

**PERMANENT CUSTODIANSHIP SUBSIDY NOTICE OF OVERPAYMENT**

**You are receiving this notice because there has been an overpayment in permanent custodianship 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 income tax refund or certain other 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

Child's First Name:	MI	Last Name:	Date of Birth (MMDDYY):

Child's Client ID Number:

Custodian's Name:	Phone number: (Home)	Phone number: (Work)	Other number: (cell)

Street Address:	City:	State:	Zip Code:	Date Sent:

Email address:
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**REASON(S) FOR OVERPAYMENT**

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

Make all Payments to:	If you have questions please contact:
<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 Permanent Custodianship Subsidy Agreement (PPS 6160) and make sure the case number is on each payment.</p>	<p>Regional Contact: Name/Phone/Address</p>

Permanent Custodianship Subsidy 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 you 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: PPS 6180 Permanent Custodianship Subsidy Repayment Agreement