

**ADMINISTRATIVE DISQUALIFICATION HEARING NOTICE**

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 have determined that you intentionally violated a FoodShare Wisconsin rule by:**

- Intentionally making a false or misleading statement.
- Intentionally misrepresenting 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.
- Receiving duplicate benefits based on your fraudulent statement or representation.
- Being convicted by a court of using or receiving FoodShare in a transaction involving either the sale of drugs or firearms, ammunition, or explosives.
- Being convicted by a court of trafficking of FoodShare Wisconsin greater than \$500.

**Summary of Violation and Evidence**

The specific alleged violation(s) is:

\_\_\_\_\_

The following evidence supports this allegation:

\_\_\_\_\_

You received incorrect FoodShare benefits for the period of \_\_\_\_\_ to \_\_\_\_\_.

Amount of total overissuance: \$\_\_\_\_\_.

**Hearing Information**

An administration disqualification hearing has been scheduled to review this evidence and determine if the allegations are true. The date of the hearing is listed below. Your failure to appear at this hearing without good cause will result in a decision by the hearing officer based solely on the information provided by the agency representative. If you are unable to appear, you will have 10 days from the date below to show good cause so that you may receive a new hearing date.

Send the information to the Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or fax to 608-264-9885.

Hearing Date \_\_\_\_\_ Hearing Time \_\_\_\_\_

Hearing Location \_\_\_\_\_

You or your authorized representative may review this evidence by contacting the person listed below to schedule an appointment.

Agency Representative	Phone Number
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**You 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.
- Ask us to delay your hearing for up to 30 days if you need more time to prepare your case. To obtain a postponement, contact the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875, at least 10 days before the hearing.
- Obtain a postponement for a good cause reason within 10 days from the date of the scheduled hearing by contacting the Division of Hearings and Appeals at the address listed above.
- 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.
- Waive your right to an administrative disqualification hearing by contacting your worker to complete a waiver form (F-16039) and agree to all of the consequences on that agreement.
- Obtain a copy of the state agency's published hearing procedures per 7CFR § 273.16(e)(3)(iv) by contacting the agency.

**This hearing 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 the hearing officer decides that you intentionally violated a program rule, **you will be immediately disqualified from FoodShare Wisconsin 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.

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.