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** ☐ **M** ☐ **F**
(12) **Date Disqualification Was Rendered:** MM DD YYYY	(14) **Disqualification Offense #:** **1 - First Offense** **2 - Second Offense** **3 - Third or Subsequent Offense**	☐
(15) **Length of disqualification:** **Enter The Number of Months** **06 = 6 Months** **12 = 12 Months** ☐	(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☐ **Order Rescinded**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:	