

Date:

To:

**NOTICE OF CONSEQUENCES OF CONSENTING  
TO A DISQUALIFICATION CONSENT AGREEMENT**

Pursuant to 18 NYCRR 359.4(b) (Part I)

PLEASE TAKE NOTICE that:

- \* You or a member of your family, or household (SNAP) have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility or your family's or household's eligibility for Public Assistance and/or the household's eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits.
- \* When a social services official believes that there are facts that warrant civil or criminal prosecution for such an IPV, the official must refer a case involving an IPV to the appropriate District Attorney (DA) or other prosecutor.
- \* A DA or other prosecutor who accepts a case referred by a social services official may choose to settle a referred case by permitting the accused individual, a caretaker relative or a head of household to sign a Disqualification Consent Agreement (DCA) instead of seeking a criminal conviction of the accused individual.
- \* Pursuant to an agreement with the DA or other appropriate prosecutor(s), you must be given notification of the consequences of signing a DCA before you can be given an opportunity to enter into such an agreement. If the DA or other prosecutor has requested social services officials to assist in obtaining a DCA from you, you must be provided with this notification at least ten (10) days before signing a DCA and you must be provided with an opportunity to consult with and be represented by a lawyer or other representative.
- \* A copy of the DCA you may or may not choose to sign must accompany this notification and this copy of the DCA must set forth the specific penalties and consequences that will occur if you sign this agreement. If you choose to sign this agreement, you will be disqualified from and unable to be eligible for participation in public assistance as follows:

**PUBLIC ASSISTANCE**

- for 6 months because this was the first time you committed a public assistance-IPV and you wrongfully received an amount less than \$1,000.
- for 12 months because this was the second time that you committed a public assistance-IPV, or you wrongfully received between \$1,000 and \$3,900.
- for 18 months because this was the third time you committed a public assistance-IPV, or you wrongfully received over \$3,900.
- for 5 years because you have committed three or more previous public assistance-IPV's.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

- For **12 months** because this was the first time you committed a SNAP-IPV; or
- For **24 months** because this was the second time you committed a SNAP-IPV; or
- For **24 months** because this was your first SNAP-IPV and it was based on a court finding of having used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required); or
- For **120 months** because you were found to have made a fraudulent statement about who you are or where you live in order to get multiple SNAP benefits simultaneously.

Additionally, a court may bar you from participating in SNAP for an **additional 18 months**.

**Permanently** because:

- This was your first SNAP-IPV and based on a court finding of having used or received SNAP benefits in a transaction involving the sale of firearms, ammunition, or explosives; or
- This was your first SNAP-IPV and based on a court conviction for trafficking SNAP benefits for a combined amount of \$500 or more. (Trafficking include the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices); or
- This was your second SNAP-IPV, and based on a court finding of having used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required); or
- This was the third time that you committed a SNAP-IPV; or

For \_\_\_\_\_ months because of this is the penalty ordered by the court. This is your \_\_\_\_ SNAP-IPV.

Other (Enter):

- \* Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services assistance or services, may be affected if you must be eligible for public assistance in order to receive the particular assistance or services.
- \* If you are not getting public assistance now, your disqualification penalty will begin the next time you apply and are determined eligible for assistance. For SNAP, the disqualification penalty will begin when it is imposed as set forth in the notice of disqualification, whether or not you are receiving SNAP benefits at the time.
- \* If you sign the DCA, you also will be held responsible for repaying the stated amounts of any overpayments of assistance paid to you, or the over-issuance value of any SNAP benefits issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or over-issuance stated in the DCA unless you already make the identified repayment.
- \* If you choose not to sign this DCA, the DA or other prosecutor may choose to continue the criminal prosecution of your case or the case may be returned to social services officials for consideration of administrative prosecution by means of an administrative disqualification hearing as described in social services regulations in 18 NYCRR 359.7.
- \* If you choose to sign this DCA or would like to discuss the consequences of signing this Agreement, on or before the below stated time, you must contact:

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date/Time: \_\_\_\_\_

- \* If you do not contact or appear before the named person or do not contact a social services official in charge of this matter, it will be assumed that you have chosen not to sign a DCA and any pending investigations or prosecutions will be resumed.
- \* We encourage you to consult with a lawyer before signing the agreement. The Local Legal Services Office in your area is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ call: \_\_\_\_\_

The Local Public Defender is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ call: \_\_\_\_\_