stay in your GAIN activity, if it means you will have to change the child care provider you have now or if you will not be able to accept a job.

CALL YOUR GAIN WORKER IF YOU THINK THIS ACTION IS WRONG. ALSO, YOU CAN ASK FOR A STATE HEARING. "YOUR GAIN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

#### INSTRUCTIONS:

THIS NOA MUST BE SENT AT THE SAME TIME AS THE REDUCED PAYMENT.

Use this NOA to:

1. Recover an unused portion of an advance payment by adjusting a future supportive services payment after the M42-750P NOA has been sent and proof of costs has been received.
2. Recover a supportive services overpayment by adjusting a future supportive services payment, either automatically or in accordance with a signed REPAYMENT AGREEMENT (TEMP GAIN 57) after the GAIN OVERPAYMENT NOTICE (TEMP GAIN 58) has been sent.

This NOA MUST BE issued each time a payment adjustment is made.

When making payment adjustments, child care overpayments can only be recovered from future child care payments; transportation or ancillary overpayments can be recovered from future transportation or ancillary payments.

Check the appropriate box for the supportive service the reduced payment is intended to cover. Fill in the month of the action; include the reduced payment amount.

Under "Here's why:", Check the appropriate reason box. If the reduction is due to an unused portion of an advance, check the first box. If the reduction is made in accordance with a signed REPAYMENT AGREEMENT check

State of California.  
Department of Social Services

Manual sg. No.: M42-750Q 4of4  
Action : Inform  
Reason: Overpayment of  
Supportive Services  
Title: Supportive Services  
Overpayment Payment  
Within Maximum

Auto ID No. :  
Flow Chart No. :  
Source : GAIN  
Regulation Cite: 42-750, 42-750.6, 42-751

Form No. :  
Effective Date : 02/01/91 New  
Revision Date :

the second box and enter the date of the REPAYMENT AGREEMENT. If the reduction is due to an automatic payment adjustment (either five or ten percent), check the third box and enter the date of the OVERPAYMENT NOTICE, TEMP GAIN 57. If the reduction is due to a reason other than those listed, check the last box and specify the reason.

In both the CHILD CARE and the TRANSPORTATION OR WORK AND TRAINING RELATED EXPENSE computation sections:

If you are recovering an unused portion of an advance payment after the M42-750P NOA has been sent and proof of costs has been received, check the box before the sentence that begins: "Your payment of \$\_\_\_\_\_ for \_\_\_\_\_ . . ." (the first box) and fill in the amount of the current payment, the month for which the payment is being made and the effective date of the payment adjustment. On the first line of the calculation, enter the actual amount of the advance payment for which there is an unused portion and the month for which the advance payment was made; i.e., the month when an entire advance was not completely used. On the second line, enter the actual costs; i.e., the amount of the advance payment that was supported by proof of costs. On the third line, enter the amount that was unused; i.e., the amount that was not supported by proof of costs. On the fourth line, enter the amount of the current payment and the month for which it is being made. On the fifth line, enter the same amount that was entered on line three of the computation. On the sixth line, enter the reduced amount that is to be issued.

If you are recovering an overpayment after the TEMP GAIN 58 has been sent, check the box before the sentence that begins: "Your claim of \$\_\_\_\_\_ for this month . . ." and fill in the amount of the current payment, the month for which it is being made and the effective date of the payment adjustment. Complete the calculation to show the amount to be paid after the overpayment amount is deducted. This reduction can only be made when the payment goes directly to the individual.

## SUPPORTIVE SERVICES NOAs

	<u>TITLE</u>	<u>NUMBER</u>
1.	Child Care Approval	M42-750B
2.	Child Care Payment Change	M42-750C
3.	Child Care Denial	M42-750D
4.	Child Care Discontinuance	M42-750E
5.	Transportation Approval	M42-750F
6.	Transportation Change	M42-750G
7.	Transportation Denial	M42-750H
8.	Transportation Discontinuance	M42-750I
9.	Ancillary Expenses Approval	M42-750J
10.	Ancillary Expenses Denial	M42-750K
11.	Payment Within Maximum	M42-750L
12.	Combined Child Care and Transportation Discontinuance	M42-750M
13.	Approval of Child Care Provider Change	M42-750N
14.	Extension of Child Care and/or Transportation	M42-750O
15.	Recoupment of Unused Portion of Advance Payment	M42-750P
16.	Supportive Services Overpayment Payment Within Maximum	M42-750Q

