

NOTICE OF DISQUALIFICATION

COUNTY: _____

DATE: _____

WORK FIRST CASE NUMBER: _____

FOOD AND NUTRITION SERVICES CASE NUMBER: _____

(CHECK APPROPRIATE PROGRAMS)

You have been found guilty of an INTENTIONAL PROGRAM VIOLATION by a court of law. The checked section applies to you.

_____ You will not receive Food and Nutrition Services from _____ through _____

_____ You will not get Work First from _____ through _____.

Federal Regulations: _____ You have intentionally made a false or misleading statement, or misrepresented, concealed or withheld facts
_____ You have intentionally committed an act that constitutes a violation of the Food Stamp Act for the purpose of presenting, transferring, acquiring, receiving, possessing, or trafficking of authorization cards

State Statutes: _____ 108A-53-Fraudulent Misrepresentation
_____ 108A-53.1-Illegal possession or use of electronic Food and Nutrition Benefits

NOTICE TO REMAINING HOUSEHOLD MEMBERS
COMPLETE FOR FOOD AND NUTRITION SERVICES ONLY

We've reviewed your case to see if you can get Food and Nutrition Services while the person named above is not eligible. Here is what we found:

_____ You will receive \$ _____ each month from _____ to _____. After that, you will need to reapply in order to get Food and Nutrition Services because your certification period will be over.

_____ Your certification period has expired. You can reapply at any time.

_____ You are no longer eligible for Food and Nutrition Services.

IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION, PLEASE LET ME KNOW.

Sincerely,

County Representative