

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-9537



April 30, 1981

ALL-COUNTY LETTER NO. 81-47

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP FORMS

REFERENCE:

This letter transmits the second major forms package developed as part of the statewide food stamp forms system. The first package was transmitted by ACL 80-66, dated November 5, 1980, and contains policies and procedures concerning form modification requests which also pertain to the attached forms. This package transmits five new forms, designates three existing forms as required forms, and provides instructions for all eight forms. Also included is a description of each form, implementation instructions and ordering procedures.

The new forms and instructions in this package were developed with the assistance of the CWDA Food Stamp Forms Subcommittee. In addition, comments received from other counties were considered. The Food Stamp Program Management Branch (FSPMB) appreciates the contribution of all those counties which participated in this effort.

Attachment 1 provides a brief description of the purpose of each form. Copies of the forms themselves are also attached, along with instructions. These instructions were developed primarily as a training tool to assist counties. The instructions address key areas and are meant to supplement the Food Stamp Manual and individual county handbooks.

Attachment 2 shows the specific designation and the implementation date of each form. All counties will be required to use these forms as of the implementation dates unless a form modification request is approved according to the procedures prescribed in ACL 80-66, Attachment 3. All existing approvals to substitute county-developed forms in place of any of the eight forms contained in this package are rescinded as of the implementation date of each form. Those counties which will use computer-generated forms instead of state-printed forms, including the Case Data System, are required to submit their forms to the FSPMB for approval. County requests to modify a state form must be submitted and approved prior to the state form implementation date. Any county which is experiencing operational difficulties which prohibit timely implementation must request an extension of time to implement.

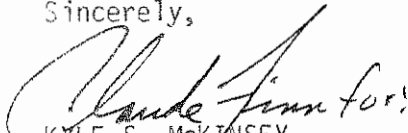
Three of the new forms in this package (DFA 377.7A, DFA 377.7B and DFA 377.7C) are required to implement revised fraud disqualification/recoupment regulations. Because the implementation date of these regulations does not allow sufficient time to print forms and to stock the warehouse prior to implementation, an interim supply of forms will be sent directly to each county by June 1, 1981. Thereafter, counties should order the forms from the warehouse using the GEN 727B County Forms Order. The other forms in this package are already in the warehouse or will be available no later than 30 days prior to their implementation dates. Counties will be notified when stock is received by the warehouse by the GEN 127, Notice of Form Change. Attachment 3 of this letter provides estimates of when stock will be available and other information to assist counties in correctly ordering these forms.

Those counties wishing to print their own forms will be provided camera-ready copies. Please contact Linda Gregory at (916) 445-9537 to request camera-ready copies.

In addition, counties should note that the requirements issued by All-County Letter 81-28 and clarified by All-County Letter 81-38 to provide additional language concerning aid paid pending do not apply to the DFA 377.7A and the DFA 377.7B. Since there are no provisions in fraud cases for the continuation of benefits pending a state hearing, this additional language must not be provided with these two notices. When a Notice of Action DFA 377.1 is provided to the household along with the DFA 377.7A, the stuffer notice containing the additional language should be attached to the DFA 377.1.

Should you have any questions about the use of these forms, the implementation dates, or modification policies, please contact your Food Stamp Program Management Consultant.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

cc: CWDA
Case Data

DESCRIPTION OF FORMS AND MAJOR CHANGES

DFA 287 Food Stamp Program Identification Card

The DFA 287 is issued to each certified household as proof of program eligibility. It must be presented when the head of household, designated authorized representative, or any responsible household member redeems an Authorization to Participate card (ATP) or, if requested, when food stamps are used to purchase consumable items, or in HIR counties, when the household obtains its coupons.

This form has not been revised but rather instructions for its use are provided. In addition, the form has been designated as required - substitutes permitted and must be implemented by all counties unless a form modification request is approved prior to the implementation date.

DFA 303 Replacement Authorization/Affidavit for Authorization to Participate Card (ATP) or Food Coupon Books

The DFA 303 is a form completed by the household or any authorized representative and the county. This form is used to (1) initiate a request for a replacement ATP/food coupon book(s), (2) verify that replacement of an ATP/food coupon book(s) is appropriate, and (3) acknowledge receipt of a replacement ATP/food coupon book(s).

This form combines the old DFA 303 and the old DFA 303.1 to provide a single form for replacing ATPs or food coupon books.

DFA 377.6 Food Stamp Notice of Request for Repayment of Extra Food Stamps and Right to Request a State Hearing

The DFA 377.6 is used by the Eligibility Worker to notify a food stamp household that food stamp benefits were overissued and the amount that should be repaid. This form is used to seek repayment of nonfraud and potential fraud overissuances which occurred within the 12 months prior to the date of discovery.

The backside of the DFA 377.6 explains the household's right to request a state hearing.

This form has not been revised but rather instructions for its use are provided. In addition, the form has been designated as required - no substitutes and must be implemented by all counties.

DFA 377.7A Food Stamp Notice of Action Taken on Your Fraud Hearing

The DFA 377.7A is used by the county to notify an individual that he/she has been found guilty of fraud, that he/she will be disqualified for a certain period of time, and provides information to the rest of the household concerning its eligibility for food stamps during the disqualification period.

The backside of the DFA 377.7A explains the rest of the household's right to request a state hearing if it disagrees with the amount of food stamp benefits it will receive during the disqualification period. If the household requests a hearing, benefits will not continue until the hearing at the level prior to this notice.

This is a new form.

DFA 377.7B Food Stamp Fraud Repayment Notice

The DFA 377.7B is used by the county to notify an individual found guilty of fraud that he/she must agree to repay the amount of food stamps received fraudulently before he/she will be eligible to participate in the Food Stamp Program.

This notice is initially sent at the same time as the Food Stamp Fraud Repayment Agreement, DFA 377.7C, and is sent again if the individual fails to sign and return the Repayment Agreement or fails to make repayment as agreed.

The backside of the DFA 377.7B explains the individual's right to request a state hearing. If the household requests a hearing because of an allotment reduction invoked by the county, the reduction will not be delayed pending the results of the hearing.

This form replaces the DFA 377.7, Food Stamp Fraud Repayment Notice and Right to Request a State Hearing. The major revision to this form is the inclusion of the provision that the fraudulent individual must agree to repay the amount of food stamps obtained fraudulently or continue to be disqualified from participating in the program. In addition, the language and repayment requirements are generally stronger.

DFA 377.7C Food Stamp Fraud Repayment Agreement

The DFA 377.7C is used by the county to secure a written repayment agreement with an individual found guilty of fraud. This agreement is sent to the individual with the Food Stamp Fraud Repayment Notice, DFA 377.7B.

This is a new form.