ENCLOSURE VI

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Child Care	Approval To approve child care payments to a provider. Usually, this is the first child care NOA a client gets when he/she starts a new activity.	Child Care Approval	M42-750B	No
Child Care	Approval To approve all or part of a client's request to change to a new provider.	Approval of Child Care Provider Change	M42-750N	No
Child Care	Approval To extend approved supportive services when an approved GAIN activity [such as ABE] is extended.	Extension of Child Care and/or Transportation	M42-750O	No
Child Care	Change (increase) To increase the maximum payment level.	Child Care Payment Change	M42-750C	No
Child Care	Change (decrease) To decrease the maximum payment level.	Child Care Payment Change	M42-750C	Yes

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Child Care	Change (Payment method change results in increase.)  Example: switching the client from part-time care to full-time (more expensive) child care.	Child Care Payment Change	M42-750C	NO
Child Care	Change (Payment method change results in decrease.)  Example: switching the client from full-time care to less expensive part-time care.	Child Care Payment Change	M42-750C	Yes
Child Care	Denial  To deny a request for child care payments.	Child Care Denial	M42-750D	NO
Child Care	Discontinuance (Termination)  To stop child care payments.	Child Care Discontinuance	M42-750E	Yes

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Child Care	Discontinuance (Termination) To stop both child care and transportation payments because a client has been deregistered or deferred from GAIN.	Combined Child Care and Transportation Discontinuance	M42-750M	Yes
Transportation	Approval To approve transportation payments. Usually, this is the first transportation NOA a client gets when he/she starts a new activity.	Transportation Approval	M42-750F	No
Transportation	Approval To extend approved supportive services when an approved GAIN activity [such as ABE] is extended.	Extension of Child Care and/or Transportation	M42-750O	No
Transportation	Change (Increase) To increase the maximum payment level.	Transportation Change	M42-750G	No
Transportation	Change (Decrease) To decrease the maximum payment level.	Transportation Change	MA42-750G	Yes

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Transportation	Change (Payment method change results in increase.) Example: switching the client from bus passes to mileage reimbursements.	Transportation Change	M42-750G	No
Transportation	Change (Payment method change results in decrease.) Example: switching the client from mileage reimbursement to bus passes.	Transportation Change	M42-750G	Yes
Transportation	Denial To deny a request for transportation payments.	Transportation Denial	M42-750H	No
Transportation	Discontinuance (Termination) To stop transportation payments.	Transportation Discontinuance	M42-750I	Yes

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Transportation	Discontinuance (Termination)  To stop both child care and transportation payments because a client has been deregistered or deferred from GAIN.	Combined Child Care and Transportation Discontinuance	M42-750M	Yes
Child Care and/or Transportation	Other (Explanation of payment)  To reconcile supportive services claims with actual expenditures. The approved maximum remains the same.  To notify participants about reconciled payments made to temporary providers of care for sick children, whenever the amount paid is less than the amount claimed; and to notify participants about temporary changes in the method of payment for supportive services.	Payment Within Maximum	M42-750L	No. Issue at the same time as the payment.  No. Issue at the same time as the payment.

**SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE**

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Ancillary	Approval  To approve all or a portion of a request for ancillary expenses; includes listing of items not approved.	Ancillary Expenses Approval	M42-750J	No
Ancillary	Denial  To deny entire request for ancillary expenses; no items approved.	Ancillary Expenses Denial	M42-750K	No
Child Care, Transportation and/or Ancillary	Other (Explanation of reduced payment.)  Use this NOA to recover unused portions of advance supportive services payments from future supportive services payments. The approved maximum remains the same.	Recoupment of Unused Portion of Advance Payment	M42-750P	Yes

SUPPORTIVE SERVICES NOAS  
QUICK REFERENCE GUIDE

<u>Supportive Services</u>	<u>Action</u>	<u>NOA Title</u>	<u>NOA Number</u>	<u>Timely</u>
Child Care, Transportation and/or Ancillary	<p>Other (Explanation of reduced payment.)</p> <p>Use this NOA to recover unused portions of advance supportive services payments from future payments when proof of costs is received after the M42-750P NOA has been sent. The approved maximum remains the same.</p> <p>Also, use this NOA to notify participants that a reduction has been made to their supportive services payment due to recovery of a supportive services overpayment through payment adjustment method of recovery after a GAIN 58 has been sent. The approved maximum remains the same.</p>	Supportive Services Overpayment-Payment within Maximum	M42-750Q	No - Issue at the same time as the payment
	<p>Also, use this NOA to notify participants that a reduction has been made to their supportive services payment due to recovery of a supportive services overpayment through payment adjustment method of recovery after a GAIN 58 has been sent. The approved maximum remains the same.</p>			No - Issue at the same time as the payment.

