

**DISQUALIFICATION CONSENT AGREEMENT**

Personally identifiable information will be used only for the direct administration of public assistance programs.

Name – Member	Case Number	Date of Agreement	
Street Address			
City		State	Zip Code

**We believe you committed an intentional program violation by:**

- Intentionally making a false or misleading statement.
- Intentionally misrepresenting, concealing, or withholding facts.
- Committing any act that constitutes a violation of the Food Stamp Act, the Food Stamp Program regulations, or any Wisconsin statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of FoodShare benefits or QUEST cards.

Your case has been referred to the district attorney for prosecution for civil or criminal misrepresentation or fraud. There is evidence to support the charge. You may defer prosecution by signing this Disqualification Consent Agreement. By signing this agreement you will receive the penalty noted below. The penalty will be imposed for the disqualification period listed without further hearing and even though you have not been found guilty of civil or criminal misrepresentation or fraud.

**Effective \_\_\_\_\_, \_\_\_\_\_ will be disqualified from receiving FoodShare Wisconsin for:**

- One year** because this would be your first violation.
- Two years** because this would be your second violation.
- Two years** because this would be your first conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of drugs.
- Permanently** because this would be your first conviction by a federal, state, or local court for having used or received benefits involving the sale of firearms, ammunition, or explosives.
- Permanently** because this would be your second conviction in a federal, state, or local court for having used or received benefits in a transaction involving the sale of drugs.
- Permanently** because this would be a conviction in a federal, state, or local court for having trafficked benefits in an aggregate amount of \$500 or more.
- 10 years** because this would be your first or second intentional program violation sanction due to receipt of duplicate benefits based on your fraudulent statement or representation.
- Permanently** because this would be your third violation for any of the above.

You and the other adult members in your assistance group during the period of violation and resulting overpayment are responsible for repaying any FoodShare benefits received in error. Future FoodShare benefits for your household will be reduced because of your disqualification and may be reduced to recover the overpayment.

To agree to disqualification, read the statement on page 2, and sign the agreement in the designated space. If you are not the head of the household, the head of the household must also sign this agreement.

**I understand that by agreeing to disqualification, the consequences explained above will occur and the disqualification penalty or penalties described above will be imposed.**

<b>SIGNATURE</b> – Participant	Date Signed
<b>SIGNATURE</b> – Head of Household	Date Signed
<b>SIGNATURE</b> – Judge, Prosecutor, or Designee	Date Signed

## **USDA NONDISCRIMINATION STATEMENT**

### ***Do Not Send Applications Here***

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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