DFA 386 Nonreceipt of Authorization to Participate Document Because of Mechanical Disaster

The DFA 386 is a form completed by the head of household or authorized representative and the Eligibility Worker. This form is used to (1) certify that a household was not provided an Authorization to Participate card (ATP) because of a breakdown in equipment or mechanical failure, (2) certify that the household did not receive an ATP or food stamps for the period specified; and, (3) acknowledge receipt of a replacement ATP.

This form has not been revised but rather instructions for its use are provided.

DFA 842 Claim Determination Worksheet

The DFA 842 is used to document claims against any household that has received more food stamp benefits than it is entitled to receive. This form has a twofold purpose: 1) Completion of the form allows for internal documentation of individual claims, and 2) documentation of individual claims assists counties in gathering information for the monthly report Status of Claims Against Households.

This is a new form.

IMPLEMENTATION

Form No.	Title	Required Form		Form Replaces	Implementation Date
		No Substitutes	Substitutes Permitted		
DFA 287 (4/80)	Food Stamp Program Identification Card		X	None	8/1/81*
DFA 303 (6/81)	Replacement Authorization/Affidavit for Authorization to Participate Card (ATP) or Food Coupon Books		X	DFA 303 (9/80) DFA 303.1 (3/79)	8/1/81**
DFA 377.6 (2/79)	Food Stamp Notice of Request for Repayment of Extra Food Stamps	X		None	7/1/81*
DFA 377.7A (6/81)	Food Stamp Notice of Action Taken on Your Fraud Hearing		X	None	7/1/81+
DFA 377.7B (6/81)	Food Stamp Fraud Repayment Notice		X	DFA 377.7 (2-79)	7/1/81+
DFA 377.7C (6/81)	Food Stamp Fraud Repayment Agreement		X	None	7/1/81+
DFA 386 (8/80)	Nonreceipt of Authorization to Participate Document Because of Mechanical Disaster		X	None	8/1/81*
DFA 842 (6/81)	Claim Determination Worksheet		X	None	8/1/81**

* Counties may implement these forms immediately.

**Counties may implement these forms as soon as supplies are available.

+ Implementation dates for these forms are estimates as they are contingent upon the final filing of regulations. Counties will be notified of actual implementation dates via an All-County Letter.

Note: Spanish versions of these forms are being translated and will be implemented as supplies become available.

FORM ORDERS

Orders for the forms contained in this package should be submitted on the GEN 727B according to normal procedures, except as follows:

1. Specify in the description of the form the latest revision date (noted below) to ensure that the order is not filled with old stock.
2. Submit orders after receiving a GEN 127 which will be notification that the stock has been received by the DSS warehouse.
3. Limit initial orders to a three-month supply.

The following information is provided to assist counties complete the GEN 727B.

Form No.	Title	Revision Date	Unit of Issue	Date Stock Available	Implementation Date
DFA 287	Food Stamp Program Identification Card	4/80	Each	Now Available	8/1/81
DFA 303	Replacement Authorization/Affidavit for Authorization to Participate Card (ATP) or Food Coupon Books	6/81	Carbonized Pads	7/1/81	8/1/81
DFA 377.6	Food Stamp Notice of Request for Repayment of Extra Food Stamps	2/79	Carbon Sets	Now Available	7/1/81
DFA 377.7A	Food Stamp Notice of Action Taken on Your Fraud Hearing	6/81	Carbon Sets	8/1/81*	7/1/81+
DFA 377.7B	Food Stamp Fraud Repayment Notice	6/81	Carbon Sets	8/1/81*	7/1/81+
DFA 377.7C	Food Stamp Fraud Repayment Agreement	6/81	Carbonized Pads	8/1/81*	7/1/81+
DFA 386	Nonreceipt of Authorization to Participate Document Because of Mechanical Disaster	8/80	Pads/50	Now** Available	8/1/81
DFA 842	Claim Determination Worksheet	6/81	Pads/100	7/1/81	8/1/81

* An interim supply has been shipped directly to the counties. Additional stock should be ordered from the warehouse as needed.

+ Implementation dates are estimates and are contingent upon the filing of final regulations.

**These forms should not be ordered until a mechanical disaster occurs, as described by regulation, as only a minimal supply is maintained by the warehouse.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

**FOOD STAMP PROGRAM
IDENTIFICATION CARD**

Issued to _____

Issued _____ Case No. _____

SIGNATURE OF HEAD OF HOUSEHOLD

SIGNATURE OF OTHER HOUSEHOLD MEMBER

DFA 287 (4/80)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF EMERGENCY AUTHORIZED
REPRESENTATIVE

No. of Persons in Household _____

Household Eligible for Delivered Meals

Yes ☐

No ☐

Form Instructions
(for CWD Worker)

Food Stamp Program Identification Card

Purpose:

The DFA 287 is issued to each certified household as proof of program eligibility. It must be presented when the head of household, designated authorized representative, or any responsible household member redeems an Authorization to Participate card (ATP) or, if requested, when food stamps are used to purchase consumable items, or in HIR counties, when the household obtains its coupons.

Preparation:

The CWD prepares one card at the time of initial certification and issues it in the name of the head of household.

NOTE: If the ID card is mailed to the household, it must not be mailed in the same envelope with the ATP or food coupons.

The following identifying information is entered on the card:

- Head of Household
- Date
- Case Number
- Number of Persons in Household

Check applicable box indicating if the household is eligible for delivered meals.

The head of household, designated authorized representative or any responsible household member must then sign the ID card prior to using it. If the household does not name an authorized representative or other household member the CWD must indicate on the ID card that no designation was made. The household may also designate an emergency authorized representative at a later date. At that time, the emergency representative signs the ID card in the space provided.

The ID card may be serially numbered at the CWD's option.

NOTE: If the household is eligible for and interested in delivered meal services, the CWD marks the face of the ID card with the letter "M". If the household is certified for delivered meals for a temporary period, the CWD indicates an expiration date on the ID card. In counties where restaurants are authorized to accept food stamps, and if the household is eligible and interested in using communal dining facilities, the CWD marks the face of the ID card with the letters "CD".

REPLACEMENT AUTHORIZATION/AFFIDAVIT FOR AUTHORIZATION TO PARTICIPATE CARD (ATP) OR FOOD COUPON BOOKS

PART A - REQUEST FOR REPLACEMENT

Type of Replacement (check one)

☐ Authorization to Participate Card (ATP)

☐ Food Coupon Books

CASE NAME

CASE NUMBER

WORKER NUMBER

DATE REPORTED

DATE ATP /COUPONS ISSUED

ATP SERIAL NUMBER

VALUE OF ATP

FOOD COUPON ALLOTMENT

\$

\$

PART B - HOUSEHOLD AFFIDAVIT

I _____, the undersigned, living at _____ (STREET ADDRESS)

_____ (CITY), California, declare that the household named above:

☐ Did not receive the ATP/FOOD COUPON BOOK(S) mailed to _____ (STREET ADDRESS)

_____ (CITY), California, for the period of _____

☐ Did in fact receive ATP/FOOD COUPON BOOK(S) for the period of _____, however it was:

☐ Lost (ATP only) ☐ Stolen Amount \$ _____ ☐ Destroyed Amount \$ _____

I further declare that if at any time the above described ATP/FOOD COUPON BOOK(S) is received, it will be returned to:

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge. I also understand that if I intentionally withhold information or give false information I may be denied participation in the Food Stamp Program; fined, imprisoned or both.