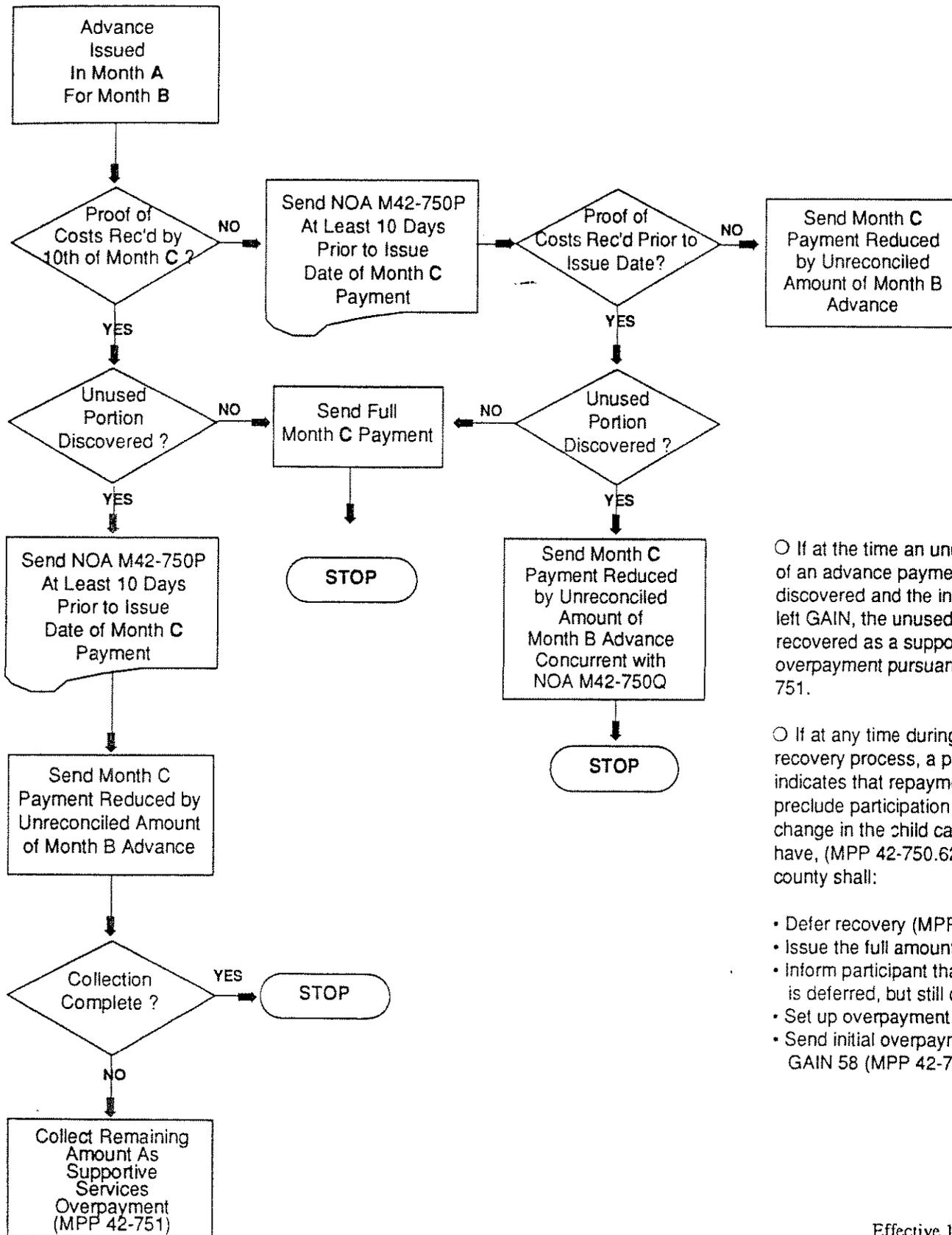
Greater Avenues for Independence

**GAIN**

ENCLOSURE VII

**CHART I- Process for Recovery of Unused Portions of Advance Supportive Services Payments**

Reference: MPP 42-750.6



○ If at the time an unused portion of an advance payment is discovered and the individual has left GAIN, the unused portion is recovered as a supportive services overpayment pursuant to MPP 42-751.

