



UNACCOMPANIED REFUGEE MINOR (URM) FOSTER CARE

OVERPAYMENT NOTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF REFUGEE SERVICES

SFN 1086 (1-2025)

The Office of Refugee Services, Unaccompanied Refugee Minor Program (URM) must document all foster care over payments. This form must be completed after the payment is entered in the payment system, in advance of collecting a refund and prior to submitting reimbursement to HHS Fiscal Administration.

A foster care overpayment has occurred for:

Child's Name		Case Number	Overpayment Amount
Guardian	Provider	License Number	

The overpayment occurred as a result of:

- Change to dates affecting payment (placement or provider license)
- Data entry error
- Billing error If Nexus-PATH: Corrected Bill Received Corrected Bill Required
- Other (specify): _____

Overpayment Details:

Service Month	Amount	Service Month	Amount

Provider placement history and overpayment action:

The URM Administrator must verify the type of provider and if the provider has a current placement. The auto recoupment is only allowed from the same license number in which the overpayment exists.

Provider Setting:

- Family Foster Home
- Therapeutic Agency Foster Home
- Supervised Independent Living (SIL)
- Qualified Residential Treatment Program (QRTP)

Repayment Method:

Overpayments will be set up for auto-recoupment on future payments unless special circumstances exist and an alternate method of repayment is pre-approved by the URM Administrator.

Repayment is due as follows:

- Auto-recoup for the full amount of \$ _____
- Auto-recoup a partial amount of \$ _____
- Provider responsible for direct repayment in the amount of \$ _____ (Direct repayment is required for providers that do not have a current placement or for the balance of an overpayment that cannot be auto recouped.)
- Other (specify): _____

Direct Repayment to HHS:

Please send a check payable to the HHS and mail to our office for processing at:

Department of Health and Human Services

Office of Refugee Services

600 East Boulevard Ave Dept. 325

Bismarck, ND 58505

Please contact our office with questions.

URM Administrator	Date
-------------------	------

DISTRIBUTION

URM Administrator Issues Notice To:

- URM Foster Care Provider
- Nexus-PATH: Finance Office, NPH-FCPayments@nexuspath.org (Nexus-PATH licensed providers only)
- Other: _____
- Provider Agency FC Coordinator