

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
ACTION TAKEN ON ADMINISTRATIVE DISQUALIFICATION HEARING

COUNTY: _____
DATE: _____
CASE NO: _____
FOOD AND NUTRITION SERVICES: _____
WORK FIRST: _____
(check appropriate program)

Name: _____
Address: _____

The hearing conducted on _____ found that you committed an Intentional Program Violation. If you were not present at the hearing, you have 10 days to provide good cause for failure to appear.

- 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

You have two choices:

1. If you are satisfied with the decision and do not want a new hearing, you will be disqualified and you will not receive _____ Work First for the months of _____ through _____, and/or _____ Food and Nutrition Services for the months of _____ through _____.
2. If you are not satisfied with the decision, you can ask for a new hearing at a higher level by calling your County Department of Social Services or by signing your name below and returning this form to your county Department of Social Services. If you ask for a new hearing within 15 calendar days after you receive this notice, you will continue to receive _____ Food and Nutrition Services and/or _____ Work First until the new hearing if you are eligible (Count weekends and Holidays)
_____ Yes, I want a new hearing

(Sign your name here) _____

If you have any questions, please call the County Department of Social Services at _____

Signature of County Representative _____

NOTICE TO REMAINING HOUSEHOLD MEMBERS
(complete for Food and Nutrition Services only)

We have reviewed your case to see if you can get Food and Nutrition Services while _____ is not allowed to participate. Here is what we found:

_____ You will receive _____ in Food and Nutrition Services during the months of _____
_____ Although your certification period is over, you may be eligible. To see if you are eligible please call, write, or visit your County Department of Social Services and ask to file an application.
_____ You are no longer eligible.

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