DEPARTMENT OF HUMAN RESOURCES DISQUALIFIED RECIPIENT REPORT

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			(a) la	st Name	,																
			(b) (Firs	st Name	e)																
			(c) (Mi	ddle Init	ial)																
2. So	ocial	Sec	curity N	lumber						3. Birth Date (MM/DD/YYYY)											
4. SI	EX	1				I			<u> </u>	5. C	lien	t Ide	ntifica	ation	#						
												1									_
6. Disqualification Number (enter number from list below)								7. Length of Disqualification Period (Enter code or months from instructions for # 7 on back)													
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1 – 6			1983 Juglificat	tion date	rmined	for ar	n offo	nso 0	n or	_											
 First disqualification determined for an offense on or after April 1,1983 Second and subsequent disqualification other than permanent disqualification after April 1, 1983 								Type of Offense Code: Please circle one code below that indicates the correct disqualification													
								type and length. (see instructions on the back).													
3 = Permanent Disqualification.						ABCDEFZ															
8.	l	Date	e Rece	ived						9. D	isq	ualifi	catior	n Star	t Da	te					
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Phone							Date														

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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 and Type of Offense: Enter the number of months (using 2 digits) of the disqualification then, enter the one character letter code that represents the type of disqualification .

FRAUD CATEGORIES AND PENALTIES 99 is a permanent disqualification.

Drug Trafficking Conviction	Involving< \$500	Any Trafficking Conviction including drugs >\$500					
1 st Offense 24 months	(A)	1 st Offense	99	(B)			
2 nd Offense 99	(A)						

Firearms Trafficking Conviction any amount - 1st offense 99 (C)

	nding (D) (D) (D)	Duplicate Participation1st Offense97 (120 months)2nd Offense97 (120 months)3rd offense)99	(E) (E) (E)
Application Fraud, Including N	OTHER IPV		
1 st offense 12 months	(F)	1 st Offense 12 months (Z)	
2 nd Offense 24 months	(F)	2 nd Offense 24 months (Z)	
3 rd Offense 99	(F)	3 rd Offense 99 (Z)	

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.