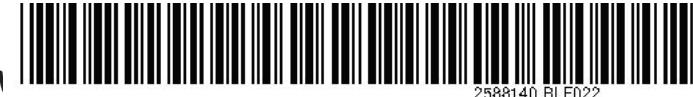


## **MFIP/BASIC SLIDING FEE CHILD CARE OVERPAYMENT W**



2588140 BLF022

**Name(s)** \_\_\_\_\_

**Case #** \_\_\_\_\_

CC Type:  MFIP  Transition  Extension  BSF

OP Type:  Agency Error  Household Error  Fraud  Admit Fraud

\* (E): If (D) > (C) enter (C)

If (D) < (C) enter (D)

\*\* (H):      if (G) > (F) enter [(D) minus (G)]  
                   If (G) < (F) enter (E)

Total (H) \$ 0.00

Worker Signature \_\_\_\_\_ Date \_\_\_\_\_