



**Attachment 2
Notice – Recoupment of Overpayment**

February xx, 2026

(First and Last Name)
(Address)
(City, State Zip)

Dear (First Name),

Thank you for your continued partnership in caring for the most vulnerable children and families in our community. Your commitment to providing stability and support is deeply valued by NWF Health Network (NWFHN) and the broader child protection system.

We are writing to inform you that a review of your account has identified an overpayment in the amount of \$[Amount]. While we strive to prevent such errors, overpayments may occur. In accordance with federal and state law and regulations, these funds must be returned.

If you are currently receiving a stipend, repayment may be structured through scheduled reductions via an approved Recoupment Payment Plan. If you are not receiving a stipend, the full amount is due immediately. Please render payment in full via personal check, cashier's check, or money order and send or deliver in person to our address provided below business days, Monday – Friday, 9am to 4pm Eastern Time.

We understand that these matters can be complex. We are committed to working with you to resolve this respectfully and efficiently. Please contact [Staff Name] at [Phone Number] or [Email Address] within 30 calendar days of this dated letter to discuss repayment options.

Thank you again for your dedication and service. We look forward to resolving this matter in partnership with you.

Warm regards,

(Team Member Name)
(Title)
NWF Health Network
+1 (850) xxx-xxxx
Xx.Xx@NWFHealth.org

Cc: Assistant Director of Federal Funding
Director of Accounting
Program Director (e.g., Adoptions, IL Circuit Administrator, Out of Home Director)