FOOD ASSISTANCE DISQUALIFICATION CONSENT AGREEMENT

PLEASE READ THIS CONSENT AGREEMENT CAREFULLY.

This consent agreement means that I agree that I have intentionally violated the rules of the Food Assistance Program.

(1) I understand that by consenting to disqualification, I admit that I intentionally violated the rules of the Food Assistance Program, and that as a result, I and the household in which I live received an excess amount of food assistance benefits.

(2) I understand that consenting to disqualification will result in complete disqualification of me and a reduction in benefits 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 Food Assistance Program which could be imposed are a twelve (12) month disqualification for the first violation, a twenty-four (24) month disqualification for the second violation, and permanent disqualification for the third violation. I have been warned that this is my _____ violation and I consent to be disqualified for _____ .

(4) I have been warned that I will be and the remaining household members, if any, will be held responsible for repayment of the excess food assistance benefits 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 or the court order.)

_____ _____ /

Name of Program Violator (Please Print) | Signature of Program Violator/Date

STATEMENT TO BE SIGNED BY HEAD OF HOUSEHOLD
(If different from the Intentional Program Violator)

I am the head of the household which received excess food assistance benefits because of the intentional program violation by a member of my household. I understand this consent agreement, and I agree that DCF may take action to ensure repayment of the excess food assistance benefits received.

_____ _____ /

Name of Head of Household | Signature of Head of Household/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.

_____ /

Prosecutor | Date