



Disqualification Consent Agreement

For Washington Food Assistance Programs

OFA NUMBER	CLIENT'S NAME	CLIENT'S SSN	CLIENT'S BIRTH DATE	CLIENT ID NUMBER
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I, _____, understand that:
FIRST NAME, MIDDLE NAME, LAST NAME

If the accused individual is not the head of the household, the head of the household must also sign the Disqualification Consent Agreement as stated in 7 CFR 273.16(h)(1)(ii)(A)

I, _____, understand that:
HEAD OF HOUSEHOLD'S FIRST NAME, MIDDLE NAME, LAST NAME

- I am signing this Disqualification Consent Agreement in order to waive my right to an Administrative Disqualification Hearing (ADH) under WAC 388-446-0015 and accept the disqualification period under WAC 388-466-0020. I understand by waiving this right to an ADH and accepting the disqualification, I **will not** be referred for criminal prosecution.
- I have not been found guilty of civil or criminal misrepresentation or fraud. However, when I sign this agreement, I will not receive food assistance benefits for myself and my assistance unit may receive a lower amount of food benefits when I am disqualified.
- When I sign this Disqualification Consent Agreement, I understand I will be disqualified for:

<input type="checkbox"/> 12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> Ten (10) years	<input type="checkbox"/> Permanently
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 This is my: First violation; Second violation; Third violation; **OR**
 I received duplicate food benefits from more than one office or state.
- As stated in 7 CFR 273.18 (a)(4), all remaining adult members of my food assistance unit and I are responsible to repay the overpayment for these benefits.

I do not want to sign this form. I understand that by not signing this form, I will be referred for an Administrative Disqualification Hearing (ADH) and may also be referred for criminal prosecution.

EXPLANATION OF YOUR CONSTITUTIONAL RIGHTS

Before you are questioned, you are advised of your rights, as follows:

- You have the right to remain silent;
- Anything you say can be used against you in a court of law;
- You have the right at this time to an attorney of your own choosing and have him/her present before and during questioning or making of any statement;
- If you cannot afford an attorney, you are entitled to have one appointed for you by a court without cost to you and to have him/her present before and during questioning or the making of any statement;
- You have the right to exercise any of the above rights at any time before or during any questioning and the making of any statement.

FOOD ASSISTANCE PROGRAM PENALTY WARNING

Under WAC 388-446-0020, a person will not receive food assistance benefits for:

One year for knowingly violating a food assistance or Supplemental Nutrition Assistance Program(SNAP) rule;

Two years for a second such violation; or a first conviction for buying, selling, or trading food assistance or SNAP benefits for a controlled substance;

Ten years for knowingly giving false identity or residence information to get duplicate benefits;

Lifetime for:

Knowingly breaking a food assistance or SNAP rule a third time;

A second conviction for buying, selling, or trading food benefits for a controlled substance;

Conviction for buying, selling, or trading food benefits for firearms, ammunition, or explosives; or

Conviction for buying, selling, or trading food benefits worth \$500 or more.

Persons who knowingly and intentionally violate a food assistance rule can be prosecuted and fined up to \$250,000 or imprisoned up to twenty years or both. They are also subject to prosecution under other applicable federal laws.

DISQUALIFIED PERSON'S SIGNATURE	DATE	HEAD OF HOUSEHOLD'S (HH) SIGNATURE (IF THE ACCUSED IS NOT THE HEAD OF HOUSEHOLD)	DATE
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