

**PROGRAM INTEGRITY APPOINTMENT NOTICE**

DATE \_\_\_\_\_ COUNTY/AGENCY \_\_\_\_\_

Name:

Address:

We are reviewing your \_\_\_\_\_ case for a possible overpayment or Intentional Program Violation as a result of \_\_\_\_\_.

An appointment is scheduled for you on \_\_\_\_\_ at \_\_\_\_\_ at the \_\_\_\_\_ DSS/Local Agency located at \_\_\_\_\_

OR

A home visit has been scheduled for you on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_.

The purpose of this appointment or home visit is to share with you why we think you may have been overpaid or intentionally violated program rules and/or to ask you for information to help us determine if you were overpaid and whether you intentionally violated \_\_\_\_\_ rules.

You do not have to attend this appointment, or allow a home visit, or talk to us about this, or provide any information to us about this investigation. However, this investigation will continue with or without your cooperation. Failure to attend this appointment or allow a home visit will not affect your current benefits. You may receive a separate notice from your caseworker requiring you to attend an appointment or give information to keep your current benefits. You can ask to review our records and ask for a fair hearing if we send you another letter about being overpaid or if we charge you with intentionally violating our rules.

Free legal advice may be available from your Legal Aid office. Call 1-866-219-5262 to find out their phone number. You can bring a lawyer or any other person at your expense to any meeting or hearing about this matter.

If you have any questions or if this appointment time is not convenient, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_

Program Integrity Investigator