SIGNATURE OF CLAIMANT

COUNTY WHERE SIGNED

DATE

PART C - REPLACEMENT AUTHORIZATION

AMOUNT TO BE
REPLACED
\$

NAME OF PERSON AUTHORIZING REPLACEMENT

APPROVED BY

DATE

PART D - HOUSEHOLD ACKNOWLEDGEMENT OF RECEIPT

I acknowledge the receipt of a replacement: (check appropriate box)

☐ ATP ☐ Food Coupon Book(s) ☐ Coupon Replacement Authorization
 Serial Number _____ In the Amount of \$ _____ Serial Number _____

REPLACEMENT RECEIVED BY (CLAIMANT'S SIGNATURE)

DATE

COUNTY USE ONLY

Form Instructions
(For CWD)

Replacement Authorization/Affidavit for Authorization to Participate Card (ATP)
or Food Coupon Books

Purpose:

The DFA 303 is a form completed by the household or any authorized representative and the county. This form is used to (1) initiate a request for a replacement ATP/food coupon book(s), (2) verify that replacement of an ATP/food coupon book(s) is appropriate, and (3) acknowledge receipt of a replacement ATP/food coupon book(s).

Part A is completed by the county and is used to initiate the request for an ATP/food coupon book(s) replacement. This section also provides identifying information relating to the original ATP/food coupon book(s) that was issued.

Part B is completed by the household or any authorized representative and is the household's affidavit indicating the reason for the replacement.

Part C is completed by the county and is used to authorize the replacement and the amount to be replaced.

Part D is completed in part by the county and signed by the claimant to acknowledge receipt of the replacement ATP/food coupon book(s) or Coupon Replacement Authorization issued to the household.

Preparation:

If the household or any authorized representative is unable to come into the county welfare office, the affidavit may be mailed to the household, unless the household is requesting a replacement for stolen or destroyed coupons. In this case, the household must come into the county office to sign the affidavit. If the household is requesting both an ATP and coupon replacement or a coupon replacement for more than one month, separate forms must be completed for each replacement.

Complete an original and one copy if the individual is requesting the replacement in person. Complete a second copy for pending if the form will be mailed for completion. (Additional copies may be required by the county's internal system.) Use the space in the upper right hand corner for your county stamp.

Part A Request for Replacement

Check the applicable box for the type of replacement.

Enter the following identifying information as applicable for the type of replacement.

- Case name
- Case number
- Worker number
- Date reported
- Date the original ATP/food coupon book(s) was issued
- Serial number of the original ATP
- Amount of the original ATP
- Amount of the original food coupon allotment

NOTE: Be certain to verify that the ATP/food coupon book(s) to be replaced was actually issued, was not returned as undeliverable, and that replacement is otherwise appropriate as defined by regulation.

Part B Household Affidavit

Before the household or any authorized representative completes this section, enter the address where the household should return the original ATP/food coupon book(s) should they receive it.

When signed, review this section for completeness, paying particular attention to the following items:

- When the claimant indicates the reason for replacement of food coupon books, by checking one of the boxes (stolen or destroyed), be sure the claimant also indicates the amount.
- Be sure that the claimant signs, enters the county where signed, and dates the affidavit as this information is required to meet the legal requirements for an affidavit.

Part C Replacement Authorization

- Enter signature of person authorizing replacement.
- Enter signature of individual approving replacement and date.
- Enter total amount of ATP/food coupon book(s) to be replaced.

Part D Household Acknowledgement of Receipt

Before this section is signed by the claimant, enter one of the following as applicable to the replacement: (1) the serial number of the replacement ATP, (2) the amount of the replacement food coupon books, or (3) the serial number of the Coupon Replacement Authorization.

NOTE: The head of household or authorized representative must sign the DFA 303 in the following instances: (1) when replacement coupons that were reported lost in the mail are issued over the counter, or (2) when a replacement ATP that was reported lost, stolen or destroyed is issued over the counter. In all other instances, the DFA 303 may be signed by the head of household, authorized representative or any other responsible household member.

The claimant must check the appropriate box for an ATP, food coupon book(s) or Coupon Replacement Authorization (DFA 299.1) and sign and date this section when the replacement is issued. If the ATP, food coupon book(s) or Coupon Replacement Authorization is to be mailed, the original DFA 303 and one copy should be enclosed with the ATP/coupons/Coupon Replacement Authorization and a self-addressed envelope for returning after it is signed by the household. The county shall retain a copy of the DFA 303 pending the return of the original. The county must establish a system of follow-up controls to ensure that the original is returned.

Be sure this section is signed and dated, and the appropriate box is checked.

County Use Section

This space may be used for any further documentation.

If the replacement is for stolen coupons, use this section to verify that a police report was filed, i.e., police report number.

Distribution:

The original is filed in the case file, and one copy is provided to the household.

**FOOD STAMP NOTICE OF REQUEST FOR REPAYMENT OF EXTRA FOOD STAMPS
AND RIGHT TO REQUEST A STATE HEARING**

(COUNTY STAMP)

Case No.: _____
 Worker No.: _____
 District: _____
 Date: _____
 Case Name: _____
 Interpreter Needed: _____ (Language) _____ (Dialect)

After carefully checking your file, we've found that you received \$ _____ more food stamps than you were eligible to receive during the months of _____.

That's because _____

- ☐ If this box is checked, we must ask you to pay back the value of the extra food stamps you received.
- ☐ If this box is checked, we owed you benefits from past months. For this reason we've reduced the amount you have to pay by \$_____. You now owe us \$_____ instead of the amount shown above.

You should make every effort to pay the full amount you owe. If you can't pay the full amount now, we can arrange for installment payments. Just call the food stamp office at the telephone number shown below. The amount of food stamps you are eligible to receive will not be affected if you can't pay or if you fall behind in your installment payments.

This action is required by the following laws and/or Food Stamp Manual Sections:

Eligibility Worker

Telephone Number:

IF YOU BELIEVE THIS ACTION IS WRONG, SEE REVERSE SIDE FOR YOUR RIGHT TO A STATE HEARING.

