

Head O Household
125 MY STREET
ANYTOWN, KY 40601

VOLUNTARY WAIVER OF SNAP ADMINISTRATIVE DISQUALIFICATION HEARING

Name of Individual: _____ Worker Name: _____
Worker Phone: _____

The Cabinet for Health and Family Services (CHFS) believes that you, (<*accused individual*>), committed an Intentional Program Violation (IPV) by using SNAP benefits in a way that is not allowed under SNAP rules. Trafficking and misuse of benefits are both violations.

The cabinet believes you committed an IPV because of this evidence:

You can contact the worker listed above to review this evidence or if you need more information.

You have the right to an Administrative Disqualification Hearing where a hearing officer will decide if you committed an IPV. We cannot disqualify you from getting SNAP unless (1) the hearing officer decides that you committed an IPV or (2) you sign this waiver. If you sign this waiver, we will disqualify (or stop) you from receiving SNAP benefits for:

- One (1)** year because this would be your 1st Intentional Program Violation.
- Two (2)** years because this would be your 2nd Intentional Program Violation.
- 10 years** because this would be your 1st or 2nd Intentional Program Violation due to receipt of duplicate benefits based on your fraudulent statement or misrepresentation.
- Permanently** because this would be your 3rd Intentional Program Violation for any of the above or any of the following:
 - A conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of drugs;
 - A conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives; or
 - A conviction in a federal, state, or local court for having trafficked benefits in an aggregate amount of \$500 or more.

To waive the Administrative Disqualification Hearing, fill out this form and return it by _____ to avoid scheduling a hearing.

Please return the form to:

DCBS
P.O. Box 2104
Frankfort, KY 40602

You can also upload this form to the Self-Service Portal or return it to your local DCBS office.

You have the right to remain silent about these charges. Anything said or signed concerning the charges can be used against you in a court of law.

You have the right to legal help or advice. You may be able to get FREE legal help from your local Legal Aid Office by calling (...) _____.

WAIVER

If you want to waive your right to a hearing, you may check one of the following statements and sign below:

- I admit to the facts as presented and understand that I will be disqualified for the time period on page 1 if I sign this waiver.**

- I do not admit that the facts presented are correct. However, I still want to sign this waiver and understand that I will be disqualified for the time period on page 1 if I sign this waiver.**

You and any other household members 18 years and older during the period of overpayment are responsible for repayment of any trafficked or misused SNAP benefits.

We will reduce future SNAP benefits to recover the amount owed. Failure to repay the amount owed could result in the state sending this matter to court for appropriate action.

If you are not the head of the household, the head of the household must also sign this agreement.

SIGNATURE OF INDIVIDUAL

DATE

SIGNATURE OF HEAD OF HOUSEHOLD (IF NOT THE SAME)

DATE