

The Department of Social Services (DSS) uses the information that you give us on your application form to decide if you are eligible for help from the Department of Social Services. In order for you to receive help, there are rules that you need to follow. This brochure tells you about the rules that you must follow in order to be eligible for and stay on our programs.

For All Programs

1. You must tell us, **within 10 days**, of any change in income, assets or living arrangements (except for the SNAP program – see your SNAP grant notice for more information).
2. You may ask for a hearing in writing if you disagree with an action we take on your case. The request does not have to be in writing for the SNAP program.
3. All the information on your application form is confidential. We only use it to decide if you are eligible for our programs. We only release information that we are required to by law. The exceptions to this rule are explained in the SNAP, TFA and SAGA sections below.
4. When you sign the application form, you give the department permission to verify any information that you give us.
5. We may check all the information that you give us on your application form with federal, state and local officials. The department does computer matches to be sure the information that you give us is correct. The law allows us to check certain information with banks, employers and other agencies.
6. When you sign the form, you give the department permission to share information about you and others in your family who are receiving benefits. This includes deciding if you are eligible for help, deciding on the amount of assistance and providing services. It also includes investigating, prosecuting or

participating in civil proceedings related to department activities.

7. By signing the form, you state that you and the other people for whom you are asking for help are United States Citizens. If anyone is not a citizen, you state that the information that you gave us about that person's non-citizen status is true.
8. Your signature on the form gives us permission to check with the United States Bureau of Citizenship and Immigration Services (USCIS) to be sure that the information about anyone's non-citizen status is correct. The department will not share the information you give us with USCIS. USCIS cannot use this application to deny admission to the US, harm permanent resident status or deport you.
9. You do not have to give us the information that we ask for on the application or redetermination form. But, if you do not give us information that we need, we may deny your application.
10. You must cooperate with state and federal Quality Control Reviews.
11. The department may conduct an unscheduled home visit.
12. The statutory authority for requiring social security numbers for people applying for benefits for themselves is 42 USC § 1320b-7(a) (1) and (b) for the Medicaid, SNAP, TFA and State Supplement programs and 42 USC § 405 (c)(2)(C)(i) for State Administered General Assistance (SAGA).

For All Medical

1. If you have a pending lawsuit, you must sign an assignment of interest document. This allows the State to be repaid for any covered medical expenses related to the lawsuit.
2. If you make a false or misleading statement when you apply for medical assistance, you violate federal law and

may be fined up to \$25,000 or sent to prison for 5 years or both.

3. When you sign the form, you assign your right of support from third parties to the department.
4. If you are in a nursing facility or if you are applying for home and community-based services and you want to assign your support rights, you must sign an additional assignment of support.
5. When you receive medical help from us, you give the State permission to be repaid for the cost of any of your medical bills which may have been covered by other insurance. You give permission for the State to deal directly with the insurance company.
6. The State recovers money from the estates of individuals who received long term care services. We also recover money from the estates of people who were age 55 or older at the time that we paid for community medical assistance benefits. We do this if the person who received benefits does not have a living spouse or a surviving child who is under age 21, blind or disabled.
7. The State can, under certain conditions, place a lien on your home if you permanently enter a nursing facility.
8. When you apply, you give the department or its representative permission to apply for Medicare for you. We will only file an application if we think you are eligible. You agree to let the department file Medicare claims and pursue appeals.
9. You agree not to alter, trade or sell any medical cards. You agree not to use someone else's medical card.
10. Your legally liable relative may be billed to repay the State for the cost of your medical care.
11. When you sign the form you declare that you have specific knowledge of the identity of all the children for whom you are requesting assistance and you certify

that the information you give regarding those children is accurate to the best of your knowledge.

