

**FOODSHARE ADMINISTRATIVE DISQUALIFICATION HEARING NOTICE**

Name – Member		Date Mailed	
CARES ID NUMBER	Case Number		
Street Address		Phone	
City	State	Zip Code	

The Wisconsin Department of Health Services believes that you intentionally broke Wisconsin FoodShare rules. The details about this are on page 2. A hearing, which is called an Administrative Disqualification Hearing, has been scheduled to review the facts and determine if you intentionally broke program rules.

**The hearing is scheduled for:**

Date	Time
Location/On the Phone	

**Do I need to attend this hearing?**

Hearings are typically held over the phone. You will receive a call from a hearing officer from the Division of Hearings and Appeals on the date and time listed above.

If the phone number listed for you is not correct, you must contact the Division of Hearings and Appeals to update your phone number. If the Division of Hearings and Appeals fails to reach you, it will result in the hearing officer basing their decision only on the information they already have.

**What if I can't take the phone call for my hearing at this time?**

You may request a new hearing date. If it is within 10 days of the hearing date you must present a good cause reason to reschedule. To ask for a new hearing date contact:

Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

[DHAMail@wisconsin.gov](mailto:DHAMail@wisconsin.gov)  
608-266-7709

**WHAT ARE THE CHARGES AND VIOLATIONS?**

**We believe that you intentionally broke Wisconsin FoodShare rules because you:**

- Made a false or misleading statement.
- Misrepresented or withheld facts.
- Committed an act that is a violation of the Food Stamp Act, the Food Stamp Program regulations, or any Wisconsin statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of FoodShare benefits or QUEST cards.
- Received duplicate benefits based on your false statement or misrepresentation.
- Were convicted by a court of using or receiving FoodShare in a transaction involving either the sale of drugs, firearms, ammunition, or explosives.
- Were convicted by a court of trafficking of FoodShare benefits greater than \$500.

**Violation and Evidence**

Summary of violation:

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Summary of evidence:

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You received FoodShare benefits you were not eligible for on the following dates: from \_\_\_\_\_ to \_\_\_\_\_.

Total amount of benefits you received but were not eligible for: \$\_\_\_\_\_.

You have the right to an Administrative Disqualification Hearing before the State of Wisconsin can disqualify you from getting FoodShare benefits.

**WHAT ARE MY RIGHTS FOR THIS HEARING?**

**You have the right to:**

- Look at the evidence that will be used at the hearing, both before and during the hearing, and receive a free copy of relevant portions of your case file upon your request.
- Present your own case or have someone, such as a lawyer, a friend, a relative, or a community worker present your case for you. Free legal services may be available to you. For more information about free legal services, you can contact:

Legal Action of Wisconsin  
[www.legalaction.org](http://www.legalaction.org)  
1-855-947-2529

or

Wisconsin Judicare, Inc.  
[www.judicare.org](http://www.judicare.org)  
1-800-472-1638

- Ask to delay your hearing for up to 30 days if you need more time to prepare your case.
  - If your hearing is within 10 days, you must give Division of Hearing and Appeals a good cause reason to reschedule.
- Bring your own witnesses.
- Argue your case freely.
- Question any evidence or statements made against you.
- Bring any evidence to the hearing that would support your case.
- Remain silent concerning the charges, as anything said or signed by you could be used against you in a court of law.
- Obtain a copy of the Wisconsin Department of Health Services published hearing procedures per [7CFR § 273.16\(e\)\(2\)\(v\)](#) by contacting the agency.

You or your authorized representative can request an appointment to discuss the evidence before the hearing with the representative assigned to the case listed below.

Agency Representative	Phone
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### WHAT HAPPENS IF I AM FOUND GUILTY?

If the hearing officer decides that you intentionally violated a program rule, **you will be immediately disqualified from Wisconsin FoodShare for:**

- One year** because this would be your first violation.
- Two years** because this would be your second violation.
- Two years** because this would be your first conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of drugs.
- 10 years** because this would be your first or second intentional program violation sanction due to receipt of duplicate benefits based on your fraudulent statement or representation.
- Permanently** because this was your first intentional program violation sanction resulting from a conviction by a federal, state, or local court for having used or received benefits involving the sale of firearms, ammunition, or explosives.
- Permanently** because this was your second conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of drugs.
- Permanently** because this was a conviction in a federal, state, or local court for having trafficked benefits in an aggregate amount of \$500 or more.
- Permanently** because this would be your third violation for any of the above.

This hearing **does not prevent** the district attorney from prosecuting you for an intentional program violation in a **civil or criminal court action** or from the agency collecting an overpayment. You and any remaining household members who are 18 years and older during the period of overpayment will be responsible to repay the ineligible benefits.

## **USDA NONDISCRIMINATION STATEMENT**

### ***Do Not Send Applications Here***

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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