

# FOOD STAMP DISQUALIFIED RECIPIENT REPORT

ES-524  
Rev. 05-08

**INSTRUCTIONS:** Complete this form and return the original to the EBT Unit, Suite 580, Docking State Office Building, 915 SW Harrison, Topeka, KS 66612-1505. Retain copy for the case file.

**TYPE OF ACTIVITY (CHECK ONE)**     ADD     CHANGE     DELETE

**1. NAME (Do not exceed maximum line length)**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**2. SOCIAL SECURITY NUMBER** \_\_\_\_\_ **3. DATE OF BIRTH** \_\_\_\_\_  
MO    DAY    YR

**4. SEX**     Female     Male    **5. METHOD OF DISQUALIFICATION**     ADH     Court

**6. KAECSSES CASE NUMBER** \_\_\_\_\_

**7. DISQUALIFICATION NUMBER**

1 = First Disqualification     2 = Second Disqualification     3 = Third Disqualification

**8. TYPE OF OFFENSE AND LENGTH OF DISQUALIFICATION**

Type (check one)	Length (check one)
<input type="checkbox"/> A. Drug Trafficking Conviction < \$500 KEESM 11221(2)(a)	<input type="checkbox"/> 24 Months <input type="checkbox"/> Permanent
<input type="checkbox"/> B. Any Trafficking Conviction (including drugs) > \$500 KEESM 11221(2)(c)	<input type="checkbox"/> Permanent
<input type="checkbox"/> C. Firearms Trafficking Any Amount KEESM 11221(2)(b)	<input type="checkbox"/> Permanent
<input type="checkbox"/> D. Trafficking (Administrative Disqualification Hearing) KEESM 11221(1)	<input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Permanent
<input type="checkbox"/> E. Duplicate Participation KEESM 1121(3)(a)	<input type="checkbox"/> 10 Years
<input type="checkbox"/> F. Fraud (ADH, Court Conviction, Civil Judgment, Disqualification Consent Agreement or Waiver of Right to Administrative Disqualification Hearing) KEESM 11221(1)	<input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> Permanent

**9. DISQUALIFICATION DECISION DATE** \_\_\_\_\_  
MO    DAY    YR

**10. DISQUALIFICATION START DATE** \_\_\_\_\_  
MO    DAY    YR

**11. COUNTY WHERE CASE FILE IS LOCATED** \_\_\_\_\_

**12. REMARKS** \_\_\_\_\_

PREPARED BY (Signature) \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_