

**COLORADO EMPLOYMENT FIRST
NOTICE OF ADVERSE ACTION**

SSN: _____

CBMS #: _____

To: _____

The Food Assistance/Employment First Office has determined that you failed or refused, without good cause, to comply with one or more of the Food Assistance Program requirements listed below:

- Failed to report for scheduled appointments with the Employment First Program.
- Failed to provide employment information regarding your availability or status to the Food Assistance or Employment First Program.
- Failed to participate or complete an Employment First activity.
- Refused the offer of a suitable job or to report to work.
- Other _____

You are ineligible for Food Assistance benefits.

SECTION I

The length of this sanction period will be:

- First Sanction - One month. Effective _____ through _____.
- Second Sanction - Three months. Effective _____ through _____.
- Third and Subsequent Sanctions - Six months. Effective _____ through _____.

SECTION II

The Food Assistance Office has determined that you are between the ages of 18 and 50 and have no dependents. You are eligible to receive food assistance for only 3 months within a 36-month period if you do not meet the work requirement. The work requirement is: working 80 hours per month or participating in an employment and training program for 80 hours per month or participating in a workfare activity.

- The Employment First Office has determined that you have received food assistance benefits for 3 months and not met the work requirement for: (MM/YEAR) _____ (MM/YEAR) _____ (MM/YEAR) _____

Sanction period will begin _____.

If you have verifiable good cause to prove you were unable to meet the requirements, contact the Employment First office. You may stop this action if you complete all required activities before the sanction period begins. You will not be eligible for food assistance benefits again until you complete the required activities or you become exempt from the work requirements. You may regain eligibility if within a 30-day time period if you work 80 hours, participate in an acceptable training program 80 hours or participate in a workfare activity.

You have a right to a fair hearing to appeal the Food Assistance/Employment First Office decision. You can appeal any action of the Food Assistance/Employment First Office, which you believe affected this decision. **To request a fair hearing**, contact the Food Assistance/Employment First Office or write to the Office of Administrative Courts, 1525 Sherman St, 4th Floor, Denver, CO 80203. You must request the fair hearing within 90 days of the date of this notice. If you decide to attend a fair hearing and, if you notify us prior to the effective date of the reduction or termination of benefits, we will not reduce or terminate your benefits until a decision is made by an Administrative Law Judge. However, if the Administrative Law Judge says the Food Assistance/Employment First Office action was correct, you will still have to serve a disqualification period. At a fair hearing you have a right to represent yourself or to be represented by an attorney or any other person you choose. If you want a free lawyer you can call your local Colorado Legal Services or Rural Legal Services.

If you have found employment, protect your future benefits by providing the information below to the EF Unit by phone, fax or mail using the address and phone numbers provided.

Employer:		Position:	
Phone:	Start Date:	Hourly Wage:	Hours Per Week:
Employment Type (Circle): Permanent (over 90 days) Temporary (30-90 days) Temporary (under 30 days)			

RETURN THIS FORM TO:

 Employment First Staff Signature

 Phone Number Fax Number

 Date: _____