



**NEW YORK STATE  
OFFICE OF TEMPORARY AND DISABILITY**

**Eliot Spitzer**  
*Governor*

**ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**David A. Hansell**  
*Commissioner*

**Informational Letter**

**Section 1**

<b>Transmittal:</b>	08-INF-06
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office :</b>	Center for Employment and Economic Supports
<b>Date:</b>	February 28, 2008
<b>Subject:</b>	Online availability of the LDSS-4903: "Disqualification Consent Agreement" and LDSS-4904: "Notice of Consequences to a Disqualification Consent Agreement"
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Temporary Assistance - (518) 474-9344 Food Stamp Bureau - (518) 473-1469
<b>Attachments:</b>	A - LDSS-4903: Disqualification Consent Agreement (4/07) B - LDSS-4904: Notice of Consequences to a Disqualification Consent Agreement (4/07)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

**Filing References**

<b>Previous ADMs/INFs</b>	<b>Releases Cancelled</b>	<b>Dept. Regs.</b>	<b>Soc. Serv. Law &amp; Other Legal Ref.</b>	<b>Manual Ref.</b>	<b>Misc. Ref.</b>
97 ADM 23 96 ADM 5		352.30 Part 359	20(3)(d) 34(3)(f) 145-c 436		

## I. Purpose

The purpose of this Informational Letter (INF) is to inform local districts that the following notices have been assigned LDSS forms numbers and are available for downloading from the OTDA Intranet website:

- LDSS-4903: Disqualification Consent Agreement
- LDSS-4904: Notice of Consequences to a Disqualification Consent Agreement

## II. Background:

The Welfare Reform Act of 1997 amended Section 145-c of the Social Services Law changing the penalties for Intentional Program Violations (IPV). Administrative Directive 97 ADM-23 instructed local districts to use the notice attached to 96 ADM-5 when disqualifying an individual for an IPV. That version of the “Notice of Consequences to a Disqualification Consent Agreement (DCA)” included the language, “A DCA related to the HR assistance program or the ADC assistance program must be confirmed by a court before the DCA will be effective.” Regulations do not support this requirement. The revised LDSS-4904 (see Attachment B) does not include this language.

## III. Forms Ordering Information

- The LDSS-4903: Disqualification Consent Agreement, LDSS-4903-SP: Disqualification Consent Agreement (Spanish), LDSS-4904: Notice of Consequences to a Disqualification Consent Agreement and the LDSS-4904-SP: Notice of Consequences to a Disqualification Consent Agreement (Spanish) are **not** State printed but are available to local districts in PDF format or as master camera ready copies. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above referenced documents have also been posted on the OTDA Intranet website at [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm) and are available for downloading by local districts for reproduction locally.
- Upon the release of this INF all previous English and Spanish versions of the “Disqualification Consent Agreement” and “Notice of Consequences to a Disqualification Consent Agreement” **must immediately be destroyed** and replaced with the attached LDSS-4903, LDSS-4903-SP, LDSS-4904 and the LDSS-4904-SP.
- Any future written requests for master camera ready copies of the English and Spanish versions of the documents, should be submitted on OTDA-876 “Request For Forms or Publications”, and should be sent to:

Office of Temporary and Disability Assistance  
BMS Document Services and Operational Support  
P.O. Box 1990  
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.

- Master camera ready copies of the documents may also be ordered through Outlook. To order a Master camera ready copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.ny.net/> then to Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving email, the Internet email address is: [gg7359@dfa.state.ny.us](mailto:gg7359@dfa.state.ny.us). For a complete list of available forms, please refer to OTDA Intranet site: [http://otda.state.ny.net/ldss\\_eforms/default.htm](http://otda.state.ny.net/ldss_eforms/default.htm).

**Issued By**

**Name:** Russell Sykes

**Title:** Deputy Commissioner

**Division/Office:** Center for Employment and Economic Supports

## **DISQUALIFICATION CONSENT AGREEMENT**

The undersigned individual(s) understand and agree that:

1. I or a member of my family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning my or my family's eligibility for Public Assistance, and/or the Food Stamps (FS) Assistance program.
2. I have received notification of the consequences of consenting to this Disqualification Consent Agreement (DCA) and certify that I understand the consequences of consenting to this DCA.
3. I am suspected and accused of committing one or more IPVs as follows:
  - Public Assistance** - Resulting in an overpayment in the amount of \$\_\_\_\_\_
  - The Food Stamp (FS) Program** - Resulting in an overissuance amount valued at \$\_\_\_\_\_
4. I agree to repay to social services officials the amounts received as overpayments or the value of amounts received as overissuances of food stamps as follows:

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5. If I choose to sign this agreement, I will be disqualified from and ineligible for participation in assistance programs as follows:

### **PUBLIC ASSISTANCE**

- For 6 months because this was the first time that I committed a public assistance-IPV and I wrongfully received an amount less than \$1,000.
- For 12 months because this was the second time that I committed a public assistance-IPV, or I wrongfully received between \$1,000 and \$3,900.
- For 18 months because this was the third time that I committed a public assistance-IPV, or I wrongfully received an amount over \$3,900.
- For 5 years because I have committed three or more previous public assistance-IPV's.

If I am not eligible for public assistance from which I am disqualified at the time the disqualification period is to begin, the period will be postponed until I become eligible for such benefits

### **THE FOOD STAMP (FS) PROGRAM**

- For 1 year because this was the first time I committed a FS-IPV, and it was not a drug or firearms or explosives-related offense.

