



Parent Repayment Statement

Please check:

- AE – Administrative Error
- CE – Client Error
- PV – Program Violation

Parent Name

Address

City, State, Zip Code

CAPS Case Number

DATE: _____

RE: CHILD CARE CLAIMS AND REPAYMENT STATEMENT

Dear _____,

It has been determined that you received an overpayment for child care services from _____ to _____ for \$ _____ which you were not eligible to receive. The reason for the overpayment is:

_____.

If you believe this determination has been made in error, you must notify the department in **writing within ten (10) calendar days** of the date of the CAPS Staff signature. Your request for reconsideration must include documentation that you used when you decided that the determination has been made in error. The department will respond to your request and notify you of the findings within ten (10) calendar days of the date you requested consideration.

If you do not understand this, would like further explanation, or would like to discuss how you can repay the amount, you will need to contact _____ at _____.

If you understand the determination, please sign this Child Care Claims and Repayment Statement, below, and return to:

**Georgia Department of Early Care and Learning
CAPS Adverse Action and Claims Unit, Suite 754, East Tower
2 Martin Luther King Jr. Drive SE, Atlanta, GA 30334**

You must sign and return this form by _____.

PARENTS WHO FAIL TO RESOLVE THIS MATTER WILL HAVE THEIR CHILD CARE CASE CLOSED.

CAPS Manager's Signature and Date

CAPS Staff Signature and Date

CAPS Staff Phone No.

Child Care Parent

I understand that I have received child care that I was not eligible to receive. I promise to pay the amount owed in the following manner:

- \$ _____ weekly
- \$ _____ bi-weekly
- I have enclosed a money order to pay the claim amount.
- I will pay \$ _____ amount on _____ and will pay \$ _____ by the _____ day of each month thereafter until the entire amount is paid. If I fail to pay, I understand that my child care case will close and legal action and/or other penalties may result.

Parent Signature

Date

Payments must be sent in the form of a cashier's check or money order and mailed in sufficient time to be received by the date the payment is due and made payable to:

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