TANF/SNAP/CCAP NOTICE OF SUSPECTED INTENTIONAL PROGRAM VIOLATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 1940 (Rev. 10-2016)

Case Number	Date

TO: Program Applicant/Recipient

Name		
Street Address/PO Box		
City	State	ZIP Code
Telephone Number		

FROM: County Social Services

Name of County Social Services Office		
Street Address/PO Box		
City	State	ZIP Code
Telephone Number ext:		

We believe you intentionally violated Program rules. This form tells you about disqualification, hearings and how to waive a hearing. If you have any questions regarding this notice, please call the number listed above.

We recently reviewed your

- ☐ Temporary Assistance for Needy Families (TANF) case.
- ☐ Supplemental Nutrition Assistance Program (SNAP) case.
- ☐ Child Care Assistance Program (CCAP) case.
- ☐ Provider Payments for the Child Care Assistance Program.

We believe you did the following:

(Attach pages as needed)

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We have the following information to support these charges:

(Attach pages as needed)

You and your authorized representative may see this information at the county social service board office. To arrange a time, call the county social service board office.

Because we think you committed an intentional Program violation, we propose to disqualify you from the:

Disqualified Number:	First	Second	Third
TANF Program for:	☐ 1 Year	☐ 2 Years	☐ Permanently
SNAP Program for:	☐ 1 Year	☐ 2 Years	☐ Permanently
Fraudulent misrepresentation of residence:		☐ 10 Years	
CCAP Program for:	☐ 1 Year	☐ 2 Years	☐ Permanently
CCAP Program as a Provider:	☐ 1 Year	☐ 2 Years	☐ Permanently

Eligibility Staff Signature (electronic signature is acceptable)	Title	Date

THE REMAINDER OF THIS FORM CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS.

PLEASE READ THIS ENTIRE FORM

Case Number

You have the right to remain silent concerning the charge(s). Anything said or signed by you concerning the charge(s) can be used against you in a court of law.

Regardless of whether a hearing is requested or held, the state or federal government may prosecute you for intentional Program violation in a civil or criminal court action and may collect any overpayments or overissuances.

If you agree the information is true or if you accept the disqualification without a hearing, you may sign the "Waiver of Hearing." If you do not sign the Waiver of Hearing form, a hearing will be held.

If you waive a hearing, we will reduce TANF, SNAP, or CCAP benefits, or all, for your household. If you do not repay any TANF overpayments or SNAP overissuances which may exist, other household members may have to make repayment.

If you waive a hearing as a CCAP Provider, you will be ineligible to receive payments from CCAP for services provided during the disqualification period.

PAGE 4 OF THIS FORM CONTAINS ADDITIONAL INFORMATION ABOUT YOUR HEARING RIGHTS AND PROCEDURES

WAIVER OF HEARING

THE WAIVER WILL RESULT IN YOUR DISQUALIFICATION AND A BENEFIT REDUCTION FOR OTHER HOUSEHOLD MEMBERS IN ☐ TANF ☐ SNAP ☐ CCAP FOR THE PERIOD OF DISQUALIFICATION.

☐ THE WAIVER WILL RESULT IN YOUR DISQUALIFICATION AS A CCAP PROVIDER FOR THE PERIOD OF DISQUALIFICATION.

If a signed waiver of hearing is received by the Appeals Supervisor, Department of Human Services, State Capitol, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND 58505-0250 before the date of the hearing, no hearing will be held. The waiver must be signed by you and by the caretaker relative or the head of household if you are not the caretaker relative or the head of household.

Sign A or B below if you wish to waive a hearing.

A. I admit to the facts as presented and understand that a disqualification penalty will be imposed if I sign this waiver.		B. I do not admit that the facts as presented are correct. However, I have chosen to sign this waiver and I understand that a disqualification penalty will result.	
Your Signature	Date	Your Signature	Date
Caretaker Relative/Head of Household		Caretaker Relative/Head of Household	
Signature	Date	Signature	Date

Case Number

ABOUT HEARINGS

If you have witnesses who have testimony or evidence in their possession which is necessary to your case, you may, before the hearing, ask the Administrative Law Judge to prepare subpoenas ordering those witnesses to appear at the hearing to testify or to bring the needed evidence. You will have to see that your subpoenas are properly served.

It is important that you or your representative be at the hearing, otherwise a decision will be based solely on information provided by the county social service board office.

If you or your representative do not appear at the hearing and there is a good reason why you or your representative did not attend the hearing, you must contact the Administrative Law Judge within 10 days after the hearing date in order to determine if you are entitled to receive a new hearing date.

YOUR HEARING WILL BE CONDUCTED BY TELEPHONE UNLESS YOU REQUEST THAT THE ADMINISTRATIVE LAW JUDGE BE PRESENT. YOU ARE ENTITLED TO HAVE THE ADMINISTRATIVE LAW JUDGE PRESENT IF YOU WISH. IF YOU REQUEST TO HAVE THE ADMINISTRATIVE LAW JUDGE PRESENT, IT WILL NOT AFFECT THE WAY THE HEARING IS CONDUCTED OR THE DECISION.

I request that an Administrative Law Judge be present at my hearing. (Do not sign if you have waived your hearing. Do not sign if you prefer a telephone hearing.)

Name	Signature	Date

YOUR HEARING RIGHTS AND PROCEDURES

1. For telephone hearings, the Administrative Law Judge will place a telephone call to your hearing location. All locations will have a speaker-phone system in which all parties will be able to hear and speak without having to use a telephone receiver.
2. The hearing will be conducted in an impartial manner. All testimony will be submitted under oath and tape recorded. You will not be bound by the rules of procedure and evidence used in the courts. Any papers you submit will be sent to the Administrative Law Judge for examination.
3. You must appear at the time and place set forth on your notice, along with any witnesses or representatives you choose. The county social service board office representatives and witnesses will also be present. Attendance by other persons must be agreed to by both you and the county. An interpreter shall be provided by the county social service board if the Administrative Law Judge determines this is necessary.
4. You may look at the evidence that will be used at the hearing both before and during the hearing. Call the county social service board office if you wish to look at the evidence before the hearing.
5. You may present your own case or have a lawyer, friend, relative, or community worker present your case for you.
6. You may ask to delay your hearing for up to 30 days if you need more time to prepare your case provided such request is made to the Administrative Law Judge at least 10 days in advance of the scheduled hearing.
7. You may bring your own witnesses.
8. You may argue your case freely.
9. You may question any statements made against you or any evidence.
10. You may bring any evidence you may have that would support your case.
11. You may refuse to answer any questions or to make any statements.
12. Free legal services may be available to you at an office listed on the attached page.
13. A copy of the Administrative Rules on hearing procedures is available, upon request, from the Appeals Supervisor.

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Additional Comments: