

CAPS Child Care Parental Authority

Repayment Hardship Request



Name of Parental Authority:	County:
Date of Request:	Date of Claim Establishment:
Case ID#:	
Claim Amount: \$	# of Previously Established Claims:
Request for: <input type="checkbox"/> Time extension <input type="checkbox"/> Lower monthly repayment amount	
Office of Audit and Compliance Agent's Name and Email:	

The parental authority must send this request along with the following documents to the CAPS Program at CAPS.adverseactions@decalfga.gov.

- ✓ A letter requesting a reduction in percentage of payment offset and the reason for the needed reduction. The letter must be signed and dated by the parental authority.
- ✓ A copy of the signed CAPS Repayment Statement, if applicable.
- ✓ Note: all repayments are automatically set to allow overpayments to be paid in full within 24 months and will remain as such unless a repayment percentage reduction is granted.

DECAL Child Care State Office Use Only

Disposition of Request	Approved % Rate for Reduction, (if applicable)	Length of time reduction is in effect	Authorized by:	Date Approved/ Denied	Date sent to DECAL Finance
Approved <input type="checkbox"/>					
Denied <input type="checkbox"/>	\$ _____	_____ Months			

Justification:

Original- Case File

Copy- DECAL Finance Office

Copy- A&C Agent