



# 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 388-446-0020. 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:
 

<input type="checkbox"/> First violation;	<input type="checkbox"/> Second violation;	<input type="checkbox"/> Third violation;	<b>OR</b>
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 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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