

	Agency Name	Office of Family Support (OFS)			
	Chapter No./Name	16 - Fraud and Recovery Manual			
	Part No./Name	Y. Forms Instructions			
	Section No./Name	Y-100 Forms Instructions			
	Document No./Name	FR-064 Notification of Activity of IV-D Recovery Case			
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-PURPOSE

Use to request a food stamp refund for the client from Financial Assistance Program Services.

-PREPARATION

Prepare in duplicate.

Include the refund amount along with the justification for the request.

Include the FRS worker's name along with the supervisor's approval.

-DISPOSITION

Send the original to the Financial Assistance Program Services along with the case record. File one general file copy in the case record. Recharge the case record to the Financial Assistance Program Services.