

State of Georgia Childcare and Parent Services Program (CAPS)



CHILD CARE CLAIMS AND COLLECTION NOTICE – Parental Authority

Client Name: _____

Address: _____

City/State/Zip: _____

Date: _____

Dear _____,

- The documents you provided support your case. The total amount you owe has been changed to \$_____.
- The documents you provided does not support your case. The original findings are correct. You are still required to repay the amount indicated in the CAPS Repayment Statement dated _____.

The attached copy of the CAPS Repayment Statement must be signed and returned within 10 calendar days of this letter. Clients who fail to return the attached form within 10 calendar days will have their CAPS case closed.

- It has been determined that you received a child care overpayment of \$_____. Even if you are not currently participating in the CAPS program, you must repay the amount. Until the claim amount is current, you will not be able to receive CAPS services.
- Our records show you did not make the monthly \$_____ payment on your child care claim in _____ (month) as you agreed. This overdue amount, as well as the payment for the current month, must be paid. Please send your payment to:

**Georgia Department of Early Care and Learning
Financial Services – CAPS Claims
2 Martin Luther King Jr. Drive
East Tower, Suite 670
Atlanta GA 30334**

- DFCS has underpaid you for child care benefits. You will receive a check to cover the underpayments.

Sincerely,

CAPS Case Manager/Supervisor

(Telephone Number)

State of Georgia Childcare and Parent Services Program (CAPS)

- I do not agree with the determination of error or the overpayment amount and I would like to request an administrative hearing.

ADMINISTRATIVE HEARINGS

You must request an initial hearing within ten (10) calendar days of notification of the decision with which you disagree by notifying the originator of this claim. Your request for a hearing may be denied if you do not request it promptly.

Please note that any amount received in error, including services received during the appeal process, will be included in the claim should the outcome of the administrative hearing be in the agency's favor.

Free legal services may be available to you in your community.

Please complete the following:

Today's Date: _____

Person Requesting a Hearing: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number and E-mail: _____

Reason for administrative hearing:

Parental Authority Signature

Date