



Massachusetts Department of Transitional Assistance

Notice of Reopened Case with Recoupment on File

Prior to closing, the following case was subject to recoupment:

Case Name _____

Category _____

Social Security Number _____

Date case closed ____/____/____

Date case reopened ____/____/____

Worker Signature

____/____/____
Date

Supervisor Signature

____/____/____
Date

Fax to Contracts & Recoveries Unit at (617) 423-1526