FOOD STAMP PROGRAM

OFFSET OVERISSUANCE AGAINST RESTORED BENEFITS

INSTRUCTIONS: Reference FSH 581.4

- CAO completes "CAO Section", removes original and first copy, files original in case record.
- Sends remaining two copies, with carbon to Office of FAIR.
- OFAIR COMPLETES "FAIR Section", keeps one copy, send copy to CAO.

CASE IDENTIFICATION			
COUNTY	RECORD NUMBER	CAT.	DIST.

CAO SECTION

NAME - HEAD OF HOUSEHOLD ELIGIBLE FOR RESTORED BENEFITS

RESTORED BENEFITS TO WHICH HOUSEHOLD IS ENTITLED

ADDRESS

$

REFERENCE DATA FROM FAIR 189

NAME OF DEBTOR	RELATIONSHIP TO HOUSEHOLD HEAD	CO/DISTRICT RECORD NO.	DATE - FAIR 189
ADDRESS			

_____   _____
SIGNATURE - IM WORKER   DATE

FAIR SECTION

$ _____ OVERISSUANCE PENDING AS OF _____ (DATE OF RECEIPT OF FORM)

A. IF OVERISSUANCE HAS BEEN SATISFIED PRIOR TO RECEIPT OF THIS FORM, ENTER ZERO ($0) AND DATE OF RECEIPT ABOVE.

B. IF OVERISSUANCE HAS NOT BEEN SATISFIED, COMPLETE THE FOLLOWING COMPUTATION.

RESTORED BENEFIT HOUSEHOLD BECOMES ENTITLED TO	$
OVERISSUANCE	-
COUNTY RESTORES THIS AMOUNT	$

_____   _____
SIGNATURE - FAIR AGENT   DATE

PA 816SP 3/92