

State of Kansas Department for Children and Families Prevention and Protection Services	<b>ADOPTION ASSISTANCE NOTICE OF OVERPAYMENT</b>	PPS 6145 REV. 07/2017
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**You are receiving this notice because there has been an overpayment in adoption assistance subsidy. The reason for the overpayment is listed below along with contact information and where to submit the overpayment to the agency. If you are unable to make the payment in full you may set up a payment plan. If you do not make payments, this overpayment may be collected from your federal income tax refund or certain other federal payments. The overpayment may be collected from your State of Kansas income tax refund or from other State of Kansas payments. Other collection methods may also be used to collect this overpayment. The agency will inform you if action will be taken.**

**OVERPAYMENT**

Amount of Overpayment	Months of Overpayment: Month/Year to Month/Year

<b>Child's First Name:</b>	<b>MI</b>	<b>Last Name:</b>	<b>Date of Birth (MMDDYY):</b>	
<b>Child's Client ID Number:</b>				
<b>Adoptive Parent's Name:</b>	<b>Phone number: (Home)</b>	<b>Phone number: (Work)</b>	<b>Other number: (cell)</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Date Sent:</b>
Email address:				

**REASON(S) FOR OVERPAYMENT**

	The agency has been notified that you are no longer legally or financially responsible for the child listed above as of (date)_____
	Youth has graduated from High School and turned 18 on (date)_____
	Youth turned 18 on (date)_____ and is not actively involved in an ongoing High School education program
	Youth is 18 or older and you have indicated the child no longer needs Adoption Assistance
	You are currently receiving SSI benefits for the child
	Youth turned 21 on (date)_____ and is no longer eligible for Adoption Assistance
	Other

<b>Make all Payments to:</b>	<b>If you have questions please contact:</b>
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<p>Department for Children &amp; Families Central Collections Unit, PO Box 2003, Topeka KS 66601-2003</p> <p>Payment must be in the form of a check or money order, payable to Department for Children and Families</p> <p>Please include the Adoption Assistance Payment Agreement and make sure the case number is on each payment.</p>	Regional Contact: Name/Phone/Address
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Adoption Assistance Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Right to Request a Fair Hearing:** You have the right to ask for a fair hearing if you do not agree with the decision made on your case. K.S.A. 75-3306 mandates Department for Children and Families (DCF) provide a fair hearing “to any person who is an applicant, client, inmate, other interested person or taxpayer who appeals from the decision or final action of any agent or employee”. The fair hearing will be conducted in accordance with the Administrative Procedure Act, K.S.A. 77-501, et seq. DCF fair hearings are conducted by the Office of Administrative Hearings (OAH). If you wish to appeal may do so by submitting a request in writing within 30 days of a decision of final action. An additional 3 days shall be allowed if this notice of final decision is mailed. For additional information, see <http://www.oah.ks.gov/>.

Civil Rights Provision: If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin or political belief in any program or activity of DCF call (785) 296-4687 for information of filing a complaint.

Cc: Email copy to DCF Central Collections Unit  
[DCF.CCUnit@ks.gov](mailto:DCF.CCUnit@ks.gov)

Enclosed: Appendix 6E Adoption Assistance Payment Agreement

