**ADOPTION ASSISTANCE REPAYMENT AGREEMENT**

"Adoptive Parent's Name"

"Street Address"

"P.O. Box Address"

"City, State, Zip Code"

PLEASE READ THE STATEMENTS BELOW CAREFULLY PRIOR TO SIGNING THIS FORM

You have received an Adoption Assistance overpayment of: $"Total Overpaid".

This is a legal debt owed to the government which must be repaid.

BELOW IS HOW YOU AGREE TO REPAY THE AMOUNT OWED OF $"Total Overpaid".

[ ] Personal Check/Money Order at the rate of $      \_\_ per month, beginning from      \_ to      \_. Payment will be required until the outstanding balance is paid in full.

[ ] Deduction from your monthly Adoption Assistance subsidy check until outstanding balance is paid in full:

The overpayment amount of $"Total Overpaid" represents monthly Adoption Assistance payments made from "First Month/Year Overpaid" through "Last Month/Year Overpaid". The overpayment amount is calculated as follows: Monthly AA Supplement ($"Monthly AA Supplement") X Number of Months Overpaid ("Number of Months Overpaid") = the Total Overpaid ($"Total Overpaid").

In order to repay this amount, you agree to have the amount of $"Amount to Recoup" deducted from your current monthly adoption assistance check by "Name of Responsible County" County DFCS, beginning with the "First Month to Begin Recoup" payment and continuing for "Number of Months" consecutive months, or until the outstanding balance is paid in full.

You must provide written notification to the County DFCS Office adoption assistance worker within 10 days of changes to your contact information (address, phone number, etc.) and/or living arrangements, as well as significant changes to your financial condition or the onset of a life-altering health condition.

If your adoption assistance case closes, you agree to make regular payments to the Department of Family and Children Services (DFCS) office in the county in Georgia where you live. If not living in Georgia, regular payments must be made to the DFCS office which managed your adoption assistance case.

Acknowledged:

ADOPTIVE PARENT’S SIGNATURE: DATE:

CASEWORKER’S SIGNATURE: DATE:

CASEWORKER’S SUPERVISOR SIGNATURE: DATE:

DIRECTOR’S SIGNATURE: DATE: