



**DIVISION OF PUBLIC ASSISTANCE FRAUD
SPECIAL INVESTIGATION
INVESTIGATIVE NOTES**

DFS Case Number:
PB-95-0003

Liable Individual:
Raymond Acharia
SS#: [REDACTED]
DOB#: 12/18/79

Richard Acharia, former DCF employee, DZ15620, engaged in fraudulent activity in his role as an Eligibility Specialist while employed by the Department of Children and Families. **Raymond Acharia** was issued and utilized an EBT card issued in his name with the assistance of his brother Richard. During his review periods, false applications were submitted and these applications indicated that Raymond was homeless and that he was unemployed.

Investigation revealed:

- Raymond has never been homeless, he resides with his parents at 563 Cresta Circle, West Palm Beach, FL 33413.
- He was employed by the following businesses and failed to report these gainful employments to the Department.
 - US Security Associates, Inc. from June 17, 2014 through November 01, 2014.
 - LVI Intermediate Holdings, Inc. dba Lasik Vision Institute from April 29, 2015 through November 2, 2015.

Case Name: Raymond Acharia
DCF Case Number: 1262419956
Fraud Period: October 2014 through November 2014 and
June 2015 through November 2015.



**DIVISION OF PUBLIC ASSISTANCE FRAUD
RESTITUTION INFORMATION**

Case Name:

Raymond S. Acharia

DFS Case Number:

PB-95-0003

Case VICTIM:

Department of Children & Families

Victim Contact Individual:

Annette Wilson
(561) 227-6717

Victim Address:

111 South Sapodilla Avenue, Suite 203,
West Palm Beach, Florida 33401

Restitution Amount: \$1,427.00

NOT A CERTIFIED COPY



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Honorable David Aronberg
State Attorney
Fifteenth Judicial Circuit
401 North Dixie Highway
West Palm Beach, Florida 33401

RE: Raymond S. Acharia
1262419956FS01
PB-95-0003

Dear Sir:

Pursuant to Chapter 414.411, Florida Statutes, I am forwarding the attached case of alleged welfare fraud for your consideration to prosecute.

I have attached the original copy of my affidavit with Enclosures and witness list, which support my conclusion to refer the case. It would be greatly appreciated if you would provide this office with a report of your actions in this case.

Should your office elect to pursue Disqualification Consent Agreements relative to this case, the required period of disqualification from the Food Stamp Program would be 12 months. For your convenience, I am attaching a copy of the Disqualification Consent Agreement. Based upon our review of the Department of Children and Families case file for this individual, we have no reason to believe that the Department of Children and Families did not follow all federal guidelines for assistance programs in regards to the procedures for Disqualification Consent Agreements.

Please advise if I can be of additional service in this Matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sara H. Stewart".

Sara H. Stewart
Financial Crime Investigator

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

S. H. Stewart ~ Investigator

Division of Public Assistance Fraud

400 N. Congress Avenue, West Palm Beach, Florida 33401, Suite 220 • Tel.: 561-640-6709 • Fax: 561-616-1428

Email • Sara.Stewart@myfloridacfo.com

AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
OFFICE OF ECONOMIC SELF-SUFFICIENCY
BENEFIT RECOVERY PROGRAM
DISQUALIFICATION CONSENT AGREEMENT
FOR CASES REFERRED FOR PROSECUTION

NAME: RAYMOND S. ACHARIA CIRCUIT # 15th
ADDRESS: 563 Cresta Circle
West Palm Beach, FL 33413
SSN: [REDACTED]

