

**INTENTIONAL PROGRAM VIOLATION (IPV) DISQUALIFICATION NOTICE
FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (NYC)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____ OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance information _____		
CASE NAME (And C/O Name if Present) AND ADDRESS				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This is to inform you and members of your family or household that you, _____, are disqualified from receiving SNAP, as explained below:

I. Reason For Disqualification - The reason for the disqualification is that you:

- Were determined to have committed a SNAP-IPV by an administrative disqualification hearing held on _____, which resulted in a decision dated _____.
- Waived rights to an administrative disqualification hearing by signing a waiver on _____.
- Were found guilty of a crime or offense by a court of law on _____ for committing a SNAP-IPV.
- Signed a disqualification consent agreement on _____.

The regulation that allows us to disqualify you is 18 NYCRR 359.9.

II. Period of Disqualification - You, the recipient named in this notice, are disqualified from receiving SNAP for the period(s) checked:

- For 12 months, because this is your first SNAP-IPV.
- For 24 months, because this is your:
 - second SNAP-IPV.
 - first SNAP-IPV and it is based on a court finding of having used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- For 120 months, because you were found to have made a fraudulent statement about who you are or where you live in order to get multiple SNAP benefits simultaneously.

Additionally, a court may bar you from participating in SNAP for an additional 18 months.

- Permanently**, because this is your:
 - first SNAP-IPV and it is based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition, or explosives.
 - first SNAP-IPV and it is based on a court conviction for trafficking SNAP benefits for a combined amount of \$500 or more. (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)
 - second SNAP-IPV and it is based on a court finding of having used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
 - third SNAP-IPV.
- For _____ months because this is the penalty ordered by the court. This is your _____ SNAP-IPV.
- This is your _____ SNAP-IPV. Normally, this means you cannot get SNAP for _____ months, but because we did not notify you in time:
 - you will be disqualified for _____ months, beginning _____.
 - you will not be disqualified.
- Other: _____

III. Dates of Disqualification - Your disqualification period will begin _____ and will end _____.

IV. Revised SNAP Amount

- Your household's monthly amount of SNAP will be reduced from \$ _____ to \$ _____ for your disqualification period. In figuring the amount of SNAP your household will get, we do not count the disqualified person in the household, but we must count the disqualified person's income. You will **not** automatically be added back into the SNAP case when your disqualification period ends. To prevent a delay in getting SNAP again, you must contact us at the number above no later than 30 days before your disqualification period ends.

This decision is based on Regulation 18 NYCRR 387.19.

- Your SNAP will be discontinued, effective _____. Your SNAP case will **not** automatically be reopened when your disqualification period ends. To prevent a delay in getting SNAP again, you must reapply for SNAP no later than 30 days before your disqualification period ends.

**INTENTIONAL PROGRAM VIOLATION (IPV) DISQUALIFICATION NOTICE
FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

NAME:	ADDRESS:	CASE NUMBER:
-------	----------	--------------

V. Amount of Overpayment and Overpayment Period - Your household got \$ _____ more in SNAP than it should have during _____ to _____.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges. This decision is based on 31 CFR 285.

In the future if your case is closed, you will receive a separate notice providing repayment options and guidelines to ensure paying back the remaining claim balance. You will have 30 days from the date you receive this notice to make arrangements for repayment of the remaining balance.

If you do not access your SNAP within 365 days, they will be expunged (taken back). If you have a SNAP overpayment, your expunged SNAP will be put towards your overpayment. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP will be reduced if you begin to get SNAP again. You will be notified at that time, of the amount of reduced SNAP you will get.

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

**INTENTIONAL PROGRAM VIOLATION (IPV)
DISQUALIFICATION NOTICE FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(SNAP) (NYC)**

NAME:	ADDRESS:	CASE NUMBER:
-------	----------	--------------

CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. If we made a mistake, we will correct it.

You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

1. CONFERENCE (informal meeting with us) – If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. STATE FAIR HEARING

You or any members of your family or household may request a fair hearing **ONLY** to review (1) the amount of an overpayment or overissuance, but only if the amount was not determined when your disqualification was determined. (2) the amount of the SNAP allotment to be provided to the remaining members of your family or household during the disqualification period and (3) the failure to restore you to the household at the end of the disqualification period after you request such restoration.

You or members of your family or household do not have a right to a fair hearing to review the fact that you have been disqualified.

You may contest this action in an appropriate court of law pursuant to Article 78 of the New York Civil Practice Law and Rules (CPLR).

You have **90** days from the date of this notice to ask for a fair hearing.

If this notice is telling you that you got too much in SNAP benefits and that you must pay them back and you do not agree, you **must** call for a fair hearing within 90 days of the date of this notice. If you do not call for a fair hearing within 90 days of the date of this notice, you cannot claim in the future that the agency's decision that you owe the debt was wrong.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of the entire notice to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and back of this notice to: (518) 473-6735.

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn.

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call, write or fax to us, we will send you free copies of the documents from your files, which we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your files, which you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, or fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201.**

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.