22CF10242AXX

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE FRAUD

AFFIDAVIT OF COMPLAINT

County of
Palm Beach

DFS CASE NUMBER:
PB-90-52044
DCF CASE NUMBER:
1490930281

NAME(S) **Amanda Lynn Kaufman**
SOCIAL SECURITY NO. [redacted] DOB April 5, 1987
RACE White SEX F HEIGHT 5'3 WEIGHT 130 lbs. HAIR Brown EYES Brown
LAST KNOWN ADDRESS 373 NW 4th Diagonal, #305, Boca Raton, FL 33432
OTHER COMMENTS Florida Driver License # K155-012-87-625-0

Before me, personally appeared **Connor Davey**, Investigator, Florida Department of Financial Services, Division of Public Assistance Fraud, who first being duly sworn, deposes and says that he has reason to believe that: **Amanda L Kaufman** , on various days between the **30th day of September 2019** and the **31st day of August 2020**, in **Palm Beach County**, State of Florida, did knowingly, by means of a false statement, misrepresentation, impersonation, or other fraudulent means fail to disclose a material fact used in making a determination as to her qualification to receive aid or benefits under a state or federally funded assistance program; or did knowingly fail to disclose a change in circumstances in order to obtain or continue to receive aid or benefits under such a program in an amount larger than that to which she was entitled; or did knowingly aid and abet another person in the commission of any such act, contrary to the provisions of Section 414.39(1), Florida Statutes; specifically:

Records of the Florida Department of Children and Families (Department) reflect that on or about September 30, 2019 and February 10, 2020, during reviews of her eligibility to receive public assistance, **Amanda L Kaufman** reported that she was not currently employed and had no earned income available to her household.

Records of the Department reflect that on or about March 11, 2020, during a review of her eligibility to receive public assistance, **Amanda L Kaufman**:

- Reported she was currently employed for Eugene Hussey (aka EMM Trinity Holding) earning between $240.00 and $680.00 bi-weekly;
- Submitted an Employment Verification Letter from Eugene Hussey reflecting earnings of $12.00 per hour for 20 hours per week;
- Reported past employment from Alarm Grid Inc with and end date of February 28, 2020 and a final pay date of March 6, 2020.
- Submitted Loss of Income form from Alarm Grid Inc.;
- Reported that she had no other earned income available to her household.

Furthermore, during the aforementioned review processes, **Amanda L Kaufman** acknowledged that the reported information is true to the best of her knowledge and acknowledged her responsibility to report any changes in her household.

(Witnesses 1 & 3; Enclosures A through C-6)

INVESTIGATION REVEALED AMANDA L KAUFMAN :

- Was in fact, employed by Alarm Grid Inc. from at April 10, 2019 through at least August 31, 2020.
- Received her first pertinent paycheck on September 20, 2019 and her last pertinent paycheck on August 30, 2019, earning total gross wages of $34,274.79 during this period.
- Failed to report her gainful employment by Alarm Grid Inc., to the Florida Department of Children and Families, during the period of September 30, 2019 through August 31, 2020.
- Submitted a false Verification of Employment/Loss of Income form reflecting loss of employment from an employment she was still employed with.
- Made false statements during her September 30, 2019, February 10, 2020, and March 11, 2020 eligibility review processes.

(Witnesses 4 through 7; Enclosures D through F)

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CONCLUSION:

Amanda L Kaufman, by means of false statements and/or omissions, failed to report to the Florida Department of Children and Families, her gainful employment by Alarm Grid Inc. during the period of September 30, 2019 through August 31, 2020.

As a result of her actions, **Amanda L Kaufman** received $2,808.00 in Food Assistance Program benefits during the period of October 2019 through February 2020 and May 2020 through July 2020 to which she was not legally entitled. Furthermore, **Amanda L Kaufman** received or caused the disbursement of $4,971.49 in Medicaid Program benefits during the period of April 2020 through August 2020; for an aggregate amount of $7,779.49 that she was not legally entitled to.

(Witness 2; Enclosure G)

A list of witnesses who can identify **Amanda L Kaufman** and present testimony and documents in support of this complaint is attached.

Signature Affiant/Complainant

State of Florida
County of HILLSBOROUGH

Sworn to and subscribed before me
this 28 day of JULY, A.D. 2022 by
Connor Davey
(name of person(s) acknowledged)
who is /are personally known to me and did take an oath.

Signature Christopher W. O'Neil Type or Print Name CHRISTOPHER W. O'NEIL
Title Notary Public

My Commission Expires

CHRISTOPHER WILLIAM O'NEIL
Commission # HH 240803
Expires April 2, 2026