RIGHT TO REQUEST A STATE HEARING

1. You have the right to a conference with representatives of the county welfare department to talk about this intended action. At such a conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesman. If you want a conference, contact your county eligibility worker.
2. Whether you request a conference or not, you also have the right to request a State Hearing and decision by the Director of the State Department of Social Services (see form below). Your request may be written or oral but it must state that you want a hearing and why you are dissatisfied. Your request for a hearing must be made within one year of the date of this notice.
3. You may request a State Hearing on your own, or you may ask your eligibility worker for assistance. In either case, however, be sure to inform your eligibility worker as soon as possible.
4. At a State Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesman), of your choice. You may obtain free legal advice and the services of a lawyer by contacting the nearest legal services office. You may also contact the nearest welfare rights organization for assistance in presenting your claim. If free legal representation is available locally, the telephone number and/or address is listed below

5. State regulations governing State Hearings for food stamps are available at this office of the county welfare department.
6. Information Practices — The information you are requested to provide is mandatory in order to process your request for a State Hearing pursuant to W&IC 10950. A case file will be established by the Office of the Chief Referee. You have the right to examine the materials that constitute the record for decision. Any information you provide may be shared with the county welfare department or the United States Departments of Health, Education and Welfare.

If you wish to make a written request for a State Hearing, please send this page to:

Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 19-36
Sacramento, CA 95814

To make an oral request for a State Hearing or further information about your State Hearing rights or files you may contact:

Chief
Public Inquiry and Response
State Department of Social Services
(800) 952-5253 (toll-free number)

REQUEST FOR STATE HEARING

NAME (LAST, FIRST, MIDDLE INITIAL)	PHONE NO.	SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE

I hereby request a State Hearing before the State Department of Social Services from the action taken by the County regarding my application for Food Stamps. The reasons for my request are as follows:

I have trouble understanding English, therefore I request an interpreter for my hearing in the following:	LANGUAGE	DIALECT
SIGNATURE	DATE SIGNED	

AUTHORIZED REPRESENTATIVE

I have authorized the following person to act on my behalf in my appeal. I authorize the Department to release any or all information about my case to that person.

NAME OF AUTHORIZED REPRESENTATIVE	
ADDRESS OF AUTHORIZED REPRESENTATIVE	
SIGNATURE OF STATE HEARING APPLICANT	DATE SIGNED

Form Instructions
(for CWD)

Food Stamp Notice of Request for Repayment of Extra Food Stamps and Right to
Request a State Hearing

Purpose:

The DFA 377.6 is used by the Eligibility Worker to notify a food stamp household that food stamp benefits were overissued and the amount that should be repaid. This form is used to seek repayment of nonfraud and potential fraud overissuances which occurred within the 12 months prior to the date of discovery.

The backside of the DFA 377.6 explains the household's right to request a state hearing.

Note: The backside of the existing form references a one-year period to request a state hearing. This must be manually changed to 90 days.

Preparation:

Complete an original and two copies of the DFA 377.6 entering the following identifying information:

- Head of household's name and mailing address
- Case number
- Worker number
- District (if applicable)
- Date
- Case name

Note: Language and dialect need not be completed.

Enter the following information in the spaces provided:

- Amount of extra food stamps received by the household within the 12 months prior to the date of discovery.
- Month(s) that the overissuance occurred.
- Reason for the overissuance.

Check the first box if the entire amount owed should be repaid. (Amount is not offset by lost benefits not restored.)

Check the second box if the amount owed is offset by lost benefits not restored.
Enter the amount of lost benefits and the amount that should be repaid.

Manual Section

Enter the applicable specific manual section(s) for the above action(s).

Signature Block

Enter Eligibility Worker's name and telephone number.

Distribution:

The original and one copy are provided to the household. The second copy is filed in the case record.

**FOOD STAMP NOTICE OF ACTION
TAKEN ON YOUR FRAUD HEARING**

(COUNTY STAMP)

Case Name:
Case No.:
Worker Name:
District:
Date:

I. FRAUD DECISION

- ☐ You were found GUILTY OF FRAUD at an administrative fraud hearing conducted on _____. See your State Department of Social Services hearing decision you received earlier, for a complete explanation. If you are not satisfied with this decision, you may appeal it to the courts. Also, this decision does not prevent the State or federal government from prosecuting you for fraud in a court of law.
- ☐ You were found GUILTY OF FRAUD by a court of law on _____. See the court decision for a complete explanation. If you are not satisfied with this decision, you may appeal it to a higher court of law.

II. FRAUD DISQUALIFICATION

As a result of the above decision, you have been disqualified from the Food Stamp Program for _____ months. You may not appeal this disqualification through the State Hearing process.

- ☐ Since you are currently otherwise eligible for the Program, you will not receive any food stamps for the month(s) of _____.
- ☐ Since you are not currently otherwise eligible for the Program, when you reapply and are determined eligible, you will not receive any food stamps for _____ months.

In addition to serving the above disqualification period, you must agree to repay fraudulently received food stamps or you will continue to be disqualified from participating in the Program. Once you have signed a Food Stamp Fraud Repayment Agreement and it has been accepted by the county, you must pay as agreed or the county will reduce the food stamp allotment received by the rest of your household.

III. NOTICE TO THE REST OF YOUR HOUSEHOLD

Because of the above fraud decision, your case file has been reviewed to determine if you will receive food stamps while _____ is disqualified. The checked box(es) applies to you.

- ☐ You will receive \$ _____ in food stamps for the month(s) of _____.
- ☐ You will receive \$ _____ in food stamps for the month(s) of _____. After that, you will need to reapply to receive food stamps since your certification period will be over.
- ☐ Although your certification period is over, you may be eligible to receive food stamps. To see if you are eligible, you may call, write or visit the County Welfare Department and request an application.
- ☐ You are no longer eligible for Food Stamps as a result of excluding the disqualified individual from your benefit computation.
- ☐ You would have received \$ _____ in food stamps, but because you had another change in circumstances you will receive a different amount. See the attached Notice of Action for the amount you will actually receive.

IF YOU BELIEVE THAT THE AMOUNT OF FOOD STAMPS YOU WILL RECEIVE IS COMPUTED INCORRECTLY, YOU MAY REQUEST A STATE HEARING. A REQUEST FOR A STATE HEARING IS ON THE REVERSE. SHOULD YOU REQUEST A HEARING, YOUR BENEFITS WILL NOT CONTINUE UNTIL THE HEARING AT THE LEVEL PRIOR TO THE FRAUD DECISION.

The above action(s) is required by the following laws and/or Food Stamp Manual Sections:

If you have any questions, please contact me:	NAME	TELEPHONE NUMBER
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SEE REVERSE FOR STATE HEARING REQUEST

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing you must do so **WITHIN 90 DAYS OF THE DATE OF THIS NOTICE**.

