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|  | | **Disqualification Consent Agreement**  For Washington Food Assistance Programs | | | | |
| OFA NUMBER | CLIENT’S NAME | | CLIENT’S SSN | | CLIENT’S BIRTH DATE | CLIENT ID NUMBER |
| 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)(l)(ii)(A)**  I,  , understand that:  HEAD OF HOUSEHOLD’S FIRST NAME, MIDDLE NAME, LAST NAME  All remaining adult members of my food assistance unit and I are responsible for repayment of the resulting claim, unless an adult member has already repaid the claim as a result of meeting the terms of the agreement.  2. 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.  3. When I sign this Disqualification Consent Agreement, I understand I will be disqualified for:  12 months  24 months  Ten (10) years  Permanently  This is my:  First violation;  Second violation;  Third violation; **OR**  I received duplicate food benefits from more than one office or state. | | | | | | |
| **Explanation of Your Constitutional Rights** | | | | | | |
| Before you are questioned, you are advised of your rights, as follows:   1. You have the right to remain silent; 2. Anything you say can be used against you in a court of law; 3. 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; 4. 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; 5. 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 DATE (IF THE ACCUSED IS NOT THE HEAD OF HOUSEHOLD) | | |