Vermont Department for Children and Families
Economic Services Division

108A

Reimbursement Agreement

Case name _____ Social security number _____

District office address

I/we hereby agree to reimburse the Department for Children and Families (DCF) for the following amounts of benefits which I/we received, but was/were not eligible for:

Program	Period of payment of incorrect benefits	Amount overpaid

Total balance due $_____

Recoupment Method

☐ I/we agree to let DCF make a one-time withdrawal of $_____ from my EBT food account.

☐ I/we agree to let DCF make a one-time withdrawal of $_____ from my EBT cash account.

Cash Repayment Method (not applicable for repayment of Food Stamps by an active Food Stamp household)

☐ I/we agree to pay $_____ due the_____ program(s) in installments of $_____ to be made on the first of each month. The first payment will be due _____. Regular payments according to this schedule would complete payment in full by_____. Payments will be by check or money order made payable to the Department for Children and Families and mailed to:

Accounts Receivable Unit
Department for Children and Families
Economic Services Division
280 State Drive, HC 1 North
Waterbury, VT 05671-1070

I/we understand that failure to make regular payments, as agreed herein, may result in legal action to recover any balance due. If this is a Food Stamp debt, a referral may be made to the federal government for collection action through the Treasury Offset Program (TOP).

Signature_____ Date_____

Signature_____ Date_____

Accepted for DCF by_____ Date_____