1. Charges against you for violation of Section 414.39 of the Florida Statutes have been referred for prosecution by the State Attorney. The specific charges against you, and the evidence against you, have been explained to you by the State Attorney's Office.
2. The Food Stamp Act of 1977, as amended, and the Federal Regulations implementing the Food Stamp Act of 1977, as well as Pub. L. 100-203, provide for the disqualification of persons found to have intentionally violated any program rule(s) for the purpose of obtaining Food Assistance, Cash Assistance and/or Refugee Assistance Program benefits which they are not entitled to receive. During your disqualification period you will not be allowed to receive any Food Assistance, Cash Assistance and/or Refugee Assistance Program benefits (whichever is applicable) for yourself, although other members of your household will be able to receive Food Assistance, Cash Assistance and/or Refugee Assistance Program benefits if they are eligible.
3. It has been determined that it is not in the best interest of society to obtain a conviction of guilt in your case. Therefore, you have been referred to a Pre-Trial Intervention program, or adjudication of guilt has been recommended to be withheld or deferred pending successful completion of a probationary period. As part of the terms of this program or probationary period, you have voluntarily agreed to be disqualified (not receive personal benefits) from the Food Assistance, Cash Assistance and/or Refugee Assistance Program (whichever is applicable) and to repay the amount of benefits you are charged with having obtained illegally. However, you will not be found guilty of criminal fraud.
4. The disqualification penalties, which may be imposed for intentional program violation under the Food Assistance, Cash Assistance and Refugee Assistance Program, are as follows:
 - a. Twelve (12) months for the first violation.
 - b. Twenty four (24) months disqualification for the second violation, and permanent disqualification for the third violation.
5. You will be disqualified for a period of 12 months from the **Food Assistance Program**, unless the court orders a different length of time.

6. You will be disqualified for a period of _____ months from the **Cash Assistance Program**, unless the court orders a different length of time.
7. You will be disqualified for a period of _____ months from the **Refugee Assistance Program**, unless the court orders a different length of time.
8. If the court imposes a disqualification period or specifies a date for the beginning of the disqualification period, you will be disqualified in accordance with the court order. The disqualification period will continue uninterrupted until completed regardless of the eligibility of your household. If the court does not specify a beginning date, the food assistance disqualification period will begin within 45 days of the date the decision. The cash and Refugee Assistance Program disqualification will begin no later than the second month after the decision.
9. In signing this agreement, I do so knowing and understanding its contents and what I am doing. I understand that I have the right to be represented by a lawyer and that I do not have to sign this agreement. No promises have been made to me as an inducement to sign the agreement and no threats have been made to me, and no pressure or coercion of any kind whatsoever has been made to or used against me that have caused me to sign this agreement.
10. I admit to the facts as presented, and understand that a disqualification penalty will be imposed if I sign this consent agreement.

Signature of Individual: _____ **Date:** _____

Signature of Head of Household: _____ **Date:** _____

Witness: _____ **Date:** _____

11. I do not admit that the facts as presented are correct. However, I have chosen to sign this disqualification consent agreement and understand that a disqualification penalty will result.

Signature of Individual: _____ **Date:** _____

Signature of Head of Household: _____ **Date:** _____

Witness: _____ **Date:** _____

Please route this completed form to the DCF office listed below:

DCF Local Address: DCF-Benefit Recovery
 Attn: Annette Wilson (561) 227-6717
 111 South Sapodilla Ave, Ste.#203
 West Palm Beach, FL 33401

Date Sent: _____

REPORT OF INVESTIGATION RECEIPT

DATE

CASE NAME: Raymond S. Acharia
DFS CASE NUMBER: PB-95-0003
DCF CASE NUMBER(S): 1262419956FS01

RECEIPT OF YOUR LETTER IN REFERENCE CASE DATED _____
AND ATTACHMENTS AS CHECKED AND DESCRIBED BELOW, ARE HEREBY
ACKNOWLEDGED:

- X 1. SWORN AFFIDAVIT OF COMPLAINT DATED
WITH ENCLOSURES.
- X 2. WITNESS LIST
- X 3. DISQUALIFICATION CONSENT AGREEMENT

SIGNATURE

TITLE

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

COUNTY OF
Palm Beach

DFS NUMBER:
PB-95-0003

AFFIDAVIT OF COMPLAINT

DCF CASE NUMBER(S):
1262419956FS01

NAME(S): **Raymond Sankar Acharia**

SOCIAL SECURITY NO.: [REDACTED]

