

FOODSHARE NOTICE OF DISQUALIFICATION

Personally identifiable information will be used only for the direct administration of public assistance programs.

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

You are being disqualified because:

- You were found guilty of an intentional program violation at an administrative hearing on _____.
- You waived your right to an administrative disqualification hearing.
- You signed a Consent for Disqualification as part of a prosecution diversion agreement.
- You were found guilty of intentional program violation in a court of law.

Effective _____, _____ **will be disqualified from FoodShare Wisconsin for:**

- One year** because this was your first violation.
- Two years** because this was your second violation.
- Two years** because this was your first intentional program violation sanction for a conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of drugs.
- Permanently** because this was your first intentional program violation sanction resulting from a conviction by a federal, state, or local court for having used or received benefits involving the sale of firearms, ammunition, or explosives or trafficking benefits for an aggregate amount of \$500 or more.
- Permanently** because this was your second intentional program violation sanction from a conviction in a federal, state, or local court to have used or received benefits in a transaction involving the sale of drugs.
- Permanently** because you were convicted in a federal, state, or local court of having trafficked benefits in an aggregate amount of \$500 or more.
- 10 years** because this is your first or second intentional program violation sanction due to receipt of duplicate benefits based on your fraudulent statement or representation.
- Permanently** because this was your third violation for any of the above.

If you are not satisfied with this decision to disqualify you, you may appeal it in a court of law. This decision does not prevent the state or federal government from prosecuting you for an intentional violation of a program rule in a court of law.

Although you or a member of your household has been disqualified from participation, other members in the household may continue to be eligible for FoodShare benefits. Contact your agency if you wish to reapply for these programs after your disqualification period ends.

USDA NONDISCRIMINATION STATEMENT

Do Not Send Applications Here

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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