

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.

You may also file a complaint of discrimination by contacting DSS. Write DSS Office of Civil Rights, P.O. Box 1520, Columbia, SC 29202-1520; or call (800) 311-7220 or (803) 898-8080 or TTY: (800) 311-7219.

SPECIAL ACCOMMODATIONS

If you need an interpreter, translated documents or will require special accommodations at the hearing, you should make the request at the time you ask for the hearing, so that the services or accommodations may be arranged in time for the hearing. These accommodations will be provided at no cost to you.

DSS Brochure 2408 (APR 16)
Edition of APR 14 is obsolete.



ADMINISTRATIVE DISQUALIFICATION HEARINGS

SC Department of
Social Services
Individual and
Provider Rights
Office of Administrative
Hearings
P.O. Box 1520
Columbia, SC
29202-1520

1-800-311-7220 or
803-898-8080 or
Fax: 803-898-7269
TTY: 1-800-311-7219

ADMINISTRATIVE DISQUALIFICATION HEARINGS

An Administrative Disqualification Hearing (ADH) is held when the Department of Social Services believes that you have committed an intentional program violation (IPV) in the Supplemental Nutrition Assistance Program (SNAP).

If you have committed an IPV, you may be disqualified from receiving SNAP benefits for a specific period of time: 12 months for the first violation; 24 months for the second violation; and permanently for the third violation.

An intentional program violation is when you knowingly and intentionally:

- Make a false statement/claim to DSS in order to obtain SNAP benefits to which you would otherwise not be entitled; or
- Conceal or withhold information in order to obtain SNAP benefits;
- Use benefits (EBT card) to buy non-food items or to obtain cash;
- Use or possess improperly obtained benefits (EBT card); or
- Improperly use, trade or sell benefits (EBT card).

YOUR RIGHTS

You have the right to be represented by an attorney at the hearing. However, you may represent yourself, or you may ask a friend, relative or someone else to be your spokesperson. You will be given at least 30 days advance notice of the date of your disqualification hearing.

If you would like to be represented by an attorney, but feel you cannot afford one, you may apply for free legal services by contacting South Carolina Legal Services at 1-888-346-5592 statewide or 803-744-9430, in the Columbia area.

You have the right to review your case file and the evidence in your case. You have the right to review documents and records to be used at your hearing at a reasonable time before the hearing and during the hearing. You also have the right to receive a free copy of your file. You should make arrangements with your case worker to review and/or obtain a copy of the file before the day of the hearing. Confidential documents and information that are protected from release, as well as other documents or records which you will not have an opportunity to contest, will not be introduced at the hearing or affect the hearing officer's decision.

You may request that the hearing officer issue a subpoena, requiring a witness to appear and testify at the hearing on your behalf. You must make this request at least fourteen (14) days before the date of the hearing. Please note that you are responsible for any costs associated with subpoenaing the witness and/or the actual appearance of the witness at the hearing. Most professionals charge an hourly fee for court time and for travel related expenses.

You have the right to question or refute any evidence, including an opportunity to confront or cross-examine adverse witnesses. You have the right to advance arguments without undue influence.

If eligible, you may participate in SNAP while the ADH is pending.

AT THE HEARING

An impartial hearing officer from the Office of Administrative Hearings will hold the hearing either by telephone or at the county DSS Office.

During the hearing, you may testify, present witnesses, and ask questions of any witnesses for DSS. You may present any relevant evidence, such as records, receipts or other statements that

will help explain your side of the case. You may also question or refute any adverse testimony or evidence.

If you do not want a witness to hear the testimony of others, you may ask the hearing officer to have the witness wait outside the hearing room during the hearing.

If you fail to appear at your hearing, the hearing will be held without you.

THE DECISION

The hearing officer will make the final administrative decision on your case. You will receive a written order explaining the basis for the decision and if applicable, the period of time you will be disqualified from SNAP.

REPAYMENT

You are required to repay any over-issuance of SNAP benefits you received, whether the over-issuance resulted from an intentional program violation or an unintentional error made by DSS or by you.

RIGHT TO JUDICIAL REVIEW

If you do not agree with the final administrative decision, you may appeal the hearing officer's decision to the Administrative Law Court within 30 days from the date you receive the written order.

