

NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES
Division of Social Services

LETTER FOR OVERISSUANCE
INTENTIONAL PROGRAM VIOLATION

County Case ID

FSIS Case Number

It has been determined at an official hearing that you or a member of your household committed an intentional Program violation in obtaining food stamps. As a result, you received a total of \$ more in food stamps than your household was eligible to receive during the months of:

You should make every effort to pay the full amount you owe. If you can't pay the full amount now, we can arrange for monthly cash payments or a reduction in food stamp benefits. Just call the food stamp office at

[] If this box is checked, you now owe us the value of the food stamps you obtained fraudulently.

[] If this box is checked, we owe you \$ in benefits from past months. For this reason, we've reduced the amount you owe us.

You now owe us \$ instead of the amount shown above.

or sign and return the enclosed letter.

You can have a fair hearing of your case if you don't agree with the amount of the claim. At the hearing you'll have a chance to explain why you disagree. A hearing officer will then decide who's right.

You have 90 days from the date of this letter, that is until to ask for a hearing. If you don't ask for a hearing by this date you can't have one.

We will decrease the amount of food stamps you get each month by 20% of the food stamp entitlement or \$10.00, whichever is greater, until the claim is paid if we do not hear from you by This amount may change if your allotment changes.

To request a fair hearing, call the food stamp office at the telephone number listed above or fill out and return the form below. Also, call this number if you want to know more about how a fair hearing works. Free legal advice may be available in your county. Contact your local legal services office.

If you want a fair hearing, fill out this form, tear it off, and mail to:

Name of person requesting hearing

Address

Telephone number where you can be reached

Your Signature

Today's Date

Use this space to tell us why you want a fair hearing

FOR OFFICE USE ONLY

County Case ID

FSIS Case No.

Claim Worker

Notice Date Date Request Received