



Florida Department of Children and Families
Benefit Recovery

REQUEST FOR INFORMATION TO DETERMINE COMPROMISE

Date Mailed: _____

TO: _____

Return Address:

Department of Children and Families
Office of Public Benefits Integrity
Suite 400, Room L263
2415 North Monroe Street
Tallahassee, FL 32303-4190

Phone #: _____

Fax #: _____

BR Specialist: _____

----- (Fold here for window envelope) -----

Case Number: _____

Dear _____:

The Department has received your request for a compromise of your food assistance overpayment. In order to determine whether you are eligible you must provide the following information:

Please provide the information requested above and return it to our office by _____. You can hand-deliver, fax or mail the requested information to the DCF office listed above. If you need help getting the information, or need additional time to provide the information, or have any questions, please call the Benefit Recovery Specialist at the number listed above.

If we do not receive the information or hear from you by the date listed above, we will determine your eligibility for a compromise based only on the information we already have. After we make our decision, you will receive a separate written notice of the approved or denied compromise decision, including information about hearing appeal rights.

Here is some important information about public assistance programs:

- If you need information about how to receive free legal advice, you can call toll free (866) 762-2237 for a listing of free legal agencies in your area or you can get it at www.myflorida.com/accessflorida/.
- In accordance with Federal laws and State policy, the Department of Children and Families is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, political belief or marital status.