Permanent Custodianship Subsidy Repayment Agreement

Case Number:	
Child's Name: (First, MI, Last:DOB	: SSN:
Custodian's Name:	
Street Address:	
Mailing Address (Street, City, State, Zip Cod	e)
Telephone# (Home):	(Work):
Email:	
I/We, (Permanent custodian name(s)): and, voluntarily agree to repay my Permanent Custodianship Subsidy overpayment balance of \$ to the Kansas Department for Children and Families.	
I/We agree to make monthly payments of \$per month forconsecutive months to complete repayment of the debt. The first payment will be postmarked by All remaining payments will be postmarked by either (check one):	
$\begin{array}{ c c c c }\hline 1^{\text{st of}} \text{ each month, or} \\\hline 20^{\text{th}} \text{ of each month.} \end{array}$	
Signature of Permanent Custodian	Date
Signature of Permanent Custodian	Date
Make checks payable to: Kansas Department for Children and Families (DCF) Mail this form with the payments to: DCF Central Collection Unit, P.O. Box 2003, Topeka, KS 66601-2003 If you have questions please contact the DCF Central Collection Unit at 1-866-977-6689 Make your payments electronically by check or credit card by going to: www.dcf.ks.gov	

Scroll to the bottom of the page and click on the icon shown below then follow the directions to make on online payment.

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<u>ATTENTION:</u> Failure to return this completed agreement with your initial payment, or failure to complete all payments as agreed above, will result in a breach of this agreement and a forfeiture of any future opportunities or agreements to prevent other collection action.



and Families Prevention and Protection Services Strong Families Make a Strong Kansas