DOB 12/18/79

RACE: **BLACK** SEX: **M** HEIGHT: **6' 3"** WEIGHT: **195lbs.** HAIR: **BLACK** EYES: **BROWN**

LAST KNOWN ADDRESS: 563 Cresta Circle, West Palm Beach, Florida 33413

OTHER COMMENTS: Florida Drive License #: A260-737-79-458-0

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 **Raymond S. Acharia**, on various days between the **1st day of October 2014** and the **30th day of November 2015**, 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 June 2, 2014 and May 8, 2015, Raymond Acharia applied to the Department of Children and Families (Department) to receive Public Assistance. During his reviews of eligibility, he reported that there was no earned income available to his household. Additionally, during the aforementioned review processes, Raymond Acharia acknowledged his responsibility to provide the Department with true and complete information, as well as to report any changes in his income situation. (Witnesses 1 and 3; Enclosures A through C-2)

INVESTIGATION REVEALED:

Raymond Acharia, was gainfully employed by U. S. Security Associates, Incorporated during the period of June 17, 2014 through November 1, 2014. Raymond Acharia received his first pertinent pay check on July 3, 2014, and was continuously employed through November 1, 2014, receiving his last paycheck on November 21, 2014. During the period of July 2014 through November 2014, he earned total gross wages of \$6,531.00, from this employment, a material fact he failed to report to the Department. (Witnesses 4, 5 and 9; Enclosure D)

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CASE NAME: Raymond S. Acharia
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AFFIDAVIT OF COMPLAINT
CONTINUED, PAGE 2

Raymond Acharia, was also gainfully employed by LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute, during the period of April 29, 2015 through November 2, 2015. Raymond Acharia received his first pertinent pay check on May 8, 2015, the same day he applied for Food Assistance benefits, and he was continuously employed through November 2, 2015. During the period of May 2015 through November 2015, he earned total gross wages of \$7,520.90 from this employment, a material fact he failed to report to the Department. (Witnesses 6 through 9; Enclosure E)

Raymond Acharia, by means of false statements and/or omissions failed to report to the Department of Children and Families that he was gainfully employed by U. S. Security Associates, Incorporated, from June 17, 2014 through November 1, 2014 and LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute, from April 29, 2015 through November 2, 2015. As a result, he received \$1,427.00 in Food Assistance Benefits, during the periods of October 2014 through November 2014 and June 2015 through November 2015, to which he was not legally entitled. (Witness 2; Enclosure F)

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

[Signature]
Signature Affiant/Complainant

State of Florida

County of Palm Beach

Sworn to and subscribed before me
this 11th day of, July 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 *[Signature]* Type or Print Name Pamela Altieri

Title Notary Public /

My Commission Expires:



CASE NAME: Raymond S. Acharia
DFS CASE NUMBER: PB-95-0003
DCF CASE NUMBER(S): 1262419956FS01

WITNESS LIST

1. **ANNETTE WILSON**, or designee, Supervisor, Benefit Recovery Program Unit, Department of Children and Families, 111 South Sapodilla Avenue, Suite 203, West Palm Beach, Florida 33401. PHONE: 561-227-6717.

WILL TESTIFY TO: (DUCES TECUM)

Custodian of and will produce the Department of Children and Families case record in the name of Raymond S. Acharia.

Will testify to the policies and procedures of the Department as they relate to the determination of an applicant's eligibility to receive Public Assistance.

Will testify to the issuance of Food Assistance from June 2014 through November 2015.

