

GA DISQUALIFICATION CONSENT AGREEMENT

PLEASE READ THIS CONSENT AGREEMENT CAREFULLY. IF YOU DO NOT UNDERSTAND IT, PLEASE ASK YOUR WORKER OR THE SRS INVESTIGATOR TO EXPLAIN IT.

This consent agreement means that I agree that I have committed an intentional program violation of the rules of the General Assistance (GA) Program. It also means that I agree that DCF may take action to punish me for the violation by disqualifying me from receiving assistance as stated below.

(1) I understand that by consenting to disqualification, I admit that I committed an intentional program violation of the rules of the GA Program, and that as a result, I and the household in which I live established or maintained eligibility for GA, or increased or prevented reduction in the amount of the GA grant by an intentional; (a) false or misleading statement or misrepresentation, concealment, or withholding of facts, or (b) act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

(2) I understand that consenting to disqualification will result in complete disqualification of me and a reduction in the amount of the grant for the period of disqualification for the rest of my household, even though I was not found guilty of civil or criminal misrepresentation or fraud.

(3) I have been warned that the disqualification penalties for intentional program violation under the GA Program which could be imposed are a twelve month disqualification for the first violation, a twenty-four month disqualification for the second violation, and permanent disqualification for the third violation. I have been warned which penalty will be imposed as a result of my consent to disqualification. I have been advised that this is my _____ violation and I consent to be disqualified for _____

(4) I have been warned that the remaining household members, if any, will be held responsible for repayment of the overpayment of GA that my household received. (I understand that this is not true if I have already repaid the claim as a result of meeting the terms of a diversion agreement with the prosecutor.)

(5) I understand that this disqualification means I will be disqualified only from receiving GA, but not Temporary Assistance for Needy Families (TANF).

_____/_____
Program Violator Date

This consent agreement was explained to the program violator and head of household, if different than the program violator, who had a full opportunity to read it and was given a copy of the agreement.

_____/_____
DCF Investigator Date