

Adjustment to Overpayment Balance

To: Department of Human Services
 Bureau of Payments and Receipts
 Cashier's Office Rm 14
 1305 E Walnut
 Des Moines IA 50319-0114

Date: _____

Submitting Worker

Name	Agency/County Office	Phone
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Debtor Information

Name	State I.D., Provider I.D., or SSN
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Claim Information

Program	Date Established
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Please make the following adjustments to this account on the Overpayment Recovery System: (Do not use this form to change the amount of the original claim. To change the amount of the claim, send an update of the original 470-0464.)

Action (Check one):

Reason: *(Specify a separate amount for each reason.)*

☐ Reduce balance by
 \$ _____

_____ Repayment by cash, personal check, etc.
 _____ State warrant returned
 _____ Offset against CCA payment
 _____ Offset against FIP corrective payment
 _____ Offset against SNAP lost benefits
 _____ **(attach form 470-0318)**
 _____ Offset against PJ expense allowance
 _____ Other (*explain*):
 _____ EBT Benefits (attach EBT account adjustment form)

☐ Increase balance by
 \$ _____

_____ Repayment of FIP recouped erroneously
 _____ Reissuance of SNAP benefits recouped erroneously

 _____ Correction of PJ expense allowance offset
 _____ erroneously
 _____ Other (*explain*):
