

REQUEST TO REDUCE QUEST CARD BALANCE

FoodShare members may use this form to:

- Request a one-time payment from their QUEST card to repay a FoodShare overpayment.
- Request unused or unwanted FoodShare benefits be returned to the FoodShare program.

INSTRUCTIONS: Fill out Section 1 and submit this form to your agency. You will get a copy of the completed form after your payment is made. This form is voluntary and may be used for a one-time request to reduce your QUEST card balance. You may cancel this request in writing any time prior to the payment date you enter below.

SECTION 1 – MEMBER INFORMATION

Name – Member			Case Number
Street Address			Apartment / Unit Number
City	State	Zip Code	Phone Number

I authorize my QUEST card to be used for the following (check one):

- Repay a FoodShare overpayment
- Return unused or unwanted FoodShare benefits to the FoodShare program

Reduce my QUEST card in the amount of \$ _____ on _____ (mm/dd/yyyy).

SIGNATURE – Member	Date Signed
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FOR AGENCY USE ONLY

Only the agency or the Office of the Inspector General can process this request.
The Public Assistance Collection Unit cannot process this request.

SECTION 2 – PHONE REQUEST TO AGENCY STAFF PERSON

INSTRUCTIONS FOR WORKER:

1. Fill out Section 1, except for the member's signature.
2. Complete this section.

The above-named member has made an oral phone request to the agency staff person below to use the member's QUEST card for the reason checked above.

SIGNATURE – Agency Staff	Date Signed
Print Name of Agency Staff	Worker ID

SECTION 3 – QUEST CARD RECEIPT

INSTRUCTIONS FOR WORKER:

1. Fill out this section when the request has been processed.
2. Mail a copy of this form to the member.
3. Scan the form into the member's electronic case file (ECF).

Date Completed		
Description (FoodShare Overpayment Claim Number if applicable)	Amount	Remaining FoodShare Overpayment Claim Balance (if applicable)
	\$	\$
	\$	\$
	\$	\$
Total Amount Taken From QUEST Card	\$	

I hereby certify that the requested dollar amount was taken from the member's QUEST card and that the funds were applied to the claim(s) listed above (if applicable).

SIGNATURE – Agency Staff	Title	Date Signed

USDA Nondiscrimination Statement

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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