○ If at any time during the recovery process, a participant indicates that repayment would preclude participation or require a change in the child care they now have, (MPP 42-750.627), the county shall:

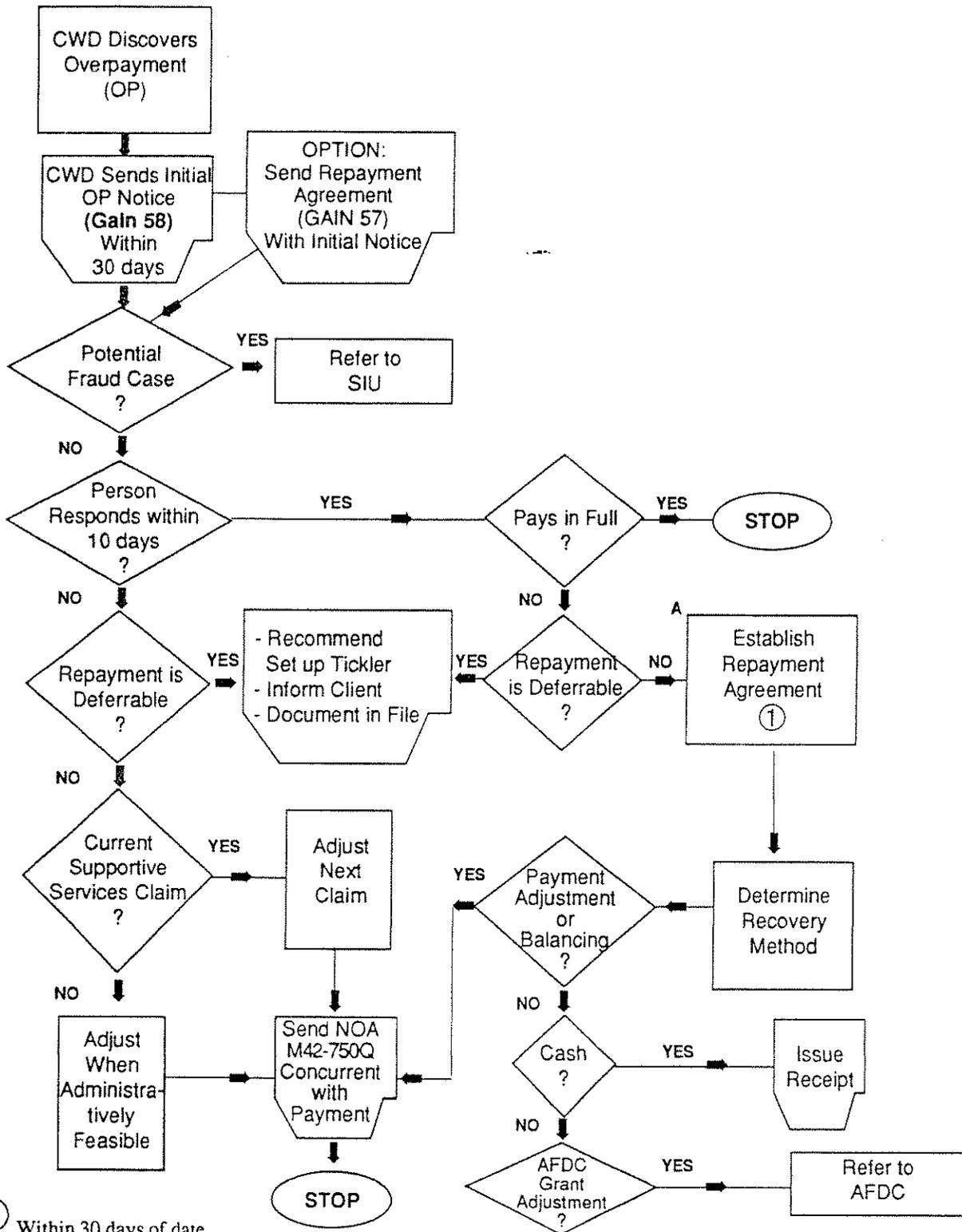
- Defer recovery (MPP 42-751.3).
- Issue the full amount needed.
- Inform participant that recovery is deferred, but still owed.
- Set up overpayment.
- Send initial overpayment notice, GAIN 58 (MPP 42-751).

