

**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)
<p>A. IF OVERISSUANCE HAS BEEN SATISFIED PRIOR TO RECEIPT OF THIS FORM, ENTER ZERO (\$0) AND DATE OF RECEIPT ABOVE.</p> <p>B. IF OVERISSUANCE HAS NOT BEEN SATISFIED, COMPLETE THE FOLLOWING COMPUTATION.</p>	
RESTORED BENEFIT HOUSEHOLD BECOMES ENTITLED TO	\$ _____
OVERISSUANCE	- _____
COUNTY RESTORES THIS AMOUNT	\$ _____

SIGNATURE - FAIR AGENT	

DATE	