

# DISQUALIFICATION CONSENT AGREEMENT FOOD STAMP PROGRAM

• Date:  
• Case Name:  
• Case Number:

## IMPORTANT NOTICE

This form may apply to you only if you are a member of one of the two classes set forth below:

- (1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or
- (2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor.

\_\_\_\_\_ County has reason to believe that you \_\_\_\_\_, (as head of household or as a household member) committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong information or you **intentionally** did not tell the truth when you were asked certain questions. By "intentionally" we mean that you did it on purpose. This may have resulted in an overissuance of food stamp benefits.

## Information Notice

If you sign the Disqualification Consent Agreement:

- Your income and resources will continue to count when figuring the household's eligibility.
- You and/or the other adult member(s) in your household must repay the extra food stamp benefits your household received, if any, unless you have already paid them back.
- Your household's food stamp benefits may be lowered or stopped during your disqualification period even if there are other members in your household.
- If you (the accused person) are not the head of your household and you agree to sign this Disqualification Consent Agreement, it must also be signed by the head of the household.
- You will be disqualified from the Food Stamp Program for a specified period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the Food Stamp Program for a specified period of time even if a court does not find you guilty of fraud.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

Rules: These rules apply. You may review them at your welfare office: Manual of Policies and Procedures Sections: 20-300.221(c), 20-300.3, 20-300.32, 22-003.11.

**DISQUALIFICATION PENALTIES WARNING:**

Within 45 days from the date you sign this agreement, you will not be eligible to get food stamp benefits for:

- ☐ 12 months (for the first violation).
- ☐ 24 months for:
  - ☐ A second violation.
  - ☐ A court conviction for a first violation of trading food stamp benefits for a controlled substance.
- ☐ 10 years for lying or misrepresenting information on the identity or place of residence of an individual in order to receive multiple food stamp benefits at the same time.
- ☐ Permanently for:
  - ☐ A third violation.
  - ☐ A court conviction for a second violation of trading food stamp benefits for a controlled substance.
  - ☐ A court conviction for selling or trading food stamp benefits worth \$500 or more.
  - ☐ A court conviction for trading food stamp benefits for firearms, ammunition, or explosives.

This is your \_\_\_\_\_ violation which means that:

- If you sign this Disqualification Consent Agreement, your disqualification penalty will be\_\_\_\_\_.
- Your disqualification period will begin within 45 days from the date you sign this agreement unless contrary to a court order.

**NOTICE TO OTHER HOUSEHOLD MEMBERS**

You and/or the other adult(s) in the household will be held responsible for paying back the extra food stamp benefits given to your household (even if you or the disqualified individual move out), unless the amount of extra food stamp benefits has already been paid back.

If you need legal help in deciding whether to sign or not sign the Disqualification Consent Agreement and you cannot afford a lawyer, you may be able to get free legal aid by contacting the nearest office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact

\_\_\_\_\_ at (     ) \_\_\_\_\_.

**DISQUALIFICATION CONSENT AGREEMENT:**

I have reviewed the information given to me regarding this Disqualification Consent Agreement.  
I understand what will happen to me if I sign this consent agreement.

**I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM FOR A PERIOD OF**

\_\_\_\_\_.  
Please check one of the boxes below:

- ☐ 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.
- ☐ I admit to the facts as presented and understand that a disqualification penalty will be imposed if I sign this Disqualification Consent Agreement.

\_\_\_\_\_  
Signature of Accused Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household (if different\*)

\_\_\_\_\_  
Date

\*Head of Household MUST also sign if the accused person is not the Head of Household.

After signing this Agreement, return it to: