# DEPARTMENT OF HUMAN RESOURCES DISQUALIFIED RECIPIENT REPORT

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		(b) (Fii	rst Name	e)																
		(c) (M	iddle Ini	tial)																
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	6. Disqualification Number								7. Length of Disqualification Period (Enter code or months from instructions for # 7 on back)											
	(enter number from list below)   0 = All disqualifications for offenses occurring before								OI	' mo	nths	s from	inst	ructio	ns fo	r # 7	on b	ack	)	
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## DEPARTMENT OF HUMAN RESOURCES DISQUALIFIED RECIPIENT REPORT

### **GENERAL INSTRUCTIONS:**

Enter all dates as month-day-year. For example, August 15,1951 should be entered as 08/15/1951.

Most boxes are self-explanatory. The numbers below correspond with the numbered sections on the front.

At the top please circle what action is being taken:

- Add: Create a new record (including a new record of disqualification for an individual who has previous disqualifications).
- **Change:** Alter existing information or add missing information to a record that is already in the system.
- **Delete:** Remove a record from the system (for example, a disqualification is overturned on appeal or the documentation no longer exists to support secondary verification for the record).

Sections 1-4 are self-explanatory.

- 5. Customer Identification # The Customer ID or the IRN number assigned to each individual customer.
- 6.Disqualification code- Enter the number 0-3 that corresponds to the disqualification code.
- 7. Length of Disqualification Period: Enter the number of months (using 2 digits) of the disqualification. **FRAUD CATEGORIES AND PENALTIES Code 99 is a permanent disqualification.**

### Drug Trafficking Conviction Involving< \$500 Any Trafficking Conviction including drugs >\$500

1<sup>st</sup> Offense 24 months 2<sup>nd</sup> Offense Code 99 1<sup>st</sup> Offense Code 99

Firearms Trafficking Conviction any amount - 1st offense code 99

#### Trafficking – Administrative Finding

1<sup>st</sup> Offense 12 months 2<sup>nd</sup> Offense 24 months 3<sup>rd</sup> offense Code 99 1<sup>st</sup> Offense Code 97 (120 months) 2<sup>nd</sup> Offense Code 97 (120 months) 3<sup>rd</sup> offense Code 99

**Duplicate Participation** 

#### Application Fraud, Including Non Report of Changes

1<sup>st</sup> offense 12 months 2<sup>rd</sup> Offense 24 months 3<sup>rd</sup> Offense Code 99

#### **OTHER IPV**

1<sup>st</sup> Offense 12 months 2<sup>nd</sup> Offense 24 months 3<sup>rd</sup> Offense Code 99

- 8. Date Received: The date the Disqualified Recipient Report Form was received at DHR to be data entered or the date the information is entered into the system. This information is not transmitted to the national database.
- 9. Disqualification Start Date: Enter the date the disqualification began. If the disqualification has been pended leave blank or enter all 9's.

10.Disqualification Decision Date:Enter the date

- (1) A decision was rendered by an administrative law judge in a hearing or in a court of law, or
- (2) The date the customer signed the waiver of their right to an administrative disqualification hearing, or
- (3) The customer signed a disqualification consent agreement.
- 11.Locality Code: Enter the three-digit code used to identify the local department. Examples: Allegany County is 001 and Somerset County is 039.