For Supplemental Nutrition Assistance Program (SNAP)

1. When people who receive SNAP break a program rule on purpose, they may not get SNAP for a period of time.
 - a. People who quit jobs or cut back on their hours without a good reason cannot get SNAP. The first time this happens, the penalty is for three months. The penalty is six months for each additional time that it happens.
 - b. People who give false information about who they are or where they live cannot get SNAP for ten years.
 - c. People found guilty of trafficking in more than \$500 in SNAP benefits cannot get SNAP. Trafficking in SNAP benefits means selling them instead of using them to buy food.
 - d. People who are found guilty of buying illegal drugs with SNAP benefits cannot get SNAP for two years.
 - e. People who misuse an EBT card may no longer get SNAP. They may also be fined up to \$250,000 or be sent to jail for up to 20 years or both. Misuse of an EBT card means altering, selling or trading a card, using someone else's card without permission or exchanging benefits for cash.
2. Your application for SNAP is a registration for work for you. It is also a registration for all the members of your SNAP assistance unit who must register.
3. You need to report and verify actual expenses for your household. If you do not do this, we cannot give you credit for that expense.
4. The money in your Electronic Benefit Transfer (EBT) SNAP account will be taken back by the department if you do

not make any withdrawals from that account for 12 months (365 days). The amount taken back may be used to reduce any SNAP overpayments that exist on your account.

5. People who live with you but who are not receiving SNAP do not have to give us their Social Security numbers. However, if they do, it may be easier to verify their income and speed up the application process.
6. Information on your application form can be given to federal and state agencies as well as private collection agencies if a SNAP claim is made against your household.
7. You must report when you move or if your income goes above 130% of the Federal Poverty Level.

For The State Supplement Program

1. You must assign inheritance money or money from a pending lawsuit to the State.
2. The State will place a lien against your home and the property of your spouse.
3. You must grant the department a security mortgage on any non-home property that you own.
4. The State recovers money from the estates of individuals who received cash benefits.
5. Your legally liable relative may be billed to repay the State for cash benefits paid to you.
6. The State may recover an amount up to the total amount of benefits paid if you or anyone for whom you receive benefits receives money at a future date from sources including but not limited to lottery winnings, an inheritance, settlement of a lawsuit or the sale of property.

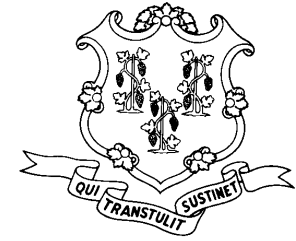
7. We may share information that you give on the form with law enforcement officials in order to locate and arrest persons fleeing to avoid the law.

For State Administered General Assistance (SAGA) Cash

1. You must assign inheritance money or money from a pending lawsuit to the State.
2. The State will place a lien against your home. The state will also place a lien against the property of the spouse or parent of any member of the household.
3. You must grant the department a security mortgage on any non-home property that you own.
4. The State may recover an amount up to the total amount of benefits paid if you, your spouse, or anyone for whom you receive assistance receives money at a future date from sources including, but not limited to, lottery winnings, an inheritance, settlement of a lawsuit or the sale of property.
5. You must cooperate with the State in securing support from spouses and/or parents of all household members.
6. If a member of your household has a substance abuse problem, he or she may need to be in treatment in order to receive cash benefits.
7. If you make any false statements when you apply for SAGA, you violate State law and may be disqualified for up to one year.
8. We may share information that you give on the form with law enforcement officials in order to locate and arrest persons fleeing to avoid the law

For Jobs First/Temporary Family Assistance (TFA)

1. The State may place a lien against your home and the property of your spouse or parent of any member of your household.
2. You and all other members of your household, who are required to, must participate in Employment Services unless an exemption exists.
3. You must assign Inheritance money or money from a pending lawsuit to the State.
4. You must grant the State a security mortgage on any non-home property that you own.
5. If you give us false or misleading information, you will be penalized. The person who gives the false information will not receive Jobs First/TFA for the penalty period. The penalty is six months for the first time. It is 12 months for the second time. It is permanent for the third time.
6. The State recovers money from the estates of individuals who received cash benefits.
7. Your legally liable relative may be billed to repay the State for Cash benefits you received.
8. The State may recover an amount up to the total amount of benefits paid if you or anyone for whom you receive assistance receives money at a future date from sources including but not limited to lottery winnings, an inheritance, the settlement of a lawsuit or the sale of property.
9. We may share information that you give on the form with law enforcement officials in order to locate and arrest persons fleeing to avoid the law



When You Receive Help
from the Department of
Social Services....



Important Information

