

Adjustment to Overpayment Balance

To: Department of Human Services
 Bureau of Payments and Receipts
 Cashier's Office Rm 14
 1305 E Walnut
 Des Moines IA 50319-0114

Date: _____

Submitting Worker

| | | |
|------|----------------------|-------|
| Name | Agency/County Office | Phone |
|------|----------------------|-------|

Debtor Information

| | |
|------|-----------------------------------|
| Name | State I.D., Provider I.D., or SSN |
|------|-----------------------------------|

Claim Information

| | |
|---------|------------------|
| Program | Date Established |
|---------|------------------|

Please make the following adjustments to this account on the Overpayment Recovery System: (Do not use this form to change the amount of the original claim. To change the amount of the claim, send an update of the original 470-0464.)

Action (Check one):

Reason: *(Specify a separate amount for each reason.)*

Reduce balance by
 \$ _____

- _____ Repayment by cash, personal check, etc.
- _____ State warrant returned
- _____ Offset against CCA payment
- _____ Offset against FIP corrective payment
- _____ Offset against Food Assistance lost benefits
(attach form 470-0318)
- _____ Offset against PJ expense allowance
- _____ Other (*explain*):
- _____ EBT Benefits (attach EBT account adjustment form)

Increase balance by
 \$ _____

- _____ Repayment of FIP recouped erroneously
- _____ Reissuance of Food Assistance benefits recouped
 erroneously
- _____ Correction of PJ expense allowance offset
 erroneously
- _____ Other (*explain*):