AFDC: If your AFDC is being reduced or stopped and you ask for a hearing within 10 days of the mailing date of this notice, you can continue to receive AFDC until the hearing.

FOOD STAMPS: If your food stamps are being reduced or stopped and you ask for a hearing within 10 days of the mailing date of this notice, your food stamps may continue until the hearing or until the end of your current period of eligibility, whichever comes first, unless you check the box at the bottom of the page.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

**Office of Chief Referee
State Department of Social Services
744 P Street, Mail Station 19-36
Sacramento, CA 95814**

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253 *

11DD (800) 952-8349* For Deaf Only

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You phone, write, or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number
Address	City State Zip code

I am requesting a state hearing because of an action by the welfare department of _____ county related to

☐ Cash Grant ☐ Food Stamps ☐ Medi-Cal

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language _____ Dialect _____

Food Stamps: If any portion of food stamps provided to you while awaiting the hearing decision is determined to be an overissuance, the county may recover the value of the overissuance. If you want to avoid the possibility of such an overissuance, you may check the box below:

☐ I want my food stamps terminated or reduced to the new amount determined by the county until the hearing decision. If the hearing decision is in my favor, the county will make up the food stamps I lose as a result of checking this box.

Signature _____ Date _____

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by

contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority: W&IC 10950.

Form Instructions
(for CWD)

Food Stamp Notice of Action Taken on Your Fraud Hearing

Purpose:

The DFA 377.7A is used by the county to notify an individual that he/she has been found guilty of fraud, that he/she will be disqualified for a certain period of time, and provides information to the rest of the household concerning its eligibility for food stamps during the disqualification period.

The backside of the DFA 377.7A explains the rest of the household's right to request a state hearing if it disagrees with the amount of food stamp benefits it will receive during the disqualification period. If the household requests a hearing, benefits will not continue until the hearing at the level prior to this notice.

Note: If the household has reported a change in circumstances which also affects its benefit level, this change must be computed separately from the disqualification. A Notice of Action showing the change in circumstances must be attached to the Notice of Action Taken on Your Fraud Hearing when: (1) the change in benefits due to the change in circumstances and the change in benefits due to the disqualification are effective the same date, and (2) sufficient time exists for the Notice of Action to be issued on a timely basis. The Notice of Action Taken on Your Fraud Hearing must show only the benefit level resulting from the disqualification of the fraudulent individual.

Preparation:

The DFA 377.7A should be completed and sent to the individual found guilty of fraud. This notice need not be issued 10 days before the effective date of the disqualification but should be sent before the disqualification period begins. Complete an original and two copies of the DFA 377.7A entering the following identifying information:

- Individual's name and mailing address
- Case name
- Case number
- Worker number
- District (if applicable)
- Date

I. Fraud Decision

Check the first box if the individual was found guilty of fraud at an administrative fraud hearing. Enter the date of the hearing.

Check the second box if the individual was found guilty of fraud by a court of law. Enter the date of the court conviction.

II. Fraud Disqualification

Enter the number of months the individual has been disqualified. Check the appropriate box and enter the specific information concerning the individual's disqualification period.

- Check the first box if the household is currently otherwise eligible to participate in the program. Enter the actual months the individual will not receive food stamp benefits because of the fraud disqualification.
- Check the second box if the household is not currently otherwise eligible to participate in the program. Enter the number of months the individual will not receive food stamp benefits when applying and found eligible in the future because of the fraud disqualification.

III. Notice to the Rest of Your Household

Enter the name of the disqualified individual. Check the appropriate box and enter the specific information concerning the household's benefit levels after excluding the disqualified individual.

Check the first box if the rest of the household is entitled to receive food stamps during the entire disqualification period. Enter the amount of food stamps the rest of the household will receive and the months it will receive that amount.

Check the second box if the rest of the household is entitled to receive food stamps but the certification period expires during the disqualification period. Enter the amount of food stamps the rest of the household will receive and the months it will receive that amount.

Note: A timely Notice of Expiration of Certification must still be provided to the household.

Check the third box if the household's certification period has expired.

Check the fourth box if the household is no longer eligible for food stamps as a result of excluding the disqualified individual from the benefit computation.

Check the fifth box if the household has reported a change in circumstances which changes the benefit level they would have received based on the disqualification alone. Enter the amount the household would have received based only on the disqualification. Attach a completed Notice of Action explaining the other change(s).

Note: If the household requests a state hearing on the benefit level shown on the Notice of Action, benefits will continue pending the hearing at the level shown on the Notice of Action Taken on Your Fraud Hearing.

Manual Section

Enter the applicable specific manual section(s) for the above action(s).

Enter the name and telephone number the household may contact to ask questions.

Distribution:

The original and one copy are provided to the individual found guilty of fraud.
The second copy is filed in the case record.

Note: The additional language concerning aid paid pending required by
All-County Letter 81-28 and clarified by All-County Letter 81-38 must not
be used with this notice unless a DFA 377.1 Notice of Action is being
provided at the same time. In this case, the stuffer notice containing
the additional language should be attached to the DFA 377.1.

FOOD STAMP FRAUD REPAYMENT NOTICE

(COUNTY STAMP)

Case Name:

Case No:

Worker No:

District:

Date:

I. FRAUD DECISION/DISQUALIFICATION

You have been found GUILTY OF FRAUD by: ☐ an administrative fraud hearing.
☐ a court of law.

See the official decision you received earlier for a complete explanation. Because of this decision, you will be disqualified from the Food Stamp Program. You will not be able to participate after your disqualification period until you sign and return the attached Food Stamp Fraud Repayment Agreement.

II. THE AMOUNT YOU OWE

The amount you owe is explained below. You may repay in cash, coupons or through a reduction in the amount of food stamps your household receives each month.

You were overissued \$ _____ in food stamps for the month(s) of _____.

This amount is reduced by \$ _____, because we owed you benefits from past months or we received repayment from you. You now owe \$ _____.

III. THIS IS WHAT YOU MUST DO (The checked box(es) applies to you.)

- ☐ You must agree to repay fraudulently received food stamps or you will not be able to receive food stamps again. Please complete the attached Fraud Repayment Agreement, sign and return it to the County Welfare Department.
- ☐ You must agree to repay fraudulently received food stamps. You have not responded to our previous Fraud Repayment Notice(s) by returning an acceptable Fraud Repayment Agreement. If you do not complete, sign and return the attached Fraud Repayment Agreement, you will continue to be ineligible to receive food stamps even after your disqualification period has ended.
- ☐ You must contact us to explain why you did not repay fraudulently received food stamps as you agreed. If you can no longer afford to pay the amount due as agreed, you may ask to renegotiate your agreement.
- ☐ If we do not hear from you within 10 days of the date of this notice, your household's food stamp allotment will be reduced to \$ _____ for the month(s) of _____.

