

NOTICE OF PROGRAM VIOLATION

Name – Member		Date of Notice	
CARES PIN	Case Number		
Address			
City		State	Zip Code

We believe you received Wisconsin Works (W-2) payments to which you were not entitled by:

- Intentionally making a false or misleading statement.
- Intentionally misrepresenting or withholding facts.
- Committing an act intending to mislead, misrepresent, or withhold facts.

Period in which you received W-2 payments incorrectly: _____ to _____

Amount of overpayment: \$_____

We believe you received child care assistance to which you were not entitled by:

- Intentionally making a false or misleading statement.
- Intentionally misrepresenting or withholding facts.
- Committing an act intending to mislead, misrepresent, or withhold facts.

Period in which you received child care assistance incorrectly: _____ to _____

Amount of overpayment: \$_____

We believe you received Medicaid/BadgerCare Plus benefits to which you were not entitled by:

- Intentionally making a false or misleading statement.
- Intentionally misrepresenting or withholding facts.
- Committing an act intending to mislead, misrepresent, or withhold facts.

Period in which you received Medicaid/BadgerCare Plus incorrectly: _____ to _____

Amount of overpayment: \$_____

The specific alleged violation is:

The following evidence supports this allegation:

You must contact your W-2 or local county or tribal agency within 10 days of the postmark on this notice's envelope to make an appointment to resolve this problem.

Agency Representative	Phone Number
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