



Kay Ivey  
Governor

**State of Alabama**  
**Department of Human Resources**  
Gordon Persons Building  
50 N. Ripley St.  
P.O. Box 30400  
Montgomery, AL 36130-4000  
(334) 242-1425  
dhr.alabama.gov



Nancy T Buckner  
Commissioner

05/19/2025

FELICIA SHORT  
BY HIS GRACE DAYCARE & LEARNING CTR VIII  
18510 US 280/431, SMITHS STATION, AL 36877, Russell  
F0002619

During the settlement dates of 4/17/2025 through 5/29/2025 you received \$286.00 in childcare benefits for which you were not entitled. The reason for this claim is:

ALEIGHA CHARLES WAS PAID FOR AT THE FT RATE WHEN IT SHOULD HAVE BEEN THE SCHOOL AGE RATE

Federal law requires that we recover all overpayments for child care. Review the repayment agreement enclosed with this form. Complete and sign the agreement and submit it through the Provider Portal. Recoupments will be deducted from future payments and can be broken down into weekly amounts. Please contact me to discuss this option.

Sincerely,

Child Care Services Division-Subsidy

Signed DESTIN CARLISLE

Date 05/19/2025



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### Provider Repayment Agreement

COUNTY OF Russell  
STATE OF ALABAMA

Child Care Subsidy Program  
PROVIDER ID: P0022269

CHILD CARE RESOURCE CENTER

INITIAL  
 SUBSEQUENT AGREEMENT

I, BY HIS GRACE DAYCARE & LEARNING CTR VIII understand and acknowledge that I have received payments or benefits to which I was not entitled in the total amount of \$286.00 I also understand that so long as I comply with all the terms of this repayment agreement, the State of Alabama Department of Human Resources agrees not to initiate a civil action against me in any court to collect the above-stated debt; except that **THE STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES SHALL RETAIN THE RIGHT TO INTERCEPT MY STATE AND/OR FEDERAL INCOME TAX REFUND** to reduce the above-stated debt. In consideration of the forbearance of the State of Alabama from initiating civil action against me, I agree and stipulate that I owe the State of Alabama a total balance amount of \$ 286.00. I promise to pay that amount by cashier's check, or money order to

CHILD CARE RESOURCE CENTER

As follows: (Check one box below)

- Recoupment in equal weekly installments of \$ 143 from child care payments. Such payments to begin on 06/13/25 and end on 06/20/2025
- In a lump sum of \$286.00 on 6/5/2025

*2 PAY*

I agree that if I fail to pay any of the installments under the terms of this agreement I shall be in default of this agreement and all of the installments comprising the balance of the entire amount due the State of Alabama will become immediately due and payable without notice or demand.

I agree that this repayment agreement supersedes and replaces any repayment agreement heretofore signed by me for the above claim or issuance period.

Done this the 4th day of June

Signature of Provider *[Handwritten Signature]*