

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

COUNTY OF
Palm Beach

DFS NUMBER:
PB-90-46792

AFFIDAVIT OF COMPLAINT

DCF CASE NUMBER(S):
1226780741FS01
1226780741MMC01/NAR01/NAR02

NAME(S): **Yanay Esquijarosa**

SOCIAL SECURITY NO.: [REDACTED] DOB 05/02/82

RACE: WHITE SEX: F HEIGHT: 5' 2" WEIGHT: 165lbs. HAIR: BROWN EYES: BROWN

LAST KNOWN ADDRESS: 244 Woodland Road, Palm Springs, Florida 33461

OTHER COMMENTS Florida Driver License #E266-960-82-662-0.

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 **Yanay Esquijarosa**, on various days between the **29th day of October 2012** and the **29th day of February 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 October 29, 2012, April 17, 2013, October 15, 2013, October 20, 2014, March 3, 2015 and September 21, 2015, Yanay Esquijarosa 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 Arista Insurance Advisors, Incorporated and that she earned between \$270.00 and \$450.00 weekly from this employment. To verify this employment/income, she provided the Department with Verification of Employment forms. Additionally, during the aforementioned review processes, Yanay Esquijarosa 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, 3 and 4; Enclosures A through F-3)

INVESTIGATION REVEALED:

Yanay Esquijarosa failed to accurately report her true and correct income from her employment with Arista Insurance Advisors, Incorporated. Ms. Esquijarosa was employed with the company from at least October 29, 2012 through at least February 29, 2016. During her reviews of eligibility, she reported that she earned between \$270.00 and \$450.00 weekly, when in fact she earned \$550.00 weekly and \$2,200.00 a month from this employment.

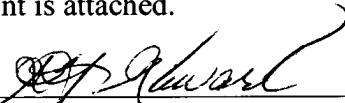
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In addition, she submitted falsified employment verification of employment forms reflecting lesser wages. Ms. Esquijarosa received her first pertinent pay check on October 5, 2012 and was continuously employed through at least February 29, 2016. During the period of October 2012 through February 2016, she earned total gross wages of \$97,900.00, from this employment, a material fact she failed to accurately report to the Department. (Witnesses 5 and 6; Enclosures C-2, E-2, F-2, G through I)

Yanay Esquijarosa, by means of false statements and/or omissions, failed to accurately report her true and correct income from her employment with Arista Insurance Advisors, Incorporated, during her October 29, 2012, April 17, 2013, October 15, 2013, October 20, 2014, March 3, 2015 and September 21, 2015, reviews of eligibility. As a result, she received \$5,218.00 in Food Assistance Benefits, during the period of December 2012 through February 2016. In addition, Ms. Esquijarosa received or caused the disbursement of \$2,866.19 in Medicaid Benefits for the periods of December 2012; August 2013 through September 2013 and December 2014 through February 2016; for an aggregate amount of \$8,084.19 to which she was not legally entitled. (Witness 2; Enclosures J and K)

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

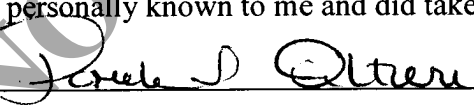
County of Palm Beach

Sworn to and subscribed before me
this 13 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  Type or Print Name Pamela L. Altieri

Title Notary Public /

My Commission Expires:

