WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-16026SO (05/2018)

OP

HESHIISKA KA WEECINTA DACWAD OOGIDA
PROSECUTION DIVERSION AGREEMENT

Magaca – Xubinta (Ka u dambeeya, Koowaad, MI)	Lambarka Dacwada

Waxaan anigu, _____, qabalayaa inaan dib u bixiyo qadarka soo socda ee lacagaha caawimada dad waynaha:

$_____. Waxaan ka helay caawimadan dad waynaha laga bilaabo _____ ilaa _____.
(Taariikhda) (Taariikhda)

Waxaan aqbalayaa ta soo socota:

1. Waxaan aqbalay inaan dib u bixiyo lacagahan beddelka inay dacwad igu soo oogo qareernka degmadda ama dacwad oogaha _____,

   _____Khiyaamada Caawimada Dad waynaha Wisconsin
2. Saxeexida heshiiskan, waxaan qirayaa inaan galay dembiga khiyaamada caawimada dad waynaha anoo ku xadgudbay Wis. Stat. § 49.795 ama 49.95 oo inaan si ula kac ah u sababay lacag bixinta dheeraadka ah ee dheefaha caawimada dad waynaha in la isiiyo.
3. Waxaan fahmayaa inaan oggolaanayo gelida khiyaamada caawimada dad waynaha keliya ujeedooyinka heshiiskan.
4. Waxaan fahmayaa in saxeexa heshiiskan aan loo isticmaalin karin wax igu lid ah gudaha maxkamadda haddii aan ku xad gudbo shuruudaha heshiiskan.
5. Saxeexida heshiiskan _____ wakaalada iyo qareenka degmadda

   ama dacwad oogaha _____ wakaalada iskama joojinayaan xuquuqdooda ay ku bilaabaan dacwad oogida falka dembiyeed ee aniga haddii aan ku xad gudbo xaaladaha heshiiskan.
6. Saxeexida heshiiskan, waxaan aqbalay in lagu wargeliyay oo waxaan fahmay Shaqada Wisconsin (W-2), Medicaid, iyo FoodShare ciqaabaha xad gudubka barnaamijka ula kaca ah iyo xuquuqdayda ka joojinta dhegaysiga. Waxaan dhaafay xaqayga dhegaysiga joojinta oo aqbalay ciqaabta ka joojinta ee barnaamijkan xad gudubka ula kaca ah sida waafaqsan sharciyada federaalka iyo gobolka.
7. Waxaan in dheeraad ah aqbalay beddelka dacwad oogista wixii ah daryeelka khiyaamada sida waafaqsan Wis. Stat. § 49.795 ama 49.95, waxaan dib u bixin doonaa qadarka

   ee $_____ ee qiimaha $_____ bishiiba ilaa _____ bilaha. Waxaan aqbalay in haddii aan seego hal lacag bixina W-2, degmadda ama wakaalada adeegyada aadami qabiileed ama bulsheed, ama qareenka degmadda ama dacwad ooga, ama labbadaba, ay sii wadi lahayd eeda(ha) khiyaamada caawimada dad waynaha. Waxaan iska daayay xuquuqda(aha) waa in si degdeg ah la iigu soo dalacaa khidmada dembiga(yada).

SAXEEXA – Ka qayb galaha	Taariikhda La saxeexay
SAXEEXA – Qareenka Ka qayb galaha	Taariikhda La saxeexay
SAXEEXA – Qareenka Degmadda	Taariikhda La saxeexay
SAXEEXA – Baadhaha Khiyaamada, Wakiilka W-2, Degmadda ama Wakaalada Qabiilka	Taariikhda La saxeexay

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SAXEEXA – Garsooraha (haddii ay habboon tahay, tusaale ahaan, ka hor xukunka ama amarka maxkamadda)	Taariikhda La saxeexay

Xubin ka noqday oo ku dhaartay aniga hortay tan _____ maalinta _, 20_____

SAXEEXA – Nootaayada Dad waynaha Wisconsin

Hawshayda muddadeedu waxay dhacaysaa _____.

USDA Warbixinta Takoor La'aanta

Sida uu dhigayo sharciga madaniga ee U.S. Department of Agriculture (USDA) (Wasaaradda Beeraha ee Mareykanka) ee nidaamka madaniga ah iyo xeerarkiisa hay'adda USDA, hay'adaha hoos yimaada, xafiisyadiisa, iyo shaqaalahooda, iyo hay'adaha ka qeyb qaadanaya barnaamijyada ay maamusho USDA waxaa ka reeban in ay sameeyaan heyb sooc ku dhisan qowmiyadda, halka uu qofku ka soo jeedo asal ahaan, jinsiga, diinta uu aaminsan yahay, naafanimo, da'da, cidda uu siyaasadda raacsan yahay in loogu geysto aargoosasho mid kasta oo ka mid ah barnaamijyada madaniga ah ee maamusho ama maalgeliso USDA.

Dadka naafada ah ee leh baahida gaar ah si ay u helaan macluumaadka barnaamijkan (sida farta waaweyn ee lagu qoro, farta waaweyn ee la daabaco, cajalad loou duubo, Luqadda Fara Ka Hadalka ee Mareykanka, iwm.) waa in ay la xiriiraan hay'adda la shaqeyneysa (heer Gobol ama degaan) halka ay ka codsadeen macaashka. Dadka dhagaha la'a, maqalka ama hadalku ku adag yahay waxa ay la soo xiriiri karaan USDA iyaga oo u soo maraya Adeegga Fariimaha ee Dawladda Dhexe ee (800) 877-8339. Waxaa intaa dheer, in macluumaadka barnaamijyada aad ku heli karto afafka kale ee ka baxsan afka Ingiriisiga.

Si aad u soo gudbiso cabasho ku saabsan barnaamijka, buuxio foomka cabashada ee USDA Program Discrimination Complaint Form, (AD-3027) oo aad ka heleyso barta internetka: https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer, oo aad geyn karto mid kasta oo ka mid ah xafiisyada USDA, ama u soo qor oo ku soo hagaaji warqadaada cinwaanka hoos ku qoran. Si aad u codsato foomka cabashada soo wac (866) 632-9992. U soo dir cabashadaada ama warqadaada USDA ee:

(1) boostada: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) faakis: (202) 690-7442; ama

(3) iimeyl: program.intake@usda.gov.

Shaqada ay hay'addani qabato waa mid dadku u siman yahay.