

DISQUALIFICATION CONSENT AGREEMENT

The undersigned individual(s) understand and agree that:

1. I or a member of my family or household 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 my or my family's eligibility for Public Assistance, and/or the Food Stamps (FS) Assistance program.
2. I have received notification of the consequences of consenting to this Disqualification Consent Agreement (DCA) and certify that I understand the consequences of consenting to this DCA.
3. I am suspected and accused of committing one or more IPVs as follows:

Public Assistance - Resulting in an overpayment in the amount of \$_____
The Food Stamp (FS) Program - Resulting in an overissuance amount valued at \$_____
4. I agree to repay to social services officials the amounts received as overpayments or the value of amounts received as overissuances of food stamps as follows:

5. If I choose to sign this agreement, I will be disqualified from and ineligible for participation in assistance programs as follows:

PUBLIC ASSISTANCE

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

If I am not eligible for public assistance from which I am disqualified at the time the disqualification period is to begin, the period will be postponed until I become eligible for such benefits

THE FOOD STAMP (FS) PROGRAM

- For 1 year because this was the first time I committed a FS-IPV, and it was not a drug or firearms or explosives-related offense.

- For 2 years because this was the second time I committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was my first FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons.
- Permanently because this was the third time that I committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was my second FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons; or because this was my first FS-IPV and it is based on a Court finding of trading in firearms, ammunition, or explosives for coupons.
- Other (Enter) _____

For FS, the disqualification period will begin on the date that the penalty is imposed.

6. The remaining members of my assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA, unless I already have made the identified repayment.
7. Further prosecution by social services officials of me regarding the IPV's described in this DCA will be deferred pending the performance of the terms of this Agreement and the charges will be withdrawn and/or dismissed upon complete performance of the terms of this Agreement

For Individual(s) to be disqualified:

Date_____ Signature _____

Date_____ Signature_____

For a public assistance-IPV if the individual(s) (is) (are) not the caretaker relative:

Date_____ Signature_____

Caretaker Relative

For a FS-IPV if the individual(s) (is) (are) not the head of household:

Date_____ Signature_____