



W-0016RR
(Rev. 1/23)

State of Connecticut Department of Social Services Rights and Responsibilities

The following statements apply to all who ask for or receive help from the Department:

For All Programs

For all programs, except SNAP, I will notify the Department of Social Services (DSS) within 10 days of any change in income, assets or living arrangements.

I may request a hearing if I disagree with an action taken on my case. Hearing requests must be in writing for all programs, except SNAP. Requests for a SNAP hearing may also be made by telephone. You may represent yourself at a hearing, or you may have a lawyer, relative, friend of someone else represent you.

All information given on forms is subject to verification by federal, state, and local officials. I will cooperate with these officials by providing authorizations, documents, and other proof to prove what I have said. I authorize DSS to verify (check) any information given on forms I submit.

All information given on forms, including Social Security numbers, is confidential, except as permitted or required by court order, state, or federal law. With certain exceptions, it will be used only to administer DSS programs. If DSS believes that there is imminent danger to a child's or family's health, safety or welfare, DSS will provide the child's address and telephone number to the Department of Children and Families. For all programs, except Medicaid, DSS will give my address to a law enforcement official to locate me if I am fleeing to avoid prosecution or custody for certain crimes or for violating a condition of probation for certain crimes or if I have information that a law enforcement official needs to do his or her job concerning certain crimes.

DSS may disclose information about me and others in my family or household who are receiving benefits for purposes directly connected with the administration of DSS programs. Purposes directly connected with the administration of DSS' programs include, but are not limited to: establishing eligibility, determining the amount of help, providing services, and for investigations, prosecutions, or civil proceedings related to the administration of DSS programs.

DSS may disclose confidential information from the Department of Labor concerning unemployment compensation benefit and quarterly wage information pertaining to any household member requesting assistance to determine and review eligibility for medical assistance, SNAP, SAGA, TFA and State Supplement to its contractors.

The State may check information it gets about child support payments, which are made to the State on behalf of my child, with the DSS Office of Child Support Services Division. If I make a false or misleading statement, I may be subject to civil or criminal penalties.

I authorize DSS to check any information regarding anyone's non-citizen status with the U.S. Citizenship and Immigration Services (USCIS). I understand that DSS will not share the information given on this form with USCIS. I also understand that USCIS cannot use this application form to deny admission to the U.S., harm permanent resident status or deport me or anyone I am applying for. Information received from the USCIS may affect my household's eligibility and level of benefits.

I will cooperate with state and federal personnel in Quality Control Reviews.

DSS may disclose information about me and members of my family or household who are receiving benefits from DSS to identify other services or benefits that I may be eligible for, or to verify my eligibility for such services or benefits. DSS may share this information with: (1) state government agencies such as the Department of Public Health to see if I may be eligible for the Women, Infants and Children (WIC) program, the Office of Early Childhood to see if I may be eligible for childcare assistance, or the Department of Revenue Services to see if I may be eligible for tax credits; (2) utility companies to see if I am eligible for hardship status or discount rates; and (3) non-profit organizations partnering with the state to offer services such as SimplifyCT for the purpose of providing free tax preparation assistance. While entities that receive information from DSS may not be covered by certain federal confidentiality laws, I understand that DSS will only disclose the minimum amount of information needed to identify services or benefits I may be eligible for or to verify my eligibility for such services or benefits, and that DSS prohibits these entities from redisclosing, selling, or using my information for any other purpose. I can tell DSS not to share my information with these entities at any time by going to <https://portal.ct.gov/dssoptout>, which shall be effective immediately, except to the extent that information may have previously been shared. If I tell DSS not to share my information, it will not have any effect on my eligibility for any DSS program or benefit.

Any information I give on forms, including Social Security numbers, will be used to check identity and eligibility for those people in my household who are going to receive benefits. People who live with me who are not applying for benefits do not need to give their Social Security numbers, but if they are willing to do so then it may speed up the application process. Social Security numbers will be cross matched against federal, state, and local government files by computers. DSS is allowed to request Social Security numbers based on the following statutes: for SNAP, the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), 7 USC §§ 2011-2036; 7 USC § 2025(e)(1) and 42 USC §§ 1320b-7(a)(1) and (b) (4); for TFA, 42 USC §§ 1320b-7(a)(1) and (b)(1); for Medicaid, 42 USC §§1320b-7(a)(1) and (b)(2); for State Supplement to the Aged, Blind and Disabled, 42 USC §§ 1320b-7(a)(1) and (b)(5); for SAGA, the Tax Reform Act of 1976, 42 USC § 405(c)(2)(C)(i); for all programs except SAGA, Conn. Gen. Stat. § 17b-77.

DSS will use information available to it through the Income and Eligibility Verification System (IEVS) and through the National Directory of New Hires to determine my eligibility and benefits. This information will come from the Labor Department, the Social Security Administration, the Internal Revenue Service, and other agencies when allowed by law. DSS may check the information it receives from these sources directly with other sources, such as banks and employers. These results may affect my household's eligibility and level of benefits.

