

SAMPLE DEMAND LETTER FOR AN OVERISSUANCE CLAIM

Demand Letter for an Overissuance Claim

Date: _____ First Letter _____
Name: _____ Second Letter _____
Third Letter _____

Address: _____

Case Number: _____

Dear _____:

After carefully reviewing your file, we found that your household received \$ _____ more in
USDA foods than your household was eligible to receive during the month(s) of

_____. That is because _____

You should make every effort to pay the full amount your household owes. If you can't pay the full
amount now, we can arrange for installment payments. Please call the office at

_____ to discuss a payment plan. It is important that you pay this claim
amount or explain why you can't pay. **If you fail to pay the claim amount in full, the adult members
of your household may be disqualified from the Food Distribution Program.**

You may request a fair hearing if you do not agree that you owe the amount above. At the hearing you
will be given an opportunity to explain why you disagree. A hearing officer will then render a decision.
To request a fair hearing, please call the telephone number listed above or fill out the attached form and
return it to our office. Also, please call the telephone number above if you have any questions about the
fair hearing process.

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is
prohibited from discriminating on the basis of race, color, national origin, sex, age, religion,
political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office
of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-
9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay
or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is
an equal opportunity provider and employer.

(Rev. 2/2010)