

INTENTIONAL PROGRAM VIOLATION (IPV) DELETION REQUEST FORM

CASE TYPE:
 Food Stamps
 CalWORKs
 Both Programs

(1) State Code 06		(3) County Name:	
(4) Social Security Number:		(5) Date of Birth: MM DD YYYY	(6) Sex <input type="checkbox"/> M <input type="checkbox"/> F
(12) Date Disqualification Was Rendered: MM DD YYYY		(14) Disqualification Offense #: 1 - First Offense 2 - Second Offense 3 - Third or Subsequent Offense <input type="checkbox"/>	
(15) Length of disqualification: Enter The Number of Months 06 = 6 Months 12 = 12 Months <input type="checkbox"/>		(16) Effective Date of Disqualification:	

Reason for Deletion:
 Record Created in Error
 Order Rescinded
 Undocumented Individual

Name		Date
Title	Phone Number	Reference Number

 Once Completed, Email To: IPVCoordinator@dss.ca.gov
OFFICIAL USE ONLY

Date Received:	Date Entry Deleted:
Data Entered By:	