2. **KATHLEEN FRICK**, Claims Manager, Department of Children & Families, Office of Public Benefits Integrity, Benefit Recovery Program, 108 NE 7th Street, Okeechobee, Florida 34972 EMAIL: kathleen.frick@myflfamilies.com PHONE: 863-824-4080

Will testify to the reports which details the amount of Food Assistance claim by the aforementioned recipient. (Enclosure F)

3. **ANDREA CAMPBELL**, Economic Self-Sufficiency Specialist, Department of Children and Families, 3511 North Pine Island Road, Sunrise, Florida 33351 EMAIL: andrea.campbell@myflfamilies.com PHONE: (954) 375-5903.

WILL TESTIFY TO:

Raymond Acharia's case being approved on May 20, 2015, based on the information provided during this review period.

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CASE NAME: Raymond S. Acharia
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WITNESS LIST
CONTINUED, PAGE 2

4. **SARAH WALSH**, et al., Paralegal, U. S. Security Associates, Incorporated, 200 Mansell Court, Suite 500, Roswell Georgia 30076 PHONE: (770) 625-1500.

WILL TESTIFY TO:

Custodian of and will testify and produce, DUCES TECUM, from personnel and payroll records from U. S. Security Associates, Incorporated, pertaining to Raymond Acharia.

5. **JORGE ROSERO**, Assistant Branch Manager, U. S. Security Associates, Incorporated, 901 Northpoint Parkway, Suite 117, West Palm Beach, Florida 33407 PHONE: (561) 689-2133.

Mr. Rosero will appear and identify Raymond Acharia as a former employee of U. S. Security Associates, Incorporated.

6. **CHRISTINE ALEXANDER**, et. al., Personnel Manager, LVI Intermediate Holdings, Incorporated, d/b/a Lasik Vision Institute, 1555 Palm Beach Lakes Boulevard, Suite 100, West Palm Beach, Florida 33401 PHONE: (561) 965-9110.

WILL TESTIFY TO:

Custodian of and will testify and produce, DUCES TECUM, from personnel records from LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute, pertaining to Raymond Acharia.

7. **CHERYL POCIS**, et. al., Payroll Manager, LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute, 1555 Palm Beach Lakes Boulevard, Suite 100, West Palm Beach, Florida 33401 PHONE: (561) 965-9110.

WILL TESTIFY TO:

Custodian of and will testify and produce, DUCES TECUM, from payroll records from LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute, pertaining to Raymond Acharia.

CASE NAME: Raymond S. Acharia
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WITNESS LIST
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8. **BROOKE JONES**, Supervisor, LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute, 1555 Palm Beach Lakes Boulevard, Suite 100, West Palm Beach, Florida 33401
PHONE: (561) 965-9110.

Ms. Jones will appear and identify Raymond Acharia as a former employee of LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute.

9. **SARA H. STEWART**, Financial Crime Investigator (FCI), Florida Department of Financial Services, Division of Public Assistance Fraud, 400 N. Congress Avenue, Suite 220, West Palm Beach, Florida 33401. PHONE: 561-640-6709.

FCI Stewart will appear and testify to facts surrounding this case.

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CASE NAME: Raymond S. Acharia
DFS CASE NUMBER: PB-95-0003
DCF CASE NUMBER(S): 1262419956FS01

ENCLOSURES

- A. Department of Children and Families Document Imaging: Copy of State Florida Driver License for Raymond Sankar Acharia #: A260-737-79-458-0.
- B. Access Management System Application Information, dated, June 2, 2014.
 - B-1. Running Record Comments (CLRC), dated, June 3, 2014.
 - B-2. Running Record Comments (CLRC), dated, June 9, 2014.
 - B-3. Access Management System Work Item Details, approved date, June 10, 2014.
- C. Access Management System Application Information, dated, May 8, 2015.
 - C-1. Running Record Comments (CLRC), dated, May 14, 2015.
 - C-2. Access Management System Work Item Details, approved date, May 20, 2015.
- D. Verification of Employment Information, U. S. Security Associates, Incorporated.
- E. Verification of Employment Information, LVI Intermediate Holdings, Incorporated d/b/a Lasik Vision Institute.
- F. Food Stamp Program, Report of Claim Determination and Food Stamp Budget Summary.