Giving the information asked for on forms is voluntary. If I do not give certain information, however, benefits or services may be denied. For SNAP, if I fail to report or check any of the listed expenses, DSS will treat this as a statement that I do not want to receive a deduction for the unreported expense.

**Keep this page 1 for your records
Do not return to DSS**





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State of Connecticut Department of Social Services Rights and Responsibilities

For The Supplemental Nutrition Assistance Program (SNAP)

I understand that DSS administers SNAP, and that DSS has 30 days from the date of application to process the application

I will notify the Department of Social Services (DSS) by the 10th day of the month following the month when my income increases above 130% of the federal poverty level for my family size, when Abled Bodied Adults Without Dependents (ABAWD) work/training hours go below 80 hours per month or an average of 20 hours per week, or when a household member receives lottery or gambling winnings in excess of \$4,250 from a single game.

If I break any of the rules on purpose I can be barred from SNAP from between one year and permanently, fined up to \$250,000, and/or imprisoned up to 20 years. I may also be subject to prosecution under any other applicable federal and state laws, and I may also be barred from SNAP for an additional 18 months if court ordered.

My application or renewal for and receipt of my SNAP benefits is a registration for work for myself and all members of my SNAP assistance unit, ages 16 through 59, who are not exempt.

Work registrants must accept a job offer at a wage equal to the higher of the federal or state minimum wage, unless the job is unsuitable; provide employment status or availability for work information, upon request; and report to an employer if referred by DSS, a DSS contractor, or the Connecticut Department of Labor, unless the employment is unsuitable. Work registrants must not voluntarily quit a job or reduce work hours, without good cause, if working at least 30 hours a week.

Failure to comply with work requirements without good cause may result in penalties as follows: 1st violation disqualified from receiving SNAP benefits for 3 months or until the date of compliance, 2nd, and additional violations, disqualified for 6 months or until the date of compliance.

If I break a SNAP rule on purpose or if I am found guilty of buying a product with SNAP that has a container with a return deposit with the intent of getting cash by dumping the product out and returning the container for cash I am ineligible to get SNAP. The first time I break a rule I will not be able to get SNAP for one year. The second time I will not be able to get SNAP for two years. The third time I will not be able to get SNAP ever again.

If I am found guilty of trafficking SNAP benefits of \$500 or more, I cannot get SNAP ever again. Trafficking in SNAP means selling them instead of using them to buy food.

I am not allowed to use, or have in my possession, an EBT card that is not mine (unless I am an authorized SNAP shopper) and may not let others use my card (unless they are an authorized SNAP shopper).

If I am found guilty of buying or trading a controlled substance or receiving SNAP benefits as payment for a controlled substance, the first time I break this rule I cannot get SNAP for 24 months and the second time I will not be able to get SNAP ever again.

If I am found guilty of buying or trading firearms, ammunition or explosives or receiving SNAP benefits as payment for firearms, ammunition, or explosives, I will not be able to get SNAP ever again.

If I am found guilty of murder, aggravated sexual abuse, sexual exploitation and other abuse of children, sexual assault, or substantially similar offense, I will not be able to get SNAP ever again.

If I intentionally misuse an Electronic Benefit Transfer (EBT) card, I may no longer get SNAP. I may also be fined up to \$250,000 or 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.

I am not allowed to buy nonfood items, such as alcohol or cigarettes, or to buy food on credit. I understand this is an intentional misuse of an EBT card and could result in a disqualification.

If I make a false statement about the identity or address of myself or household members to get more than one SNAP benefit for the same time period, I will not be able to get SNAP for 10 years.

If a SNAP claim arises against my household, the information on forms I submit to DSS, including all Social Security numbers, may be referred to federal and state agencies, as well as private claims collection agencies for claims collection action.

The State must process applications for SNAP in accordance with SNAP procedures, including timeliness, notice and Fair Hearing requirements. A household may not be denied SNAP benefits solely because they have been denied benefits from other programs.

Your Rights

You have a right to:

Have your signed application accepted on the same day that you submit it to DSS during working hours. If you submit an application outside of working hours, including holidays, it will be accepted on the next business day.

Have an adult who knows your situation apply for you if you cannot get to the local DSS office;

Get your SNAP benefits within 30 days after you apply if you meet eligibility requirements;

Get SNAP within 7 days if you are in immediate need and qualify for faster service;

Be told in advance if DSS is going to reduce or end your benefits during your certification period because of a change in your situation;

Look at your own case file and a copy of the SNAP rules; and

Have an administrative hearing if you don't think the rules were applied correctly in your case. At an administrative hearing you may explain to a hearing officer why you don't agree with what DSS has done.

