

DISQUALIFICATION CONSENT AGREEMENT

The undersigned individual(s) understand and agree that:

1. I or a member of my 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 my or my family's or household's eligibility for Public Assistance, and/or household's eligibility for the Supplemental Nutrition Assistance Program (SNAP) benefits.

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 \$_____

SNAP Benefits - Resulting in an over-issuance amount valued at \$_____

4. I agree to repay to social services officials the amounts received as overpayments or the value of amounts received as over-issuances of SNAP benefits 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.

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 me 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 this is the penalty ordered by the court. This is your ____ SNAP-IPV.

- Other (Enter) _____

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.

6. The remaining members of your assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA, unless you already made the identified repayment.
7. Further prosecution by social services officials of you 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 SNAP-IPV if the individual(s) (is) (are) not the head of household:

Date _____ Signature _____