



Commonwealth of Massachusetts
Department of Transitional Assistance

TAO Address

Name _____

Address _____

City & ZIP _____

Dear _____,

The Department of Transitional Assistance has received information from a computer match with the state of _____ that you and/or a member of your household may be receiving benefits from that state and also receiving benefits from Massachusetts.

You cannot receive benefits from two states at the same time.

An appointment has been scheduled for you on _____ at _____
Day Time

at the above address. If you cannot come in at this time, call your worker immediately to set up a new time when you are able to meet.

The purpose of this appointment is to give you an opportunity to discuss our findings that you are receiving assistance from another state. If you have a closing letter from the other state, or can obtain one before the appointment, please bring it with you. Failure to keep this appointment will result in your case in Massachusetts being closed or reduced.

You will receive a separate notice if your benefits are to be stopped or reduced. Also, you have the right to appeal any action taken by the Department. The appeal form will be on the reverse side of the closing notice.

Signature of Worker

() _____
Telephone Number



Notice of Overpayment/Cash Benefits

| | | | |
|----------------|-------|------------------------|-----------|
| Last Name | First | MI | Date |
| Street Address | | Social Security Number | |
| City/Town | State | ZIP | Telephone |

The Department of Transitional Assistance has determined that you have been overpaid benefits for the period of _____ in the amount(s) of \$ _____ TAFDC \$ _____ EAEDC

The reason for this overpayment is _____

Your household is now required to pay back this overpayment. Enclosed is the **Cash Benefits/MassHealth Repayment Obligation** form which explains the repayment options available to you to repay the cash (TAFDC or EAEDC) benefits or MassHealth overpayment. Please review this form, select a repayment plan and sign and date this form. Make a copy of these forms for your records and return the original forms by _____ in the enclosed self-addressed envelope to:

**Contracts & Recoveries Unit
PO Box 48
Essex Station
Boston, MA 02112**

If you are a current recipient and fail to sign and return the repayment obligation forms, your grant will automatically be reduced to repay the Department.

If you are a former recipient and fail to sign and return the repayment obligation forms, the Department will begin action to recover this overpayment by any method legally available to the Department, such as wage garnishment or state and/or federal tax refund intercepts.

If you do not agree that you were overpaid or you do not agree with the amount of the overpayment, you may appeal this determination by requesting a fair hearing within 90 days. The enclosed notice explains how to request a hearing. You may wish to contact a local legal services office or community agency for assistance or advice. These agencies may provide advice or representation at no cost. Your local Transitional Assistance Office (TAO) can provide you with information on legal aid.

Failure to appeal this notice will result in:

- (1) the establishment of an overpayment in the amount set above;
- (2) the determination that you agree you owe the established amount and agree to repay the Department in full;
- (3) the determination that you understand that your failure to repay the Department will result in an assignment of a portion of your wages in a reasonable amount as determined by the Department if you are or become employed;
- (4) a reduction of your grant or food stamp benefits if you are, or at some time in the future become, a recipient of public assistance;
- (5) the right of the Department to intercept your tax refund(s); and/or
- (6) the determination that you understand that your failure to repay the Department will result in an assignment of a portion of your unemployment benefits in a reasonable amount as determined by the Department.

If you have any questions about this notice or about the enclosed repayment obligation forms, please call 1-800-462-2607 to speak to a recoupment specialist.