

APPENDIX 82

Model 9/98

TO: _____

Date: _____

SSN: _____

Case/Claim: _____

County: _____

Treasury Offset Program Review Decision - Sustained

This concerns claims in the amount of \$_____ In overissued food stamp benefits. We notified you that you are responsible for paying this amount and that we intended to ask the U.S. Department of Treasury to send us this amount to pay the debt.

You asked for a review of this intended action. We have conducted a review of our records and the documentation you provided. We have determined that the claim is not past due or is not legally enforceable. We will not refer the claim to the U.S. Department of Treasury.

You are entitled to a federal review of this decision if your request is received within 30 days of the date of this letter. You must include your Social Security Number with your request. You may request a federal review by writing to:

**USDA/FNS
Treasury Offset Review Officer
77 West Jackson Street, 20th Floor
Chicago, Illinois 60604**