

### WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

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

Name – Member		Date Mailed to Member	
CARES PIN	Case Number		
Street Address			
City		State	Zip Code

**We believe you committed an intentional program violation by:**

- Intentionally making a false or misleading statement.
- Intentionally misrepresenting, concealing, or withholding facts.
- Committing an act that constitutes a violation of the Food Stamp Act, the Food Stamp Program regulations, or any Wisconsin statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of FoodShare benefits or QUEST cards.

**Summary of Violation and Evidence**

The specific alleged violation(s) is: \_\_\_\_\_

\_\_\_\_\_

The following evidence supports this allegation: \_\_\_\_\_

\_\_\_\_\_

You have the right to an administrative disqualification hearing prior to any action taken by the State of Wisconsin to disqualify you from receiving FoodShare benefits. If you wish to have a hearing rather than signing this form, you would have the right to:

- Look at the evidence that will be used at the hearing, both before and during the hearing, and receive a free copy of relevant portions of your case file upon your request.
- Present your own case or have someone, such as a lawyer, a friend, a relative, or a community worker, present your case for you. Free legal services may be available to you. For information on services in your areas, visit the Legal Action of Wisconsin website at [www.legalaction.org](http://www.legalaction.org) or call 1-888-278-0633, or visit the Wisconsin Judicare, Inc., website at [www.judicare.org](http://www.judicare.org) or call 1-800-472-1638.
- Bring your own witnesses.
- Argue your case freely.
- Question any evidence or statements made against you.
- Bring any evidence to the hearing that would support your case.
- Remain silent concerning the charges, as anything said or signed by you could be used against you in a court of law.
- Obtain a copy of the state agency's published hearing procedures per 7CFR § 273.16(e)(3)(iv) by contacting the agency.

**If you wish, you may waive this hearing. If you waive the hearing, your household will have a reduction in benefits and you will be disqualified from receiving FoodShare for:**

- One year** because this would be your first violation.
- Two years** because this would be your second violation.
- Two years** because this would be your first 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.
- Permanently** because this was your second 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 a conviction in a federal, state, or local court for having trafficked benefits in an aggregate amount of \$500 or more.
- 10 years** because this would be your first or second intentional program violation sanction due to receipt of duplicate benefits based on your fraudulent statement or representation.
- Permanently** because this would be your third violation for any of the above.

**Whether you have a hearing or not, it does not preclude the district attorney from prosecuting you for an intentional program violation in a civil or criminal court action or from the agency collecting an overpayment. You and the remaining household members 18 years and older during the period of overpayment will be responsible for the repayment of the incorrect benefits issued.**

If you sign this waiver, you must also choose one of the following statements to indicate whether or not you admit to the facts as presented above. You do not have to admit to any of the charges. You have the right to remain silent concerning the charges, as anything said or signed by you could be used in a court of law.

- I admit the facts as presented and understand that a disqualification penalty will be imposed if I sign this waiver.
- I do not admit that the facts as presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty will result.

The head of household must also sign this agreement if you are not the head of household.

**To avoid the holding of a hearing, this signed waiver must be returned to the local agency listed below by:**

\_\_\_\_\_.

If you have questions, you may call: \_\_\_\_\_.

Agency Representative		Phone Number
Address		
City	State	Zip Code
<b>SIGNATURE</b> – Member		Date Signed
<b>SIGNATURE</b> – Head of Household (if different from member)		Date Signed

## **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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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