

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
NOTICE OF STATE DISQUALIFICATION HEARING DECISION

County: _____
Date: _____
Referral No.: _____
Food and Nutrition Services: _____
Work First: _____
(check appropriate programs)

Name: _____
Address: _____

You were found GUILTY of an Intentional Program Violation at the hearing conducted on _____. If you are not satisfied with this decision you can appeal this decision to the courts. See the box below to find out if the rest of your household can get Food and Nutrition Services while you are ineligible.

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

If you are satisfied with the decision and do not want to appeal this decision to the courts, you will not receive _____ Work First for the months of _____ through _____, and/or _____ Food and Nutrition Services for the months of _____ through _____.

This hearing decision does not prevent the State or Federal government from prosecuting you for fraud in a court of law or from asking that you pay back the value of any extra benefits your household was not eligible to receive.

If you have any questions, please call the County Department of Social Services/Local Agency at _____. Free legal advice is available at the Legal Aid at 1-866-219-5262.

Signature of Department of Social Services/Local Agency Representative _____.

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 _____ is not allowed to participate. Here's what we've found.

- You will receive _____ in Food and Nutrition Services during _____.
- You will receive _____ in Food and Nutrition Services during _____. After that, you will need to reapply since your certification period will be over.
- Although your certification period is over, you may be eligible. To see if you are eligible please call, write, or visit the Food and Nutrition Services Office and ask to file an application.
- You are no longer eligible for Food and Nutrition Services.

Your Income Maintenance Caseworker will notify you regarding the amount of your Work First payment. If you are not satisfied with the decision, you may ask for a hearing.