

# VOLUNTARY REPAYMENT AGREEMENT

County

I, \_\_\_\_\_, residing at \_\_\_\_\_, without being coerced, freely admit and fully understand that I have received benefits to which me and/or my household was not entitled. I do hereby agree to repay the \_\_\_\_\_ County Department of Social Services the total of \$\_\_\_\_\_ for those benefits. This voluntary repayment agreement is for the program, dates and amounts listed below:

A separate DHB 7060 must be completed for each program **and** by each debtor.

Medicaid/NCHC for \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I understand the amount of the Medicaid/NCHC claim may change because medical providers have 12 months to file a claim for payment and all claims may not have been paid yet. I agree to pay for any additional amount that may be added due to this reason. I understand I will be notified of any additional amounts.

Work First Family Assistance for \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Food and Nutrition Services for \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

I agree to pay in the following manner:

I agree to pay the full claim amount of \$ \_\_\_\_\_ on \_\_\_\_\_ (date).

I agree to make a down payment of \$ \_\_\_\_\_ on \_\_\_\_\_ (date) and make regular monthly payments of \$ \_\_\_\_\_ on the \_\_\_\_\_ (day of month) of each month until the balance is paid in full.

I agree to make regular monthly payments of \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month until the balance is paid in full.

I understand that this agreement must be accepted by \_\_\_\_\_ County Department of Social Services in order to be binding.

**All overpayment claims must be paid in full within 36 months and monthly payments cannot be less than \$25.00. Contact your local Program Integrity Office if you have a hardship that would not allow you to make the required minimum monthly payment. Do not send cash through the mail. We will only accept a cashier's check, certified check, or money order. When paying in cash, bring in the exact amount of your payment.**

**Failure to enter into a repayment agreement or to pay as agreed above can result in Federal payment interception, State Income Tax Refund interception and/or NC Education Lottery winnings interception. It could also result in a civil court action or other collection activity.**

Signed: \_\_\_\_\_ (Seal) Date: \_\_\_\_\_  
Debtor

Subscribed and sworn or affirmed to before me this day \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_ (Seal)  
Notary Public

My commission expires: \_\_\_\_\_, 20\_\_\_\_

**By signing this agreement below, I accept this repayment agreement on behalf of \_\_\_\_\_ County Department of Social Services.**

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Supervisor (optional)