

**Notice of Local TOP Review Decision**

\_\_\_\_\_ County Department of Social Services

Date: \_\_\_\_\_

Name:  
Address:

Dear \_\_\_\_\_:

This concerns a claim for \$ \_\_\_\_\_ in overissued Food and Nutrition Services. We notified you that, according to our records, you are liable for this claim and we intend to refer it to the Treasury Offset Program (TOP) for deduction or interception of federal tax refunds or other federal payments covered under TOP. You asked that we review this intended action. We have reviewed your request, including the documentation and/or evidence you provided. See the block checked below for our decision.

**Your Claim Will Be Referred**

We have determined that your claim is past due and legally enforceable. Therefore, **we are referring your claim** to TOP for interception of your federal tax refund and/or other federal payment because you did not submit sufficient evidence for us to change our decision.

You are entitled to request a federal review of our decision. However, your request must be received within 30 days of the date of this letter. If you want such a review, you must request one by writing to:

**TOP Coordinator  
US Dept. of Agriculture/SNAP  
Room 8T36  
61 Forsyth St, SW  
Atlanta, GA 30303**

**NOTE:** Your request must include your Social Security number.

**Your Claim Will Not Be Referred**

We have determined that your claim is neither past due nor is it legally enforceable through TOP. Therefore, **we will not refer your claim** to TOP for intercept purposes.

Sincerely,

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Local DSS Address

\_\_\_\_\_