

EMPLOYMENT VERIFICATION FORM

Control Number _____

Please complete Section I and have your employer complete Section II. We will deny, stop or change your benefits if you do not return this form within 10 days.

Section I (to be completed by customer):

I, _____ of _____
Name Address
authorize _____ to release information to the
Name of Employer
Department of Social Services.

Signature: _____ Date: _____

Section II (to be completed by employer):

**Please provide the following information for the above employee.
Thank you for your prompt attention and cooperation in this matter.**

A. New, temporary or permanent employee (if still in pay status)

First day of work _____

Date First pay received _____

Gross pay of first check _____

Rate of pay \$_____ per _____

Usual number of hours per week _____

Frequency of pay _____

Day of week pay received _____

Health insurance premium _____

Health insurance frequency _____

B. Terminated or on leave employee

Last day of work _____

Date final pay received _____

Final pay (gross) _____

Total gross pay this month _____

Leave or vacation pay due YES () NO ()

EMPLOYER VERIFICATION FORM
PAGE 2:

If yes, gross pay \$_____ Date received _____

Is employee on leave without pay YES () NO ()

Reason for termination:

C. Wages or sick pay (please supply the most current information)

Dates Pay Received	Number of Hours Worked	Gross Pay	Tips/Commissions (if additional to gross pay)
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____
_____	_____	\$_____	\$_____

Business Name _____

Address _____

Telephone number _____

Signature of Employer or Payroll Clerk

Date

What is an Administrative Disqualification Hearing?

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Food Supplement Program (FSP) or Temporary Cash Assistance (TCA) rules. This is called an “intentional program violation.” The local department of social services will request that the State conduct a hearing when there is evidence that a violation occurred.

Even though a hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for an intentional violation of a program rule in a court of law or from collecting the overpayment

What is an Intentional Program Violation?

An “intentional program violation” is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get Food Supplement Program (FSP) benefits or Temporary Cash Assistance (TCA) benefits to which you are not entitled. Even if your FSP or TCA application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get FSP or TCA benefits to which you are not entitled.
- Using FSP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having FSP benefits you are not supposed to have.
- Trading or selling FSP benefits or access devices.

What Happens at the Administrative Disqualification Hearing?

The Administrative Law Judge (ALJ) will decide if you are guilty of an “intentional program violation” based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member’s side of the case.
- Remain silent about the charges.

Notification of Decision by Administrative Law Judge

The Administrative Law Judge will make a decision on the case based on all the evidence presented. The ALJ will tell you in writing what the decision is. You will receive this written decision within 90 days after the hearing date.

If the hearing officer decides that you are guilty of an intentional program violation, the local agency will send a notice to you and to the household to say:

- You will be disqualified from getting benefits;
- When you will be disqualified; and
- The amount of benefits the rest of the household will get.

Review of the Administrative Law Judge’s Decision

If you are not satisfied with the ALJ’s decision, you may seek a ruling from a court. You may also ask to have the decision reviewed but the review cannot change the decision.

You may contact The Legal Aid Bureau for additional information on legal assistance. The Legal Aid Bureau 500 East Lexington Street Baltimore, Maryland 21202. Telephone 410-539-5340, 800-999-8904, 800-458-5340 (TTY), FAX: 410-539-1710, <http://www.mdlab.org/>.

Requesting a Reasonable Accommodation

If you are an individual with a disability, you may be entitled to reasonable accommodation to help you access DHR's activities, programs and services. This applies even if you are working with a local department of social services or a vendor who provides services for DHR's customers.

A reasonable accommodation is a modification or adjustment to an activity, program or service, which helps a qualified individual with a disability have meaningful access to DHR's activities, programs and services.

Examples of Reasonable Accommodations:

Hearing Impairment: sign language interpreter; providing an assistive listening device

Visual Impairment: having a qualified reader read to a customer

Mobility Impairments: mailing forms to a customer; meeting a customer at a more accessible location

Developmental Disabilities: Having things written down; taking breaks; scheduling appointments around a customer's medical needs

You may request a reasonable accommodation from the local department of social services or a vendor at any time. Your request may be oral or written. A request for a reasonable accommodation may be made in person, in writing or over the telephone. There are no particular words that you need to use to request an accommodation. A request may be made by you or someone helping you. If you need to request a reasonable accommodation because of your disability, you should speak with the case manager or the supervisor or the Customer Access Coordinator (CAC) at your local department of social services. Ask the case manager for the name of the Customer Access Coordinator at your local department of social services. You may also ask for more information at the front desk.

For customers accessing TTY

1. Dial 7-1-1 or [800-735-2258](tel:800-735-2258) to initiate a TTY call through Maryland Relay.
2. The Maryland Relay Operator's typed greeting, including the Operator's identification number, will display on your TTY or VCO phone.
3. When the Operator is finished typing, you will see the letters "GA." This means "Go Ahead."
4. Type the number of the person you want to call, along with any special calling instructions. Then type "GA".

Nondiscrimination

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.