



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
WAIVER OF ADMINISTRATIVE HEARING DISQUALIFICATION CONSENT AGREEMENT

| | | | |
|---|--|------------------------|---------------------------------------|
| NAME | | | DATE |
| INDIVIDUAL DCN (ALLEGED VIOLATOR) | SCN | SSN (ALLEGED VIOLATOR) | DCN (HEAD OF HOUSEHOLD, IF DIFFERENT) |
| MAILING ADDRESS (NUMBER, STREET, P O BOX) | | | |
| CITY, STATE, ZIP CODE | | | COUNTY OFFICE |
| <p>If you agree to waive the Administrative Hearing or if you consent to the disqualification, even though you have not been found guilty of civil or criminal misrepresentation or fraud, you will be disqualified from participation in the Food Stamp Program for a period of:</p> <p><input type="checkbox"/> 12 months because it is your first violation.</p> <p><input type="checkbox"/> 24 months because it is your second violation.</p> <p><input type="checkbox"/> 24 months because it is your first violation for using your Food Stamp benefits to purchase a controlled substance.</p> <p><input type="checkbox"/> 10 years because you misrepresented your identity or residence to obtain Food Stamp benefits in more than one location at the same time.</p> <p><input type="checkbox"/> Permanently because it is your second violation for using your Food Stamp benefits to purchase a controlled substance.</p> <p><input type="checkbox"/> Permanently because of trafficking Food Stamp benefits of \$500.00 or more.</p> <p><input type="checkbox"/> Permanently because you transacted benefits for firearms, ammunition or explosives.</p> <p><input type="checkbox"/> Permanently because it is your third violation.</p> <p>The penalty remains the same whether you agree to waive the Administrative Hearing or you choose to have the hearing and are found guilty.</p> <p>Please check the statement that pertains to your decision and sign your name on the line below. If you are not the head of household, the head of household must also sign this form.</p> | | | |
| A. <input type="checkbox"/> I admit to the facts as presented. I have chosen to sign the waiver/disqualification agreement and understand that a disqualification penalty and a reduction in benefits will be imposed. | | | |
| B. <input type="checkbox"/> I do not admit that the facts as presented are correct. However, I have chosen to sign the waiver/disqualification agreement with the complete understanding that a disqualification penalty and reduction in benefits will be imposed. | | | |
| C. <input type="checkbox"/> I have chosen not to waive the Administrative Hearing with the complete understanding that the hearing will be conducted. | | | |
| FOR OPTIONS A AND B ABOVE, YOU MAY WITHDRAW THIS WAIVER WITHIN FIVE (5) DAYS OF SIGNING IT. THE HEARING WILL BE CONDUCTED AS IF YOU HAD NOT SIGNED THIS WAIVER. IF YOU WANT TO WITHDRAW THIS WAIVER, SIGN AND RETURN THE ATTACHED FORM IM-161A WITHIN FIVE (5) DAYS TO THE COUNTY OFFICE. | | | |
| <p>IF A OR B IS CHECKED: I understand the following statements to be true:</p> <ul style="list-style-type: none"> • The disqualification period is to begin in the month following the month the waiver was received by the agency, or the second month if the waiver is received in the last five business days of the month. • If my case is currently active, the Food Stamp benefits for the rest of my household will be reduced, if applicable. • I also understand that this disqualification is in addition to the amount of the claim I must repay. • I understand that the remaining household members will be held responsible for the repayment of the claim in the amount of \$ _____. • The claim is a result of an over issuance due to an alleged intentional program violation that occurred in the month(s) of _____. <p>If you choose to sign this waiver, please return it by _____ to avoid scheduling a hearing.</p> | | | |
| You have the right to remain silent. Anything said or signed can be <u>used</u> against you in a court of law. | YOUR SIGNATURE | | DATE |
| | HEAD OF HOUSEHOLD SIGNATURE (IF DIFFERENT) | | DATE |
| If you need additional information, please call the Hearing Officer/Investigator at: ► | | | |
| Please return this form to the address below no later than: ► | | | |
| NOTE: IF THIS FORM IS NOT RETURNED, SIGNED AS INDICATED ABOVE, THE HEARING WILL BE CONDUCTED AS SCHEDULED. | | | |
| HEARING OFFICER/INVESTIGATOR | | ADDRESS | |

What is an Administrative Disqualification Hearing?

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Food Stamp rules. This is called an "intentional program violation". The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

Even though a hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for an intentional violation of a program rule in the court of law or from collecting the overpayment.

What is an Intentional Program Violation?

An intentional program violation is any of the following actions:

- Making a false or misleading statement to local agency, either orally or in writing, to get Food Stamp benefits to which you are not entitled. Even if your Food Stamp application is denied you can be found guilty.
- Hiding information or not telling all the facts in order to get Food Stamp benefits to which you are not entitled.
- Using Food Stamp benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having Food Stamp benefits you are not supposed to have.
- Trading or selling Food Stamp benefits or Electronic Benefits Transfer (EBT) Card.

What are the Penalties for an Intentional Program Violation?

If the hearing officer finds that you are guilty, you become disqualified from receiving Food Stamp benefits. The length of the Disqualification for Food Stamps will be 12 months for the first offense; 24 months for the second offense, and permanently for the third offense.

In addition, if the hearing officer finds that you intentionally gave false information or hid information about identity or residence to get Food Stamp benefits in more than one locality at the same time, you will be disqualified for 10 years.

Advance Notification of an Administrative Disqualification Hearing

The hearing officer will provide the date, time and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

What happens at the Administrative Disqualification Hearing?

The hearing officer will decide if you are guilty of an intentional program violation. The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Advance arguments without undue interference.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member's side of the case.
- Remain silent about the charges.

