

ADMINISTRATIVE DISQUALIFICATION HEARING WAIVER - CalWORKs/Food Stamps

Read carefully. Signing this waiver will affect your rights.

IMPORTANT NOTICE

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- Date: _____
Hearing Number: _____

_____ County believes that you, _____, committed an Intentional Program Violation (IPV). This means that the county is alleging that you intentionally gave the county wrong information or you intentionally did not tell the truth.

By “intentionally” the county means that you did it on purpose. For California Work Opportunity For Kids/Aid to Families with Dependent Children (CalWORKs/AFDC), this means you also did it for the purpose of establishing or maintaining the family’s eligibility for CalWORKs/AFDC or for increasing, or preventing a reduction in, the amount of the grant. This resulted in an overpayment of \$ _____ in CalWORKs/AFDC and an overissuance of \$ _____ in the Food Stamp Program.

The county may seek a disqualification penalty even if there is no overpayment or overissuance. Disqualification penalties for an IPV can be six months, 12 months, 24 months, four years, ten years, or permanent disqualification depending on whether this was your first, second, or third violation or based on the circumstances of the violation. You may also be disqualified from one or both programs.

You have the right to an Administrative Disqualification Hearing (ADH). However, you may give up your right to a hearing by signing the back of this notice. You do not have to admit that you committed an IPV. If you sign the waiver, you will be disqualified from CalWORKs and/or Food Stamps for the time period(s) indicated on the back of this form. If you sign this form, no hearing will be held.

If you sign this waiver to give up your rights to the ADH, you should know:

- Your income and resources will still be counted when figuring the household’s eligibility and benefits even though you have been disqualified.
- If there are other members in your household, your household’s CalWORKs and Food Stamps may be lowered or stopped during your disqualification period.
- You have the right to remain silent concerning the charge(s); but, anything you say or sign may be used against you in a court of law.
- Signing this statement does not stop the County, State, or Federal government from prosecuting you for an IPV in a court of law or from collecting any overpayment or overissuances.
- For Food Stamp overissuances, the amount you owe will be more because you will not be allowed the earned income deduction.

If you decide NOT to sign this waiver of rights to the ADH hearing:

- Your current eligibility will not change, pending the hearing.
- If you do not sign the waiver, your hearing will be held whether or not you attend. If you do not attend, you may wish to submit a statement to the county representative identified at the bottom of page two of this notice. A decision will be sent to you based on the evidence presented.
- **If the county is sending you this form before your hearing has been scheduled, you will receive the date, time, and place in another notice from California Department of Social Services (CDSS). If you sign this waiver, the penalties will be as follows:**

**6 months disqualification from the CalWORKs Program for a first violation
12 months disqualification from the Food Stamp Program for a first violation**

FOOD STAMP NOTICE TO OTHER HOUSEHOLD MEMBERS

You and the other adults in the household will be held responsible for paying back the extra Food Stamp benefits given to your household during the period described under item E of the IPV Allegation in the enclosed DPA 435 (even if you or the disqualified individual move out), unless the amount of extra Food Stamp benefits has already been paid back.

IF YOU WANT TO WAIVE YOUR RIGHT TO THE HEARING, sign and return this waiver to the California Department of Social Services within 20 calendar days from the date of the enclosed Notice of CalWORKs/AFDC and/or Food Stamp Administrative Disqualification Hearing. If you do not sign the waiver within those 20 calendar days, the hearing will be scheduled. If you are not the head of household, then the head of household must also sign.

If you sign this waiver, you will be disqualified from the CalWORKs and/or Food Stamp Program(s) for the period(s) indicated above, and your household's benefits may be reduced, even if you do not admit to the facts as presented by the county.

ADMINISTRATIVE DISQUALIFICATION HEARING WAIVER

I understand that signing this form is totally voluntary and that failure to sign this form will not affect my eligibility.

Please check one of the boxes below:

- I admit to the facts as presented, and understand that a disqualification penalty shall 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 shall result.

I understand and acknowledge that:

1. The county alleges I have committed an Intentional Program Violation.
2. I have reviewed the enclosed copy of the County Allegation of Intentional Program Violation (DPA 435) including the list of evidence and exhibits. If I want to see the evidence or discuss this process, I can contact the county representative whose name is shown below.
3. I hereby voluntarily waive my right to an AFDC/CalWORKs and/or FOOD STAMP Administrative Disqualification Hearing.
4. I understand that if I sign this waiver, I may change my mind and request an ADH by notifying the State Hearings Division at (800) 743-8525 (toll free) within seven (7) working days after the waiver was signed.

DO NOT SIGN THIS FORM, IF YOU DO NOT KNOW WHAT IT MEANS!

SIGNATURE OF RESPONDENT	DATE
SIGNATURE OF HEAD OF HOUSEHOLD (HOH) / CARETAKER RELATIVE (CR) (THESE PERSONS MUST SIGN IF RESPONDENT IS NOT HOH/CR)	DATE

After signing this Waiver, return it in the enclosed envelope.

If you have any questions or need more information about the ADH or this waiver request, you may call the county collect at _____ and ask for _____. If you want a copy of the hearing procedures, call (800) 743-8525.