

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
BISMARCK, NORTH DAKOTA  
October 20, 2017**

**IM 5320**

**TO:** County Social Service Directors  
Economic Assistance Policy Regional Representatives  
Economic Assistance Policy Quality Control Reviewers

**FROM:** Carol Cartledge, Director, Economic Assistance

**SUBJECT:** Intentional Program Violation Procedures

**PROGRAMS:** Child Care Assistance Program (CCAP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF)

**EFFECTIVE:** Immediately

**SECTIONS  
AFFECTED:** **CCAP:**  
**Initiating an Intentional Program Violation 400-28-162-15 and Scheduling Intentional Program Violation Meeting 400-28-162-20**  
**SNAP:**  
**Initiating an Intentional Program Violation 430-05-77-10 and Scheduled Intentional Program Violation Meeting 430-05-77-15**  
**TANF:**  
**Initiating an Intentional Program Violation 400-19-137-15 and Scheduled Intentional Program Violation Meeting 400-19-137-20**

The SFN 1940 – TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation has been updated. The date the SFN1940 must be returned has been added to the form. This date must be 10 days from the date of the SFN 1940. The formatting of the form has also been updated.

Additional policy has been added to clarify who must sign the form when a

client chooses to sign Waiver A or Waiver B.

The policies below have been updated to reflect these changes. The intentional program violation policy is common for CCAP, SNAP, and TANF and will be incorporated in all three manuals.

## **Initiating an Intentional Program Violation**

In instances when there is sufficient evidence to substantiate that an individual has committed one or more acts of intentional program violation (IPV), the county must complete the SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation.

The SFN 1940 is intended to:

1. Notify an individual in writing when that individual is suspected of having committed an IPV;
2. Inform the individual of their hearing rights and hearing procedures;
3. Allow the individual the right to waive the hearing;
4. Allow an individual to request a hearing officer be present at the hearing rather than a telephone hearing.

## **When Completing the Form:**

- a. List the name and current address of the individual suspected of IPV.

There may be occasions when more than one individual gave a false report or were interviewed together and in those cases, prepare a separate SFN 1940 for each individual.

- b. Describe the violation of program rules including:
  - Information provided that is deemed incorrect;
  - Facts that were not revealed;
  - How and when information and verifications were submitted by the individual.

- c. The evidence disputing the accuracy of the individual's statements, when and where it came from;
- d. When and with whom discussions were conducted, the outcomes of which contradict the individual's statements;
- e. What documents were provided that should have included information not revealed, and when were they submitted;
- f. Document how the individual was aware of the reporting requirement;
- g. Indicate the length of the disqualification;
- h. Indicate the date the SFN1940 must be signed and returned to avoid the hearing. The return date must be 10 days from the date of the IPV meeting the county is required to schedule.
- i. The form must be signed by the county (an electronic signature is acceptable).

## **Scheduled Intentional Program Violation Meeting**

After completing the SFN 1940, TANF/SNAP/CCAP Notice of Suspected Intentional Program Violation, the county must schedule a meeting with the individual to discuss the suspected Intentional Program Violation (IPV) within two weeks using a system generated correspondence notice.

If the correspondence notice is returned as undeliverable or with no forwarding address, the IPV information must be placed in the casefile until an address is known. The suspected IPV cannot be pursued until the individual is made aware of the suspected violation.

If the worker had conversation with the individual regarding the suspected IPV, even if the correspondence notice is returned as undeliverable, the IPV can continue to be pursued. The worker must document the conversation that was held with the individual.

If the individual fails to attend the scheduled meeting without satisfactory explanation within three days after the meeting, the county must mail the original SFN 1940 along with a letter detailing the violation and copies of all evidence of the suspected IPV to:

Appeals Supervisor  
North Dakota Department of Human  
Services, Judicial Wing  
600 East Boulevard Avenue Dept. 325  
Bismarck, ND 58505-0250

If the individual attends the scheduled meeting the county must:

1. Provide the individual with a copy of the SFN 1940;
2. Provide the individual with a DN 1087 - Legal Service Organizations;
3. Discuss the suspected IPV

If it is determined that no violation has occurred, SFN 1940 must be placed in the file with a notation that it was not forwarded for further action and a summary of the explanation given by the individual.

If the county believes the violation did occur and the individual does not have a satisfactory explanation the county must explain the following options to the individual:

- Sign Waiver A – Which allows an individual to admit to the facts and accept the disqualification period;
- Sign Waiver B – Which allows an individual to accept the disqualification without admitting to the facts;
- Request an administrative disqualification hearing.

The county must explain signing Part A or B of the Waiver of Hearing will result in specific program disqualification time periods and penalties.

A signed waiver is a statement that the individual has been informed a disqualification penalty will result.

If the individual suspected of an IPV is not the head of household (PI), the head of household must also sign the form.

If the individual suspected of an IPV:

1. Chooses to sign the Waiver of Hearing:

- Provide the individual a signed copy of SFN 1940
- Mail the SFN 1940, detailing the violation to:  
Appeals Supervisor  
North Dakota Department of Human  
Services, Judicial Wing  
600 East Boulevard Avenue Dept. 325  
Bismarck, ND 58505-0250
- If Part B is signed, a cover letter detailing why the individual signed Part B rather than Part A must also be sent to the Appeals Supervisor
- The SFN 1940 must be sent to the Appeals Supervisor immediately after the individual signs the SFN 1940.
- The SFN 1940 will be reviewed by the appeals supervisor.
- The state office will notify the county of the date the disqualification will be imposed and the length of the disqualification.

2. Chooses not to sign the Waiver of Hearing:

- Give the individual a copy of the SFN 1940
- Explain that a hearing will be held by telephone unless the individual requests an administrative law judge will be present
- Mail the original SFN 1940 along with a letter detailing the violation and copies of all evidence of the potential IPV to:  
Appeals Supervisor  
North Dakota Department of Human  
Services, Judicial Wing  
600 East Boulevard Avenue Dept. 325

Bismarck, ND 58505-0250

- The SFN 1940 must be sent to the Appeals Supervisor within three days after the meeting is held.

**If you have any questions, please contact your Regional Representative.**