The above action(s) is required by the following laws and/or Food Stamp Manual Sections:

If you have any questions,
please contact me:

NAME

TELEPHONE NUMBER

YOU HAVE THE RIGHT TO REQUEST A STATE HEARING IF YOU BELIEVE YOU HAVE GOOD REASON FOR NOT COMPLYING WITH THE ABOVE AND YOU PRESENTED THE REASON TO THE COUNTY, BUT THE COUNTY DID NOT AGREE WITH YOU. A REQUEST FOR A STATE HEARING IS ON THE BACK OF THIS NOTICE.

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing you must do so **WITHIN 90 DAYS OF THE DATE OF THIS NOTICE**.

AFDC: If your AFDC is being reduced or stopped and you ask for a hearing within 10 days of the mailing date of this notice, you can continue to receive AFDC until the hearing.

FOOD STAMPS: If your food stamps are being reduced or stopped and you ask for a hearing within 10 days of the mailing date of this notice, your food stamps may continue until the hearing or until the end of your current period of eligibility, whichever comes first, unless you check the box at the bottom of the page.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

**Office of Chief Referee
State Department of Social Services
744 P Street, Mail Station 19-36
Sacramento, CA 95814**

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253 *

TDD (800) 952-8349* For Deaf Only

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You phone, write, or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number		
		()	
Address	City	State	Zip code

I am requesting a state hearing because of an action by the welfare department of _____ county related to

☐ Cash Grant ☐ Food Stamps ☐ Medi-Cal

Reasons for my request:

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language	Dialect
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Food Stamps: If any portion of food stamps provided to you while awaiting the hearing decision is determined to be an overissuance, the county may recover the value of the overissuance. If you want to avoid the possibility of such an overissuance, you may check the box below:

☐ I want my food stamps terminated or reduced to the new amount determined by the county until the hearing decision. If the hearing decision is in my favor, the county will make up the food stamps I lose as a result of checking this box.

Signature	Date
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The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by

contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority: W&IC 10950.

Form Instructions
(for CWD)

Food Stamp Fraud Repayment Notice

Purpose:

The DFA 377.7B is used by the county to notify an individual found guilty of fraud that he/she must agree to repay the amount of food stamps received fraudulently before he/she will be eligible to participate in the Food Stamp Program.

This notice is initially sent at the same time as the Food Stamp Fraud Repayment Agreement, DFA 377.7C, and is sent again if the individual fails to sign and return the Repayment Agreement or fails to make repayment as agreed.

The backside of the DFA 377.7B explains the individual's right to request a state hearing. If the household requests a hearing because of an allotment reduction invoked by the county, the reduction will not be delayed pending the results of the hearing.

Note: The CWD should attempt to contact the individual found guilty of fraud to discuss the terms of repayment prior to sending the first DFA 377.7B.

Preparation:

The DFA 377.7B should be completed and sent to the individual found guilty of fraud.

Complete an original and two copies of the DFA 377.7B entering the following identifying information:

- Individual's name and mailing address
- Case name
- Case number
- Worker number
- District (if applicable)
- Date

I. Fraud Decision/Disqualification

Check the appropriate box to show if the individual was found guilty of fraud at an administrative fraud hearing or by a court of law.

II. The Amount You Owe

Enter the following information for all cases:

- The amount of food stamps overissued.
- The months food stamps were overissued.
- The amount of lost benefits not restored and/or payments received used to offset the amount of food stamps to be repaid.
- The amount that the individual now owes for fraudulently received food stamps.

III. This Is What You Must Do

Check the first box if this is the first time the DFA 377.7B is being sent to the individual. Attach a Food Stamp Fraud Repayment Agreement.

Check the second box if the DFA 377.7B has previously been sent but the individual failed to sign and return an acceptable Food Stamp Fraud Repayment Agreement. Attach a Food Stamp Fraud Repayment Agreement.

Check the third box if the individual has failed to make repayment as agreed.

Check the fourth box if the CWD will reduce the rest of the household's allotment because the individual failed to repay as agreed (box 3 must also be checked). Enter the amount of the allotment the rest of the household will receive after the reduction and the months the allotment will be reduced.

Manual Section

Enter the applicable specific manual section(s) for the above action(s).

Enter the name and telephone number the individual may contact to ask questions.

Distribution:

The original and one copy is provided to the individual found guilty of fraud. The second copy is filed in the case record.

Note: The additional language concerning aid paid pending, required by All-County Letter 81-28 and clarified by All-County Letter 81-38, must not be used with this notice.

FOOD STAMP FRAUD REPAYMENT AGREEMENT

CASE NAME

WORKER NUMBER

CASE NUMBER

ADDRESS

A. TERMS AND CONDITIONS

You must agree to repay the amount of food stamps you received fraudulently before you can participate in the Food Stamp Program. If you do not complete, sign and return this Agreement by _____ you will continue to be disqualified. You must agree to repay in one or a combination of the methods described below:

1. Cash Repayment— You may repay in cash all at once or in monthly installments.
2. Coupon Repayment— You may repay by returning coupons already received for all or part of the amount owed.
3. Allotment Reduction— You may repay by having your household's allotment reduced for all or part of the amount owed.
4. Court-Ordered Repayment— If a method of repayment has been ordered by the court, you must agree to repay as ordered.

If we have not already contacted you to discuss the terms of this Agreement, or if you have any questions about this form, please contact me: _____ at (telephone number) _____.

B. AGREEMENT

I, _____, the undersigned, understand that this agreement is entered into between me and _____ County because a hearing decision/court order adopted/entered on _____ found that I fraudulently received food stamps in the amount of \$ _____. In order to participate in the Food Stamp Program, I agree to repay this amount to the County by the method or methods checked below:

1. Cash Repayment

- ☐ Repay by a lump sum cash payment due on _____.
- ☐ Repay by monthly cash payments of \$ _____ due on the _____ day of _____ each month for _____ months.

2. Coupon Repayment

- ☐ Repay by returning coupons already received in the amount of \$ _____ due on _____.

3. Allotment Reduction

- ☐ Repay by having my household's allotment reduced by \$ _____ each month, beginning _____ for _____ months.

4. Court-Ordered Repayment

- ☐ Repay as ordered by the court.

I understand that failure to pay as agreed to above will result in my household's allotment being reduced. I understand that if my circumstances change, I may ask that the County reconsider the terms checked above. I understand that if I cannot reach an agreement with the County, I may ask for a State Hearing.

Signed by _____ on _____ (DATE) at _____ County, California.

After completing and signing this Agreement, return all copies to the County Welfare Department in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When accepted by the County, a signed copy of this Agreement will be sent to you. A request for a State Hearing is on the back of the Food Stamp Fraud Repayment Notice sent to you with this Agreement.

