

NOTICE OF PROGRAM VIOLATION

Name		Date Notice Mailed	
CARES PIN		Case Number	
Address	City	State	Zip Code

We believe you received Wisconsin Works (W-2) payments to which you were not entitled by:

- intentionally making a false or misleading statement;
- intentionally misrepresenting or withholding facts;
- committing an act intending to mislead, misrepresent or withhold facts.

Period in which you received W-2 payments incorrectly _____ to _____. Amount of overpayment \$ _____

We believe you received Child Care Assistance to which you were not entitled by:

- intentionally making a false or misleading statement;
- intentionally misrepresenting or withholding facts;
- committing an act intending to mislead, misrepresent or withhold facts.

Period in which you received Child Care incorrectly _____ to _____. Amount of overpayment \$ _____

We believe you received Medicaid/BadgerCare Plus benefits to which you were not entitled by:

- intentionally making a false or misleading statement;
- intentionally misrepresenting or withholding facts;
- committing an act intending to obtain benefits to which you were not entitled.

Period in which you received Medicaid/BadgerCare Plus incorrectly . to _____.
Amount of overpayment \$ _____

We believe you received (or attempted to receive) FoodShare benefits to which you were not entitled. We believe you received the overissuance by intentionally violating a FoodShare Wisconsin rule.

Period in which you received FoodShare benefits incorrectly _____ to _____.

Amount of overissuance \$ _____

The specific alleged violation is

The following evidence supports this allegation

You must contact your W-2or local county or tribal agency within ten (10) days of the postmark on this notice's envelope to make an appointment to resolve this problem.

Agency Representative	Telephone ()
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Distribution: Member – original

Case file – copy