

Commonwealth of Virginia
Department of Social Services
NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name	

	Case Number	

	Locality	Date

This notice is to inform you of your disqualification from the Child Care Subsidy Program.

The reason for the disqualification is shown below:

_____ Court of appropriate jurisdiction found you guilty of committing an intentional program violation of the Child Care Subsidy Program.

_____ An administrative Disqualification Hearing found you guilty of committing an intentional program violation of the Child Care Subsidy Program.

_____ You waived your right to an Administrative Disqualification Hearing. You had been informed that the disqualification penalty would be imposed.

Your Child Care Subsidy case will be closed effective _____.

Worker	Telephone	For Free Legal Advice Call 1-800-534-5243
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FORM NUMBER –

PURPOSE OF FORM – To advise the household of a disqualification due to an intentional program violation.

USE OF FORM – the local agency worker must send this form to advise the household of the disqualification, the reason, and the effective date of the case closure.

NUMBER OF COPIES – Two

DISPOSITION OF FORM – Send the original to the household and keep a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM- Complete the form with information appropriate for the case and individual involved.