COUNTY USE ONLY

The above signed Agreement has been accepted by _____ on _____ (DATE) for _____ County. Payments should be made at _____.

(SIGNATURE OF AUTHORIZED COUNTY OFFICIAL)

Form Instructions
(for CWD)

Food Stamp Fraud Repayment Agreement

Purpose:

The DFA 377.7C is used by the county to secure a written repayment agreement with an individual found guilty of fraud. This agreement is sent to the individual along with the Food Stamp Fraud Repayment Notice, DFA 377.7B.

Note: The CWD should attempt to contact the individual found guilty of fraud to discuss the terms of repayment prior to sending the Food Stamp Fraud Repayment Agreement.

Preparation:

Complete an original and three copies of the DFA 377.7C. Additional copies may be required by your county's internal system. Enter the following identifying information:

- Worker number
- Case name
- Case number
- Address

A. Terms and Conditions

Enter the date that the signed agreement must be returned. This date will be the end of the disqualification period if it has already begun. If the disqualification period has not begun or has expired, the CWD may enter 30 days from the date the agreement is sent.

Enter name and number the individual may contact to discuss the Agreement.

B. Agreement

Enter the individual's name, the county name, the decision date and the amount to be repaid in the spaces provided.

If the CWD was able to contact the individual and establish the terms of repayment, check the appropriate box(es) under the repayment options and enter the agreed-upon amounts.

If the CWD is unable to contact the individual or is unable to establish the terms of repayment, do not enter any information under the repayment options.

Initial Distribution:

The original and two copies are provided to the individual found guilty of fraud along with the Food Stamp Fraud Repayment Notice and a return envelope. The third copy is retained by the county pending receipt of the signed Agreement.

County Use Section:

When the signed agreement is returned by the individual, determine if the Agreement terms are acceptable as specified by regulation. Enter the following information in the county use section:

- Name of county official accepting Agreement
- Date
- Name of county
- Address where payments should be made
- Signature of authorized county official

Final Distribution:

The original is filed in the county unit responsible for collections and one copy, showing the county's acceptance of the Agreement, is provided to the individual. The second signed copy is filed in the case record and the pending copy is destroyed. Additional copies should be distributed as required by individual county needs.

**NONRECEIPT OF AUTHORIZATION TO PARTICIPATE
DOCUMENT BECAUSE OF MECHANICAL DISASTER**

PUBLIC ASSISTANCE AGENCY	DATE
NAME OF HOUSEHOLD HEAD	CASE NUMBER
ADDRESS	

This household is certified to receive food stamps, but has not been provided an authorization to participate document for the period _____, 19____, because of a breakdown in equipment used to prepare this document.

VERIFIED BY _____
(Signature)

(Title)

CERTIFICATION

I hereby certify, under penalty of perjury and/or fraud, that this household has not received its authorization to participate document or food stamps for the period _____, 19_____.

I acknowledge receipt of an authorization to participate document this date for food coupons in the amount of \$ _____.

(Signature of Disaster Victim)

(Date)

Form Instructions
(for Eligibility Worker)

Nonreceipt of Authorization to Participate Document Because of Mechanical Disaster

Purpose:

The DFA 386 is a form completed by the head of household or authorized representative and the Eligibility Worker. The form is used to (1) certify that a household was not provided an Authorization to Participate card (ATP) because of a breakdown in equipment or mechanical failure, (2) certify that the household did not receive an ATP or food stamps for the period specified; and (3) acknowledge receipt of a replacement ATP.

The first section is completed by the Eligibility Worker to verify that the household is certified to receive food stamps and to verify that the household was not provided an ATP because of a mechanical breakdown.

The second section is completed by the Eligibility Worker and signed by the head of household or authorized representative and is used as the household's declaration that it did not receive an ATP or food stamps. This section is also used to acknowledge the receipt and amount of the replacement ATP.

NOTE: This form may be used only after DSS has authorized the CWD to use emergency food stamp assistance procedures.

Preparation:

Complete an original and one copy of the DFA 386 entering the following identifying information.

- County Welfare Department
- Date
- Head of Household
- Case Number
- Address

Enter the month and year for which the ATP covers. Enter Eligibility Worker's signature and title.

Certification

The Eligibility Worker completes the time period covering the ATP and indicates the amount of the replacement ATP. The declaration is then signed by the household.

Distribution:

The original is provided to the household and a copy is filed in the case record.

CLAIM DETERMINATION WORKSHEET

1. HEAD OF HOUSEHOLD		2. CASE NAME (IF DIFFERENT)		3. CASE NUMBER	
4. ADDRESS				5. TELEPHONE	6. BIRTHDATE
7. SOCIAL SECURITY NUMBER	8. DATE OF DISCOVERY	9. BASIS FOR CLAIM DETERMINATION:			
		<input type="checkbox"/> ADMINISTRATIVE/ PROCEDURAL ERROR <input type="checkbox"/> HOUSEHOLD ERROR <input type="checkbox"/> POTENTIAL FRAUD			
10. EXPLANATION OF OVERISSUANCE (IF APPLICABLE, INCLUDE DATE CHANGE OCCURRED AND DATE REPORTED)					

11. SUMMARY OF FOOD STAMP OVERISSUANCE

Include on this page only those overissuance months which are within 12 months prior to date of discovery.

[illegible]

Continue on reverse for potential fraud	11a Total ▶		11b Total ▶		DOCUMENTATION
12. Total food stamp overissuance (subtotal if continued on reverse)			11a Minus 11b ▶		
13. Claim offsetting lost benefits not restored.			DATE:	DATE:	
A. Total food stamp overissuance (from 12 above).					
B. Minus lost benefits not restored.					
C. Minus payment received.					
D. Amount of food stamp claim to be collected.					
ELIGIBILITY WORKER SIGNATURE		DATE	SUPERVISOR SIGNATURE		DATE

REVIEW BY COUNTY REVIEW OFFICER

ACTION TAKEN:

COUNTY REVIEW OFFICER SIGNATURE	DATE
---------------------------------	------

Include all other overissuance months not listed on the front if the basis of the claim is potential fraud.

[illegible]

Form Instructions
(For Eligibility Worker)

Claim Determination Worksheet

Purpose:

The DFA 842 is used to document claims against any household that has received more food stamp benefits than it is entitled to receive. This form has a two-fold purpose: 1) completion of the form allows for internal documentation of individual claims, and 2) documentation of individual claims assists counties in gathering information for the monthly report Status of Claims Against Households.

The first page of the worksheet documents overissuances which occurred within the 12 months prior to the date of discovery. If the basis for the claim determination is nonfraud, only the first page is completed. If the basis for the claim determination is potential fraud, the first page is completed, if applicable, and the second page is completed for overissuances which occurred more than 12 months prior to the date of discovery.

