

NOTICE OF FORM CHANGE NO. 04-019

DATE

01/27/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

- Community Care Licensing District Offices
 Private and Public Adoption Agencies

- District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE DPA 435 County Allegation of Intentional Program Violation/Statement of Position

ORDER UNIT EACH	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 2/02	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

- Use until exhausted Destroy

USE NEW FORM

- When supply available in DSS Warehouse Use new form effective 2/02

USE FORM IN ACCORDANCE WITH

- All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a reproducible copy

Check on the internet for form availability at www.cahwnet.gov

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov

**COUNTY ALLEGATION OF
INTENTIONAL PROGRAM VIOLATION /
STATEMENT OF POSITION
(Request for an Administrative Disqualification Hearing)**

County: _____	
PROPOSED PENALTY PERIOD	
CalWORKs	Food Stamps (FS)
<input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Two Years <input type="checkbox"/> Four Years <input type="checkbox"/> Permanent	<input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Ten Years <input type="checkbox"/> Permanent
<input type="checkbox"/> Active <input type="checkbox"/> Closed	<input type="checkbox"/> Active <input type="checkbox"/> Closed

PERSON	MAILING ADDRESS
CASE NO.	
SSN	PHONE

JURISDICTION:

A. Status of Prosecution

<input type="checkbox"/> The case will not be referred to the DA for prosecution because of an agreement with the prosecutor such as monetary limit thresholds for resulting overpayments of overissuances; <input type="checkbox"/> the case was referred to the DA but was rejected for prosecution; <input type="checkbox"/> the case was referred to the DA or the court but the factual issues in that case are different in this case; or <input type="checkbox"/> the case has not yet been referred to the DA for prosecution.

B. Address Determination

The county at the hearing will affirm that the address used by the State to send notice of this hearing was appropriate (e.g., as reflected in current county records, last known address with no reports of changed addresses, etc.)

IPV ALLEGATION:

- A. Describe the action(s) the person took and/or the occurrence(s) he/she failed to report which resulted in an Intentional Program Violation (IPV) as generally defined in regulation MPP Sections 20-300.1 and 20-351i.1.

- B. Describe why you believe the person's actions and/or failure to report the occurrence was intentional (on purpose).

- C. In CalWORKs/AFDC cases, also explain why the county believes the respondent committed the IPV (e.g., 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).

- D. Describe how and when the person was made aware of his/her responsibility to report the information which caused the IPV.

- E. Describe the exact period of time in which the action and/or occurrence took place and the amounts and period of any resulting AFDC/CalWORKs overpayment and food stamp overissuance.

CONCLUSION:

Cite applicable regulations which make this an IPV and those regulations establishing the appropriate penalty period for the case.

**COUNTY
EVIDENCE AND EXHIBITS**

EXHIBIT NO.	DESCRIPTION OF EVIDENCE	PAGE NO.

LIST OF COUNTY WITNESSES

I certify that the above information is true and correct and establishes the basis of an Intentional Program Violation.

Signature of Preparer	Title	Date

Name of Reviewer	Title	Date

IPV Hearing Contact Person	Phone

Mail to: California Department of Social Services
State Hearings Division
744 P Street, MS 19-37
Sacramento, CA 95814