

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

COUNTY OF
Palm Beach

DFS NUMBER:
PB-90-47536

AFFIDAVIT OF COMPLAINT

DCF CASE NUMBER(S):
1038763754FS02
1038763754MAR01/MAR02/MMC01/
MMC02/MMC03/MMC04

NAME(S): Jennifer Lynn Naszkiewicz

SOCIAL SECURITY NO.: [REDACTED] DOB 09/19/73

RACE: WHITE SEX: F HEIGHT: 5' 3" WEIGHT: 135lbs. HAIR: BROWN EYES: BROWN

LAST KNOWN ADDRESS: 104 Gibraltar Street, Royal Palm Beach, Florida 33411

OTHER COMMENTS Florida Driver License #N220-432-73-839-0.

Before me, personally appeared **Sara H. Stewart**, Investigator, Department of Financial Services of the State of Florida, Division of Public Assistance Fraud, who first being duly sworn, deposes and says that she has reason to believe that **Jennifer L. Naszkiewicz**, on various days between the **25th day of February 2015** and the **31st day of August 2016**, 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 his/her qualification to receive aid or benefits under a state or federally funded assistance program; or did knowingly fail to disclose 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 he/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:

On or about February 25, 2015, September 1, 2015 and February 24, 2016, Jennifer L. Naszkiewicz applied to the Department of Children and Families (Department) to receive Public Assistance. During her reviews of eligibility, she reported that she was employed by Alere Health, LLC, and that she earned between \$450.00 and \$900.00 bi-weekly from this employment. To validate this income, Ms. Naszkiewicz submitted Employment Verification forms to the Department. Additionally, during the aforementioned review processes, Jennifer L. Naszkiewicz acknowledged her responsibility to provide the Department with true and complete information, as well as to report any changes in her income situation. (Witnesses 1 and 3; Enclosures A through C-3)

INVESTIGATION REVEALED:

Jennifer L. Naszkiewicz failed to report her true and correct wages from her employment with United Health Group d/b/a Alere Health, LLC and Optum Services, LLC, during the period of January 25, 2015 through at least August 31, 2016. Payroll records reflect that Ms. Naszkiewicz earned greater wages, she earned between \$1,711.01 to \$6,055.98 bi-weekly from this employment, during the period of February 2015 through August 2016.

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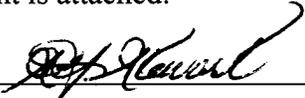
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In addition, she submitted falsified Employment Verification forms to the Department reflecting lesser wages. She received her first pay check on February 13, 2015 and was continuously employed through at least August 31, 2016. During the period of February 2015 through August 2016, she earned total gross wages of \$143,669.23, from this employment, a material fact she failed to accurately report to the Department. (Witnesses 4 through 7; Enclosures D through F)

Jennifer L. Naszkiewicz, by means of false statements and/or omissions, failed to report her true and accurate income from her employment with United Health Group d/b/a Alere Health, LLC and Optum Services, LLC, during her February 25, 2015, September 1, 2015 and February 24, 2016, reviews of eligibility. As a result, she received \$14,059.00 in Food Assistance Benefits, during the period of April 2015 through August 2016. In addition, Ms. Naszkiewicz received or caused the disbursement of \$16,669.96 in Medicaid Benefits during the period of October 2015 through August 2016; for an aggregate amount of \$30,728.96 to which she was not legally entitled. (Witness 2; Enclosure G)

A list of witnesses who can identify the subject and present testimony and documents in support of this complaint is attached.



Signature Affiant/Complainant

State of Florida

County of Palm Beach

Sworn to and subscribed before me
this 24th day of, April A.D. 2017 by

Sara H. Stewart

(name of person(s) acknowledged)

who is/are personally known to me and did take an oath.

Signature Pamela L Altieri Type or Print Name Pamela L Altieri

Title Notary Public /

My Commission Expires:

