

NAME-OF-COUNTY-OFFICE-30-CHAR
ADDRESS-LINE-1---30-CHARACTERS
ADDRESS-LINE-2---30-CHARACTERS
CITY---15-CHAR ST 12345-1234

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM

NOTICE TO DEBTOR MM/DD/CCYY

**THIS LETTER IS TO NOTIFY YOU THAT YOUR NORTH CAROLINA
INCOME TAX REFUND HAS BEEN INTERCEPTED**

Social Security Number

PERSON'S-NAME---30-CHARACTERS
ADDRESS-LINE-1---30-CHARACTERS
ADDRESS-LINE-2---30-CHARACTERS
CITY---15-CHAR ST 12345-1234

Food Stamp Amount Eligible for N.C. Tax Intercept	\$ ZZZ, ZZ9.99
AFDC/Work First Amount Eligible for N.C. Tax Intercept	\$ ZZZ, ZZ9.99
Medicaid/N.C. Health Choice Amount Eligible for N.C. Tax Intercept	\$ ZZZ, ZZ9.99
TOTAL AMOUNT	\$ ZZZ, ZZ9.99

According to our records, you have an outstanding claim in the Food Stamp, AFDC/Work First and/or the Medicaid/N.C. Health Choice Programs. This claim(s) is owed because you received public assistance for which you were not eligible.

Since you have not paid this claim(s) in full, we notified the North Carolina Department of Revenue that you owe us this claim(s). We have directed the Department of Revenue to hold any state income tax refund that you may be eligible to receive and pay us the amount you owe us from your refund. This action is taken in accordance with North Carolina General Statute 105 (A) and House Bill 53, Chapter 18.

The Department of Revenue has notified us that you are due to receive a refund. At the top of this notice we show the amount that is eligible for N.C. Tax Intercept. The amount of your claim(s) balance may have changed if any payments have been made on the claim(s) in recent weeks or if a federal tax intercept has recently occurred.

Any amount of your tax refund that is intercepted which is more than your claim(s) will be returned to you with interest that has accrued since 5 days after the date the Department of Revenue notified you of the intercept.

You have the right to request a hearing to contest this action unless the debt has been previously litigated in a court proceeding. You must request a hearing by filing a written Petition with the Office of Administrative hearings (OAH) at the address below:

Mailing Address: Office of Administrative Hearings 6714 Mail Service Center Raleigh, NC 27699-6714 (919) 733-2698	Physical Address: Office of Administrative Hearings 424 North Blount Street Raleigh, North Carolina (919) 733-2698
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You have 30 calendar days from the date of this notice to request a hearing if you contest this action. Your request for a hearing must be mailed with postage prepaid and properly address or delivered by the 30th day after the date of this notice. You must mail or deliver the original and one copy of the Petition requesting the hearing to the Office of Administrative Hearings. In addition, you must mail or deliver a copy of the Petition to the agency named as the Respondent, the County Department of Social Services listed below, on the Petition. If you have not requested a hearing by the 30th day, you will have waived the opportunity to contest the action and we will apply the amount of your refund against what you owe the County Department of Social Services.

If you have questions concerning this action, please contact the **Program Integrity Section** at the County Department of Social Services listed below.

COUNTY ADDRESS:

COUNTY PHONE NUMBER

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(919) 555-1212

DSS-8653 (8-00)
Program Integrity Branch

ATTACHMENT #1