**STATE OF WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES WAH**

Division of Early Care and Education

**Waiver of Administrative Hearing**

Personally, identifiable information will be used only for the administration of public assistance programs.

|  |  |  |  |
| --- | --- | --- | --- |
| Name-Primary Person on Case | | Case Number | CARES PIN |
| Address |
| Date Mailed to Individual | | Completed by | Agency |

**We have evidence indicating you committed an Intentional Program Violation by (check all that apply):**

Intentionally making a false or misleading statement

Intentionally misrepresenting, concealing or withholding facts, or

Committing an act that constitutes a violation of any Wisconsin statute or administrative rule for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of Wisconsin Shares benefits or MyWiChildCare cards.

**Summary of violations and evidence (check all that apply):**

The specific alleged violation(s) is:

Collusion between the parent and child care provider

Failure to provide accurate information for benefits

Failure to report correct child placement

Failure to report child/spousal support income

Provided false documentation or identification

Failure to report household income exceeding program limits

Failure to report accurate household members

Failure to report incarceration

Failure to report assets

Failure to report move out state/change of residence

Failure to report accurate self-employment income/expenses

Non-qualified employer for child care assistance

Provider/parent residing together

Misrepresentation of or failure to report earned income

Misrepresentation of hardship

Misrepresentation of Approved Activity Search

Reporting incorrect or not reporting change in child care need

Trafficking misuse

Utilized child care while not in an approved activity

Other

The following evidence supports this allegation:

You have the right to an Administrative Hearing prior to any action taken by the State of Wisconsin to suspend you from the Wisconsin Shares Program. If you wish to have a hearing rather than signing this document, you have the right to:

* Review evidence that will be used at the hearing both before and during the hearing and receive a free copy of relevant portions of your case file upon your request.
* Present your case or have someone present your case for you such as a lawyer, friend, relative or a community worker.
* Bring your own witnesses.
* Argue your case freely.
* Question any evidence or statements made against you.
* Bring any evidence to the hearing that would support your case.
* Remain silent concerning the charges, as anything said or signed by you could be used against you.

**If you wish, you may waive this hearing. If you waive the hearing, your household will have a reduction in benefits, and you will be suspended from receiving Wisconsin Shares for the following time specified:**

6 months because this is your first intentional program violation

1 year because this is your second intentional program violation

Permanently because this is your third intentional program violation

If you sign this waiver, you must also choose one of the following statements to indicate whether or not you admit to the facts as presented above. You do not have to admit to any of the charges. You have the right to remain silent concerning the charges, as anything said or signed by you could be used against you in future proceedings.

I admit the facts as presented and understand that a suspension penalty will be imposed if I sign this waiver.

I do not admit that the facts as presented are correct. However, I have chosen to sign this waiver and understand that a suspension penalty will result.

The Client understands that he or she has the right to appeal the overpayment set forth above to the Division of Hearings and Appeals. The client knowingly and voluntarily waives this right, and acknowledges he or she will receive one or more notices regarding this overpayment, which will inform him or her of their right to appeal. By signing this stipulation, the client hereby waives any right to appeal this overpayment, now or in the future.

**To avoid the holding of a hearing, this signed waiver must be returned to the local agency listed below by:**

If you have questions, you may call:

|  |  |
| --- | --- |
| Agency Representative | Phone |
| Address | |

|  |  |
| --- | --- |
| Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Signed \_\_\_\_\_\_\_\_\_\_\_\_ |