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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 NAMEAll 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.
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| **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) |