

**Commonwealth of Virginia  
Department of Social Services  
Temporary Assistance for Needy Families**

AGENCY USE ONLY	
Case Name	Muhammad Sahibzada
Case Number	118947431
Eligibility Worker Number	Sudley Intake Team

**NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES**

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud . You may be subject to a disqualification hearing . If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Changes of address (also let us know if your telephone number changes so we can contact you if needed)
2. Changes in the household composition resulting from one of the following individuals entering or leaving the home:
  - An eligible child, including a newborn, or
  - The father or mother of an eligible child, including a newborn
3. Changes that may affect VIEW participation including changes in the need for transportation, child care, or any other supportive services.
4. Income from your household that goes over the limit below.

Number of People in your Household	Report Income Change When Household Income Exceeds These Amounts			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,354	\$ 314.88	\$ 629.76	\$ 677.00
2	1,832	426.04	852.09	916.00
3	2,311	537.44	1,074.88	1,155.50
4	2,790	648.83	1,297.67	1,395.00
5	3,269	760.23	1,520.46	1,634.50
6	3,748	871.62	1,743.25	1,874.00
7	4,227	983.01	1,966.04	2,113.50
8	4,705	1,094.18	2,188.37	2,352.50
For each additional Person	+\$479	+\$111.39	+\$222.79	+\$239.50

These amounts are good through 9/30/2020.

I have read this notice and understand my responsibility to report the above changes by the 10<sup>th</sup> day of the month following the change.

Applicant/Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Worker Signature April Allen Hilberd Date 11/04/2019

## NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

FORM NUMBER - 032-03-0646-19-eng (10/19)

PURPOSE OF FORM-The purpose of the form is to advise the client of Intentional Program Violations (IPV) and the penalties. It also informs the client of the TANF and VIEW changes that must be reported.

USE OF FORM-The form advises the client of the types of information that must be reported, and the IPV penalties that may be imposed, and the time period of the penalties.

NUMBER OF COPIES -Two.

DISPOSITION OF THE FORM - The eligibility worker will explain the notice to the applicant when processing a TANF application. The eligibility worker and client will sign the form and date it. The original is filed in the TANF record and a copy is given to the client.

INSTRUCTIONS FOR PREPARATION OF FORM - Explain the information on the form to the client. The client and the worker are to sign the form and date it.