

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 you intentionally trafficked or misused your SNAP benefits by:

- Selling, attempting to sell, or exchanging your SNAP benefits for cash or something other than eligible food;
- Allowing someone outside of your household to use your benefits; or
- Purchasing food on credit and paying on a later date with 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 trafficked or misused 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 not be required to pay back those benefits unless the hearing decision finds you guilty of an IPV or you waive your right to an administrative disqualification hearing.

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 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 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.