

Head O Household  
125 MY STREET  
ANYTOWN, KY 40601

**NOTICE OF SNAP SUSPECTED INTENTIONAL PROGRAM VIOLATION**

Name of Individual: \_\_\_\_\_ Worker Name: \_\_\_\_\_  
Worker Phone: \_\_\_\_\_

The Cabinet for Health and Family Services (CHFS) believes that you violated the rules of the Supplemental Nutrition Assistance Program (SNAP) and that you did it on purpose. This is called an Intentional Program Violation (IPV).

We believe that you intentionally committed fraud by giving wrong information about your household situation to get or to continue SNAP benefits.

The alleged violation relates to SNAP benefits you got between \_\_\_\_\_ and \_\_\_\_\_. You and any other adults in your SNAP case during that time period are responsible for paying back any incorrect SNAP benefits.

We believe you owe this amount: \$ \_\_\_\_\_.

You have the right to an Administrative Disqualification Hearing where a hearing officer will decide if you committed an IPV. You will have to pay back any incorrect SNAP benefits even if the hearing officer decides you did not commit an IPV. We will start collecting the overpaid benefits from you now without waiting on a hearing decision.

You may be able to get FREE legal help from your local Legal Aid Office by calling (\_\_\_\_) \_\_\_\_\_.

We believe you committed an IPV because of this evidence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the agency proves you are guilty of the IPV cited above, you will have to pay back the amount you owe and the penalty marked below will be applied:

- ☐ **One (1)** year because this would be your 1<sup>st</sup> Intentional Program Violation.
- ☐ **Two (2)** years because this would be your 2<sup>nd</sup> Intentional Program Violation.
- ☐ **10 years** because this would be your 1<sup>st</sup> or 2<sup>nd</sup> Intentional Program Violation due to receipt of duplicate benefits based on your fraudulent statement or misrepresentation.
- ☐ **Permanently** because this would be your 3<sup>rd</sup> Intentional Program Violation for any of the above or any of the following prior program violations:

- 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.

A hearing will be held about whether you committed an IPV unless you choose to waive your right to a hearing by signing the enclosed FS-80A form. If you do not participate in the hearing, the decision will be based solely on information provided by the agency.

If you want a hearing, you have the right to:

- Examine all documents and records to be used at the hearing. The evidence will be sent to you prior to the hearing;
- Tell your side of the story at the hearing or have legal counsel or another person help tell your side of the story;
- Bring witnesses or documents to support your side of the story;
- Explain your situation and say anything that you think will help you without interference;
- Question or challenge any testimony or evidence;
- Confront and cross-examine any of our witnesses;
- Appeal the decision if the hearing officer decides against you; and
- Participate in the SNAP program while the disqualification hearing is pending.

You can contact the worker listed above if you need more information.

[Case name: \_\_\_\_\_]

Address: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

After checking your case record, it was found that you received \$ \_\_\_\_\_ more Supplemental Nutrition Assistance Program (SNAP) benefits than you were eligible to get. This amount was computed without allowing an earned income deduction, if earnings were not reported. This happened during the period from \_\_\_\_\_ to \_\_\_\_\_.

The Department for Community-Based Services believes you may have committed fraud because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have the following proof to support the case against you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ ~~YOU HAVE THE RIGHT to an Administrative Disqualification Hearing to determine if you committed fraud. At the hearing the agency has the burden of proving you committed fraud.] Lied or withheld facts about your situation to get or to continue SNAP benefits. This is fraud; or~~
- ☐ ~~Used SNAP benefits in a way that is not allowed under SNAP rules, like selling SNAP benefits for cash. This is trafficking or misuse of benefits.~~

The alleged violation relates to SNAP benefits you got between \_\_\_\_\_ and \_\_\_\_\_. You and any other adults in your SNAP case during that time period are responsible for paying back any incorrect or misused SNAP benefits.

We believe you owe this amount: \$ \_\_\_\_\_.

#### **YOU ALSO HAVE THESE RIGHTS:**

1. You may have the hearing delayed for up to 30 days if you ask at least 10 days before the date of the hearing.
2. You may represent yourself at the hearing or be represented by anyone you choose, including a friend, relative, community worker, or lawyer.
3. You or your representative may look at your case file BEFORE and during the hearing. The local DCBS office shall give you

~~FREE copies of parts of your case record if you ask.~~

- ~~4. You may explain your position and say anything at the hearing that you think will help your case without being hindered, or you may refuse to answer questions during the hearing.~~
- ~~5. You may bring proof and/or witnesses to the hearing that you feel may help your case.~~
- ~~6. You may explain why you think any statements or proof given by the agency is wrong and may question any witnesses for the agency.~~
- ~~7. If you lose the hearing, you have the right to appeal the decision.~~
- ~~8. If you fail to show up at the hearing, it shall be held without you, based on information given by the agency only. You have 10 days from the date of the hearing to explain why you did not show up. If the Hearing Officer decides that you had a good reason for not coming, a new hearing shall be held.~~
- ~~9. A pending disqualification hearing shall not affect your right to be certified and participate in the program.~~
- ~~10. A copy of the agency's published hearing procedures shall be given to you if you ask.~~

If the agency proves you are guilty of:

- ☐ ~~APPLICATION FRAUD/NON-REPORT OF CHANGES (481)~~  
☐ ~~TRAFFICKING (ADMINISTRATIVE FINDING) (480); or~~  
☐ ~~OTHER INTENTIONAL PROGRAM VIOLATION (397)~~

~~The penalty is a 1-YEAR-DISQUALIFICATION FOR THE FIRST VIOLATION, 2-YEAR-DISQUALIFICATION FOR THE SECOND VIOLATION AND PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION.~~

~~If the agency proves you are guilty of FRAUD IN ORDER TO RECEIVE DUPLICATE BENEFITS (434), the penalty is 10 YEARS FOR THE FIRST VIOLATION, 10 YEARS FOR THE SECOND VIOLATION, AND PERMANENT DISQUALIFICATION FOR THE THIRD VIOLATION.~~

~~A court will decide the length of time you are disqualified from receiving SNAP benefits if you are found guilty of: PURCHASING A CONTROLLED SUBSTANCE, AS DEFINED BY 21 U.S.C. 802, PURCHASING FIREARMS, AMMUNITION OR EXPLOSIVES WITH SNAP BENEFITS, or BUYING OR SELLING SNAP BENEFITS OF \$500 OR MORE.~~

**~~This hearing shall not stop the State or Federal government from prosecuting you for fraud in a civil or criminal court action, or from collecting the over issuance.~~**

You may be able to get FREE LEGAL HELP from your local Legal Aid Office at ( ) \_\_\_\_\_.

~~The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)~~

~~If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).~~

~~Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).~~

~~For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).~~

~~USDA is an equal opportunity provider and employer.~~

~~You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770 EXT. 4107.~~

~~If you have other complaints about your SNAP case, you may call the Ombudsman's Office at (800) 372-2973 or (800) 627-4702 (TTY).~~

**FOR AGENCY USE ONLY**

Worker's Name: \_\_\_\_\_ Worker's Phone: \_\_\_\_\_

~~I reviewed the evidence in this case. I concur with the decision that this case warrants an Administrative Disqualification Hearing.~~

Supervisor \_\_\_\_\_ Date]