

State of Georgia Childcare and Parent Services Program (CAPS)



CHILD CARE CLAIMS AND COLLECTION NOTICE - Providers

Provider Name: _____

Address: _____

City/State/Zip: _____

Date: _____

Dear _____,

We have received your written request for reconsideration and have concluded the following information from the documents you submitted:

- 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. If you still think this determination has been reached in error, you have ten calendar days from the date of this letter to complete the bottom portion of this form to request a fair hearing. Requests for fair hearings should be returned to:

**DECAL - Chief Legal Officer
East Tower Suite 754
2 Martin Luther King Jr Drive
Atlanta, GA 30334**

- Your child care reimbursement is being reduced by _____ or deferred until _____ due to the renegotiation of your CAPS Repayment Statement.
- DECAL has underpaid you for child care benefits. You will receive a check to cover the underpayments.

Sincerely,

Audits and Compliance Examiner Signature and Date

and/or

SPMA Representative Signature and Date

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. In order to prevent the automatic offset of the claim from future payments to you, all requests must be submitted, in writing, and must be postmarked by the 10th day from the date of this letter.

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

Please complete the following:

Today's Date: _____

Person Requesting a Hearing: _____

Provider ID Number: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number and E-mail: _____

Reason for administrative hearing:

Legal Owner/Authorized Agent Signature

Date