For example, if the date of discovery is December 10, 1980, a nonfraud claim covering the period December 1979 through December 1980 would be documented on the first page. A potential fraud claim covering the period June 1979 through December 1980, with a discovery date of December 10, 1980, would be documented as follows: December 1979 through December 1980 would be documented on the first page and June 1979 through November 1979 would be documented on the second page.

Note: Collection action on claims covering overissuances which occurred within the 12 months prior to the date of discovery may be initiated immediately regardless of the basis for the claim determination. Collection action on claims covering overissuances which occurred more than 12 months prior to the date of discovery may be initiated only after an individual has been found guilty of fraud.

Preparation:

Complete the number of copies required for your internal system as soon as an overissuance is discovered and it is determined that a claim should be established.

1-7. Enter the following identifying information.

- Name of Head of Household
- Case Name (if different)
- Case Number

- Address
- Telephone Number
- Birthdate
- Social Security Number

8. Date of Discovery

Enter the date the overissuance became known to CWD.

9. Basis for Claim Determination

Check the one box which best fits the cause of overissuance.

10. Explanation of Overissuance

Explain how and why the overissuance occurred. If the overissuance resulted from a change in circumstances, indicate the date the change occurred and the date the household reported the change to the CWD.

11. Summary of Food Stamp Overissuance

Complete this section for nonfraud or potential fraud claims where overissuances occurred within the 12 months prior to the date of discovery. Space is provided for 14 months to include the current month's issuance if benefits have already been issued at the time the worksheet is completed, and to include the following month's issuance if sufficient time does not exist to provide a timely notice of benefit reduction. If potential fraud and only a few months fall within the 12-month period prior to the date of discovery, include only those months in this section. Record the remaining months on the second page (Item 14).

Issuance Month and Year

Enter the month and year of all overissuances which occurred within the 12 months prior to the date of discovery. Enter the date for the current and following month's issuances if appropriate.

Actual Basis for Issuance

- HH Size

Enter the household size used in the original benefit computation.

- Adjusted Income

Enter the net adjusted income from the original benefit computation.

- Allotment

Enter the allotment actually received by the household for each over-issuance month.

Correct Basis For Issuance

- HH Size

Enter the correct household size for each overissuance month.

- Adjusted Income

Enter the correct net adjusted income for each overissuance month.

- Allotment

Enter the correct allotment the household should have received.

- Issuance Verification

Use of this section to verify issuance of the benefits covered by the claim is a county option. If this section is not used for this purpose, verification of issuance must be documented in some other manner. For verification of ATP usage the DFA 332.1, Verification of Food Stamp ATP Usage, may be used.

Check the type of issuance (direct mail, ATP or HIR). Verify redemption of the ATP/HIR by noting the date of redemption, serial number or other appropriate information in the redemption column.

11a. Total

Enter the total food stamp allotment actually received by the household for the overissuance months.

11b. Total

Enter the total food stamp allotment which should have been correctly received by the household for the overissuance months.

12. Total Food Stamp Overissuance

Subtract correct total allotment (11b) from allotment actually received (11a) and enter the remainder.

13. Claim Offsetting Lost Benefits Not Restored

Complete this section only if the household is due lost benefits which have not been restored or payment against the claim has been received. Enter the date that the claim is offset by lost benefits or payments. Space is provided to record a second offsetting should this occur while the claim is still open. Any additional offsetting may be shown in the documentation section.

13A. Enter total food stamp overissuance from line 12.

13B. Enter any lost benefits not restored.

13C. Enter any payment received toward the claim.

13D. Subtract 13B and 13C from 13A and enter the remainder for the amount of the food stamp claim to be collected.

Signature Block

Enter Eligibility Worker's name and date.

Enter Eligibility Worker Supervisor's name and date of review.

The first page must be signed by the EW and EW Supervisor even if there is a continuation on the second page.

Review by County Review Officer

Enter the action to be taken to collect the claim, and if it is referred for fraud investigation. This section may also be used to record information such as the dates of demand letters and the amounts collected; if the claim was suspended, and the date and reason; the date the claim is considered uncollectable and the date collection action is terminated.

14. Summary of Food Stamp Overissuance

Complete this section only for potential fraud claims where overissuances occurred more than 12 months prior to the date of discovery.

Issuance Month/Year

Enter the month and year of all overissuances which occurred more than 12 months prior to the date of discovery. Use an additional sheet, if necessary.

Actual Basis for Issuance

- HH Size

Enter the household size used in the original benefit computation.

- Adjusted Income

Enter the net adjusted income from the original benefit computation.

- Bonus/Allotment

Enter the bonus value of food stamps (prior to Elimination of the Purchase Requirement - EPR) or the allotment (after EPR) actually received by the household for each overissuance month.

Correct Basis for Issuance

- HH Size

Enter the correct household size for each overissuance month.

- Adjusted Income

Enter the correct net adjusted income for each overissuance month.

- Bonus/Allotment

Enter the correct bonus value of food stamps (prior to EPR) or the correct allotment (after EPR) the household should have received.

Issuance Verification

Use of this section to verify issuance of the benefits covered by the claim is a county option. If this section is not used for this purpose, verification of issuance must be documented in some other manner. For verification of ATP usage, the DFA 332.1, Verification of Food Stamp ATP Usage, may be used.

Check the type of issuance (direct mail, ATP or HIR). Verify redemption of the ATP/HIR by noting the date of redemption, serial number or other appropriate information in the redemption column.

14a. Subtotal This Page

Enter total bonus food stamps/allotment received by the household from this page.

14b. Subtotal First Page

Enter total allotment received by the household from item 11a of the first page.

14c. Total Both Pages

Add 14a and 14b and enter total.

14d. Subtotal This Page

Enter total bonus food stamps/allotment which should have correctly been received by the household from this page.

14e. Subtotal First Page

Enter total allotment which should have correctly been received by the household from item 11b of the first page.

14f. Total Both Pages

Add 14d and 14e and enter total.

15. Total Food Stamp Overissuance

Subtract correct total food stamps (14f) from food stamps actually received (14c) and enter remainder.

16. Claim Offsetting Lost Benefits Not Restored

Complete this section only if the household is due lost benefits not restored or payment against the claim has been received. Enter the date that the claim is offset by the lost benefits or payments. Space is provided to record a second offsetting should this occur while the claim is still open. Any additional offsetting may be shown in the documentation section.

16A. Enter total food stamp overissuance from line 15.

16B. Enter any lost benefits not restored.

16C. Enter any payment received toward the claim.

16D. Subtract 16B and 16C from 16A and enter the remainder for amount of food stamp fraud claim to be collected.

Signature Block

Enter Eligibility Worker's name and date.

Enter Eligibility Worker Supervisor's name and date of review.

Documentation

Use this section if additional space is required to document action taken on the claim or to document other information required by the county.