



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ACCESS FLORIDA

BENEFIT RECOVERY PROGRAM

**DISQUALIFICATION CONSENT AGREEMENT**

**FOR CASES REFERRED FOR PROSECUTION**

**NAME:** \_\_\_\_\_ **CIRCUIT #:** \_\_\_\_\_

**ADDRESS:**

**SSN:** \_\_\_\_\_

1. Charges against you for violation of Section 414.39 of the Florida Statutes have been referred for prosecution by the State Attorney. The specific charges against you, and the evidence against you, have been explained to you by the State Attorney's Office.
2. The Food Stamp Act of 1977, as amended, and the Federal Regulations implementing the Food Stamp Act of 1977, as well as Pub. L. 100-203, provide for the disqualification of persons found to have intentionally violated any program rule(s) for the purpose of obtaining Food Assistance, Cash Assistance and/or Refugee Assistance Program benefits which they are not entitled to receive. During your disqualification period you will not be allowed to receive any Food Assistance, Cash Assistance and/or Refugee Assistance Program benefits (whichever is applicable) for yourself, although other members of your household will be able to receive Food Assistance, Cash Assistance and/or Refugee Assistance Program benefits if they are eligible.
3. It has been determined that it is not in the best interest of society to obtain a conviction of guilt in your case. Therefore, you have been referred to a Pre-Trial Intervention program, or adjudication of guilt has been recommended to be withheld or deferred pending successful completion of a probationary period. As part of the terms of this program or probationary period, you have voluntarily agreed to be disqualified (not receive personal benefits) from the Food Assistance, Cash Assistance and/or Refugee Assistance Program (whichever is applicable) and to repay the amount of benefits you are charged with having obtained illegally. The remaining household members, if any, will be held responsible for repayment of the resulting claim, unless you have already repaid the claim as a result of meeting the terms of the agreement with the prosecutor or the court order. However, you will not be found guilty of criminal fraud.
4. The disqualification penalties, which may be imposed for intentional program violation under the Food Assistance, Cash Assistance and Refugee Assistance Program, are as follows:
  - a. Twelve (12) months disqualification for the first violation.
  - b. Twenty four (24) months disqualification for the second violation, and permanent disqualification for the third violation.

5. You will be disqualified for a period of \_\_\_\_\_ months from the **Food Assistance Program**, unless the court orders a different length of time.
6. You will be disqualified for a period of \_\_\_\_\_ months from the **Cash Assistance Program**, unless the court orders a different length of time.
7. You will be disqualified for a period of \_\_\_\_\_ months from the **Refugee Assistance Program**, unless the court orders a different length of time.
8. If the court imposes a disqualification period or specifies a date for the beginning of the disqualification period, you will be disqualified in accordance with the court order. The disqualification period will continue uninterrupted until completed regardless of the eligibility of your household. If the court does not specify a beginning date, the food assistance disqualification period will begin within 45 days of the date the decision. The Cash and Refugee Assistance Program disqualification will begin no later than the second month after the decision.
9. In signing this agreement, I do so knowing and understanding its contents and what I am doing. I understand that I have the right to be represented by a lawyer and that I do not have to sign this agreement. No promises have been made to me as an inducement to sign the agreement and no threats have been made to me, and no pressure or coercion of any kind whatsoever has been made to or used against me that have caused me to sign this agreement.
10. I admit to the facts as presented and understand that a disqualification penalty will be imposed if I sign this consent agreement.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

11. I do not admit that the facts as presented are correct. However, I have chosen to sign this disqualification consent agreement and understand that a disqualification penalty will result.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please route this completed form to the DCF office listed below:

DCF Local Address:

Date Sent: