

Commonwealth of Virginia
Department of Social Services
ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

Name and Address	Case Name
	Case Number
	Locality

On the basis of evidence presented at the Administrative Disqualification Hearing held on _____, it has been determined that you:

DID NOT COMMIT an intentional violation of a Child Care Subsidy Program rule.

DID COMMIT an intentional violation of a Child Care Subsidy Program rule.

If you did commit an intentional program violation, the local agency will disqualify you from receiving Child Care Subsidy.

The local agency is responsible for notifying you of the date the disqualification will take effect.

This hearing decision does not prevent the local agency, State or Federal government from asking you to pay back the amount of any Child Care Subsidy benefits your household was not eligible to receive. The local agency is responsible for sending you a letter requesting repayment.

If you are not satisfied with the hearing decision, you can ask for a review of this decision by the Commissioner, Virginia Department of Social Services by sending a written request within 10 days of receipt of this notice to:

Virginia Department of Social Services
Hearings and Legal Services Manager
801 East Main Street
Richmond, VA 23219

Hearing Officer	Date
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ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

FORM NUMBER –

PURPOSE OF FORM - To advise the household member suspected of an intentional program violation (IPV) of the outcome of the Administrative Disqualification Hearing (ADH).

USE OF FORM – The hearing officer must complete the form to include the decision rendered.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the household member and send a copy to the local agency. The hearing officer keeps a copy.

INSTRUCTIONS FOR PREPARATION FOR FORM - Complete the identifying information requested at the top of the form. Complete the form showing the date of the hearing and note whether an IPV was committed. If an IPV was determined, note the disqualification period for the program involved.