- For 2 years because this was the second time I committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was my first FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons.
- Permanently because this was the third time that I committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was my second FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons; or because this was my first FS-IPV and it is based on a Court finding of trading in firearms, ammunition, or explosives for coupons.
- Other (Enter) \_\_\_\_\_

For FS, the disqualification period will begin on the date that the penalty is imposed.

6. The remaining members of my assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA, unless I already have made the identified repayment.
7. Further prosecution by social services officials of me regarding the IPV's described in this DCA will be deferred pending the performance of the terms of this Agreement and the charges will be withdrawn and/or dismissed upon complete performance of the terms of this Agreement

For Individual(s) to be disqualified:

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

For a public assistance-IPV if the individual(s) (is) (are) not the caretaker relative:

Date \_\_\_\_\_ Signature \_\_\_\_\_

Caretaker Relative

For a FS-IPV if the individual(s) (is) (are) not the head of household:

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date:

To:

**NOTICE OF CONSEQUENCES OF CONSENTING  
TO A DISQUALIFICATION CONSENT AGREEMENT**

Pursuant to 18 NYCRR 359.4(b)

PLEASE TAKE NOTICE that:

- \* You or a member of your family or household have been suspected and accused of committing an intentional program violation (IPV) by making a false or misleading statement or committing an act intended to mislead, misrepresent, conceal or withhold facts concerning your eligibility for public assistance and/or the Food Stamps (FS) assistance program.
- \* When a social services official believes that there are facts that warrant civil or criminal prosecution for such an IPV, the official must refer a case involving an IPV to the appropriate District Attorney (DA) or other prosecutor.
- \* A DA or other prosecutor who accepts a case referred by a social services official may choose to settle a referred case by permitting the accused individual, a caretaker relative or a head of household to sign a Disqualification Consent Agreement (DCA) instead of seeking a criminal conviction of the accused individual.
- \* Pursuant to an agreement with the DA or other appropriate prosecutor(s), you must be given notification of the consequences of signing a DCA before you can be given an opportunity to enter into such an agreement. If the DA or other prosecutor has requested social services officials to assist in obtaining a DCA from you, you must be provided with this notification at least ten (10) days before signing a DCA and you must be provided with an opportunity to consult with and be represented by a lawyer or other representative.
- \* A copy of the DCA you may or may not choose to sign must accompany this notification and this copy of the DCA must set forth the specific penalties and consequences that will occur if you sign this agreement. If you choose to sign this agreement, you will be disqualified from and unable to be eligible for participation in public assistance as follows:

**Public Assistance**

- for 6 months because this was the first time you committed a public assistance-IPV and you wrongfully received an amount less than \$1,000.
- for 12 months because this was the second time that you committed a public assistance-IPV, or you wrongfully received between \$1,000 and \$3,900.
- for 18 months because this was the third time you committed a public assistance-IPV, or you wrongfully received over \$3,900.
- for 5 years because you have committed three or more previous public assistance-IPV's.

**The Food Stamp (FS) Program**

- for 1 year because this was the first time you committed a FS-IPV, and it was not a drug or firearms or explosives-related offense.

[ ] for 2 years because this was the second time you committed a FS-IPV that was not a drug or firearms or explosives-related offense; or because this was your first FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons.

[ ] permanently because this was the third time that you committed a FS-IPV that was not drug or firearms or explosives-related offense; or because this was your second FS-IPV and it is based on a Court finding of trafficking in controlled substances for coupons; or because this was your first FS-IPV and it is based on a Court finding of trading in firearms, ammunition, or explosives for coupons.

[ ] Other (Enter) :

- \* Your eligibility for other assistance programs, such as Medical Assistance, Child Care Assistance, Emergency Assistance or other Social Services assistance or services, may be affected if you must be eligible for public assistance in order to receive the particular assistance or services.
- \* If you are not getting public assistance now, your disqualification penalty will be effective when you are eligible and apply for assistance again. For Food Stamps, your disqualification penalty will begin on the date it is imposed.
- \* If you sign the DCA, you also will be held responsible for repaying the stated amounts of any overpayments of assistance paid to you, or the overissuance value of any Food Stamps issued to you. This repayment amount should be the amount of assistance received by you which is more than the amounts of assistance that you should have received. If there are other members of your family or household that will remain eligible for assistance during any period when you will not be eligible, those remaining members of the assistance unit will be held responsible for repayment of the overpayment and/or overissuance stated in the DCA unless you already make the identified repayment.
- \* If you choose not to sign this DCA, the DA or other prosecutor may choose to continue the criminal prosecution of your case or the case may be returned to social services officials for consideration of administrative prosecution by means of an administrative disqualification hearing as described in social services regulations in 18 NYCRR 359.7.
- \* If you choose to sign this DCA or would like to discuss the consequences of signing this Agreement, on or before the below stated time, you must contact:

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date/Time: \_\_\_\_\_

\* If you do not contact or appear before the named person or do not contact a social services official in charge of this matter, it will be assumed that you have chosen not to sign a DCA and any pending investigations or prosecutions will be resumed.

\* We encourage you to consult with a lawyer before signing the agreement. The Local Legal Services Office in your area is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ call: \_\_\_\_\_

The Local Public Defender is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ call: \_\_\_\_\_