

(County Letterhead)

**REPAYMENT AGREEMENT**

Subsidized Child Care Assistance Program

Provider

License Number

Address

I \_\_\_\_\_, owner or operator of \_\_\_\_\_, freely admit and fully understand that I or the child care facility have received Subsidized Child Care Assistance program payments in the amount of \$ \_\_\_\_\_ to which I/it was not entitled.

The Subsidized Child Care overpayment was due to:

(County enter narrative)

The time period of the overpayment was from \_\_\_\_\_ to \_\_\_\_\_ resulting in a total over payment in the amount of \$ \_\_\_\_\_.

I, \_\_\_\_\_, ("Owner") agree to repay to \_\_\_\_\_ County ("the County") the overpayment in the amount of \$ \_\_\_\_\_ as follows:

\_\_\_\_\_ The full amount of the overpayment within thirty (30) days.

\_\_\_\_\_ In equal monthly payments in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ months until the overpayment is paid in full.

My first payment is due on: \_\_\_\_\_.

Payment is by certified check or money order only. The payment is to be made at the \_\_\_\_\_ County Department of Social Services for processing.

Please make check or money order payable to: "NC DHHS/DCDEE"

**I acknowledge and agree that if I do not pay as agreed to herein, the full amount of the overpayment shall be immediately due and payable. If Owner defaults and the County does not require Owner to pay immediately and in full, the County will still have the right to do so if the Owner defaults at a later time. If I fail to pay as agreed, I understand that the County may pursue court action against me and my facility to collect the amount due and I agree that the County shall be entitled to collect from me its costs and reasonable expenses, including attorney's fees, for collecting the overdue amounts.**

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_