

**Attachment 3
Final Notice – Recoupment of Overpayment**

USPS Certified and Return Receipt #: xxx

February xx, 2026

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

Dear (First and last Name),

This letter serves as final notice regarding the verified overpayment to your account in the amount of \$[Amount]. Despite prior communications, we have not received a response or repayment.

As outlined in our initial correspondence, these funds, although deposited in error, must be returned to comply with federal and state law and regulations. Continued non-response may result in administrative, civil, or criminal action under Chapter 812, Florida Statutes. As a regulated entity, NWF Health Network (NWFHN) is required to report unresolved overpayments to the appropriate law enforcement and regulatory authorities.

If you are not currently 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.

If you are currently receiving a stipend, repayment may be structured through scheduled reductions via an approved NWFHN Recoupment Payment Plan. This letter also serves as official notice that any outstanding debt will be recouped from future stipend disbursements until the full balance is recovered.

Please contact me within ten (10) calendar days of the date on this notice to resolve this matter. NWFHN lacks discretion to forgive overpayments and must seek full restitution.
Thank you for your prompt attention.

Sincerely,

(Team Member)
(Title)
(Phone)
(Email)

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