## Greater Avenues for Independence

# GAIN

### CHART 2- Supportive Services Overpayment Recovery Process for Current GAIN Participants

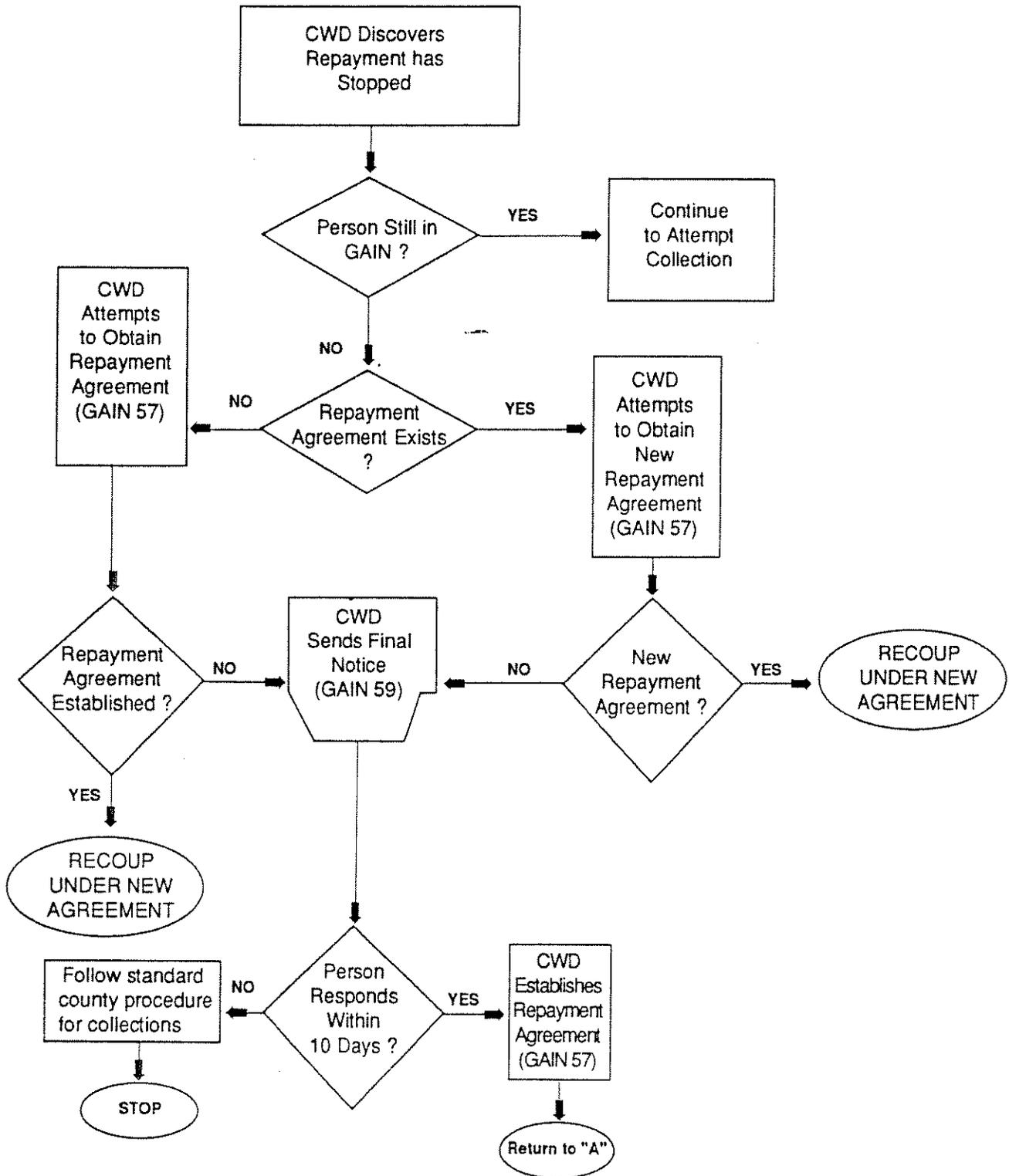
Reference: MPP 42-751



① Within 30 days of date initial notice is mailed.

# GAIN

CHART 2, con't.- Supportive Services Overpayment Recovery Process for GAIN Participants



## Greater Avenues for Independence

# GAIN

### CHART 3- Supportive Services Overpayment Recovery Process for Current AFDC Recipients (Not in GAIN) and Former AFDC Recipients

Reference: MPP 42-751

