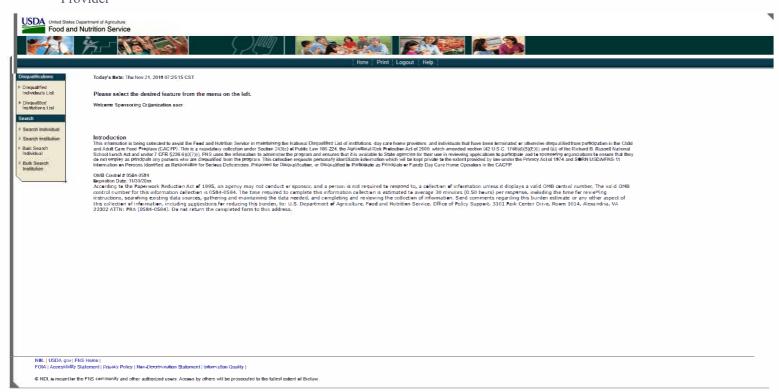
Attachment D: FNS-844 Report of Disqualification from Participation - Individually Disqualified Responsible Principal/Individual or Day Care Home Provider



Manage Users -Update

Original Debt Amount:(Please enter the amount in US dollars)
Enter Data
Amount Paid:(Please enter the amount with interest in US dollars)



Add Individual Current Disqualifications Uploaded Documentation Disqualified Individuals List AA-Sample Corrective Action.docx AA-Sample Corrective Action.docx AA-Sample Corrective Action.docx Disqualified Institutions List Pending Actions Personal Information Pending Individual Actions *First Name: Enter Data *Date of Birth: Middle Name: Enter Data *Last Name: Enter Data Pending Institution Actions mmddyyyy Street Number: *Street Name/PO Box Number: Enter Data Additional Address Info Enter Data
*Zip Code: ▶ Individual Actions Enter Data *City: State/Province: Institution Actions Enter Data - Enter Da Enter Data Select One ▶ Search Individual Other Names:(Please enter other names below) ▶ Search Institution First Name: Enter Data Middle Name: Enter Data Last Name: Enter Data Bulk Search Individual Enter Data Enter Data Enter Data Bulk Search Institution Enter Data Enter Data Enter Data Enter Data Enter Data Add Enter Data Enter Data Enter Data Add Individual Disqualification Information Add Institution Recycle *Program Type Select One 🗸 Recycle Individuals *State Agency Imposing Disqualification:
Select One *Region: Select One Recycle Institutions *Termination Date: mmddyyyy

*Type of Individual Disqualification:
Select One Admin Tasks Manage Users - Add *Debt Owed:

Attachment A-2

FNS-844- Report of Disqualification from Participation: Individually Disqualified Responsible Principal/Individual or Day Care Home Provider

Enter Data	
Date Debt Paid In Full:	
mmddyyyy	
lame of Provider's Sponsoring Organization Enter Data	
ndividual's Title with Organization:	
Enter Data	
Disqualification Reasons: (Please select one or more disqualification reasons as applicable)	
Other	Submission of false claims for reimbursement
Submission of false information on the application	Non-compliance with the Program meal pattern
Simultaneous participation under more than one sponsoring organization	Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public healt or safety
Failure to keep required records	Any other circumstance related to non-performance under the sponsoring organization-day care home agreement, as specified by the sponsoring organization or the State agency
raud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records,	
anitudes Violence, entresses the statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment of such a conviction	
naking false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment	
naking false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment	
naking false statements, receiving stolen property, making false claims, obstruction of justice, or any ther activity indicating a lack of business integrify as defined by the State agency, or the concealment if such a conviction Add Comments	
naking false statements, receiving stolen property, making false claims, obstruction of justice, or any there activity indicating a lack of business integrity as defined by the State agency, or the concealment of such a conviction	