

IM-160 Instructions

ADVANCE NOTICE OF YOUR ADMINISTRATIVE HEARING DISQUALIFICATION

PURPOSE: To provide a method of notifying a household an Administrative Disqualification Hearing has been scheduled to determine whether a member of the household has committed an intentional program violation.

NUMBER OF COPIES AND DISPOSITION: If the county is initiating the Administrative Disqualification Hearing, send the IM-160 Advance Notice of Your Administrative Disqualification Hearing, the [FSD/WIU Investigation Tracking Sheet](#), and if indicated from the FSD/WIU Tracking sheet, the IM-161 and IM-161A to the Administrative Hearings Unit.

MANUAL REFERENCE: Food Stamp Manual section [1145.010.20](#)

INSTRUCTIONS FOR COMPLETION: Type the form. Complete it as follows:

DATE: Enter the date the form is completed.

NAME: Enter the name of the alleged violator.

INDIVIDUAL DCN (Alleged Violator): Enter the DCN of the person alleged to have committed the intentional program violation.

MAILING ADDRESS (number, street, PO Box): Enter the mailing address of the EU.

CITY, STATE, ZIP CODE: Enter the city, state, and ZIP code for the mailing address of the EU.

Name Head of Household (If different than alleged violator): Enter the DCN of the head of the EU if different from that of the alleged violator.

DCN (Head of Household, if different): Enter the DCN of the head of the EU if different from that of the alleged violator.

WE HAVE REASON TO BELIEVE YOU HAVE INTENTIONALLY VIOLATED A PROGRAM RULE AS FOLLOWS: If requested by WIU enter the information they have provided. If initiated by the county enter the reason you believe the individual committed an IPV.

WE HAVE THE FOLLOWING EVIDENCE TO SUPPORT OUR CASE AGAINST YOU: If requested by WIU enter the evidence they have provided. If initiated by the county, enter the evidence from your claim investigation.

YOU OR YOUR REPRESENTATIVE MAY LOOK AT THIS EVIDENCE AT: List the home office of the individual's county of residence.

A HEARING HAS BEEN SCHEDULED TO EXAMINE THE FACTS OF YOUR CASE.
THE HEARING WILL BE HELD AT: Completed by the Administrative Hearings Unit.

CHECK THE APPROPRIATE PENALTY BOX:

- 12 months because it is your first violation and it occurred after 08/22/96.
- 24 months because it is your second violation and it occurred after 08/22/96.
- 24 months because it is your first violation for using your food stamp benefits to purchase a controlled substance.
- 10 years because you misrepresented your identity or residence to obtain food stamp benefits in more than one location at the same time.
- Permanently because it is your second violation for using your food stamp benefits to purchase a controlled substance.
- Permanently because of trafficking in food stamp benefits of \$500.00 or more.
- Permanently because you transacted benefits for firearms, ammunition or explosives.
- Permanently because it is your third violation.

IF YOU HAVE QUESTIONS OR NEED THE NAME AND PHONE NUMBER OF SOMEONE WHO CAN GIVE YOU FREE LEGAL ADVICE, CALL THE FOOD STAMP OFFICE AT: 1-855-FSD-INFO (1-855-373-4636)

FOOD STAMP OFFICE ADDRESS: Enter the office address of the individual's county of residence.

OFFICE PHONE NUMBER: Enter the phone number of FSD office.

ELIGIBILITY SPECIALIST OR WELFARE INVESTIGATION UNIT WORKER: Enter the name of individual initiating the ADH and any other agency witness required to attend the hearing.