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W-0016RR
(Rev. 1/23)

State of Connecticut Department of Social Services Rights and Responsibilities

For Jobs First / TFA Cash	
<p>I and all other members of the Jobs First / TFA household who are required to do so must participate in Employment Services unless there is an exemption for that person.</p> <p>DSS may conduct an unscheduled home visit.</p> <p>My legally liable relative may be billed to repay the State for cash paid to me.</p>	<p>If I knowingly give false (wrong) information to DSS about myself or someone I am applying for in order to get Jobs First / TFA benefits or get the wrong amount of money, I will not get the benefits for 6 months the first time this happens and 12 months the second time. If it happens a third time, I will never again be able to get Jobs First / TFA benefits.</p> <p>I will not use my EBT card to conduct electronic benefit transfer transactions in a liquor store, an adult-oriented entertainment establishment, or a casino, gambling casino or gaming establishment.</p>
For State Supplement	For SAGA Cash
<p>My legally liable relative may be billed to repay the State for cash the State paid to me.</p>	<p>I must cooperate with the State in getting support from my spouse.</p> <p>If a member of my household has a substance abuse problem, he or she may be required to be in treatment in order to receive SAGA cash benefits.</p> <p>If I make false or misleading statements when I apply for SAGA, this is breaking the law and I may not be able to get SAGA for up to a year.</p>
For Medical Assistance	
<p>Money from a pending or future lawsuit will go (be assigned) to the State to recover any medical expenses paid by the State related to the lawsuit.</p> <p>If I knowingly give false (wrong) or misleading information to DSS about myself or someone I am applying for, I am breaking federal law and I may be fined up to \$25,000 or put in prison for 5 years or both.</p> <p>By applying for medical assistance, I give (assign) my right of support from third parties to DSS (section 1912 of the Social Security Act).</p> <p>If I am in a nursing facility or if I am applying for home and community-based services, and I want to assign my support rights against my spouse, I must sign an additional assignment of support (section 1924 of the Social Security Act).</p> <p>The State may bill my legally liable relative to repay the State for the costs of my medical care.</p> <p>I will not alter (change), trade, sell or use someone else's medical services identification card.</p>	<p>The State recovers money from my estate if I receive long-term care services when I am at least 55 years old or am permanently institutionalized, and I do not have a living spouse or child who is under 21 years old or blind or disabled.</p> <p>DSS or its representative may apply for Medicare on my behalf if DSS thinks I am eligible for Medicare. DSS or its representative may also file Medicare claims and appeals on my behalf.</p> <p>DSS or any other health insurer or provider may release information about me and my family as necessary for the delivery of medical and program services, as permitted by federal and state law.</p> <p>By receiving medical assistance, I allow the State to recover the cost of my medical bills that are covered by a third party, such as other insurance, directly from that third party.</p>
Child Support Assignment and Cooperation	
<p>By applying for help from the State, I assign (give) to the State all the rights I have to current support from any person for any family member included in the application.</p> <p>For as long as I am getting help from the State, I must fully cooperate with the State in order to get other responsible persons to contribute to my family's support.</p> <p>The State will keep child support due to me while I am receiving cash help, which means that I will not collect it during that time.</p>	<p>When my TFA cash help ends, all current child support will come to me. Any unpaid child support that was due to me during the time I was receiving TFA cash help is owed to the State.</p> <p>The State will continue to enforce my child support order after I stop receiving help unless I notify the State that I do not want this service.</p>

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State of Connecticut Department of Social Services Rights and Responsibilities

W-0016RR
(Rev. 1/23)

Non-Discrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on 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 in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

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

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the AD-3027 form (found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office) or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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. phone: (833) 620-1071; or
4. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers found online at: <https://www.fns.usda.gov/snap/state-directory>

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low-Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form online through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Connecticut Non-Discrimination Statement

The Connecticut General Statutes prohibit discrimination in employment and the provision of services because of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status (including civil union status), mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, sex (including pregnancy or sexual harassment), sexual orientation, veteran status, status as a victim of domestic violence, workplace hazards to reproductive systems, or retaliation for previously opposed discrimination or coercion.

An individual with a disability may request and receive a reasonable accommodation or special help from the Department of Social Services when it is necessary to allow the individual to have an equal and meaningful opportunity to participate in programs administered by the Department.

If you asked for an accommodation or special help and we refused to provide it, you may make a complaint to the Department's ADA Coordinator or any of the agencies listed:

Commissioner of Social Services

Attn: ADA Coordinator
55 Farmington Avenue
Hartford, CT 06105-5033

Ph: (860) 424-5040
Fax: (860) 424-4948
TDD: (800) 842-4524

Email: AffirmativeAction.DSS@ct.gov

Connecticut Commission on Human Rights and Opportunities

450 Columbus Boulevard, Suite 2
Hartford, CT 06103

Ph: (860) 541-3400 Toll free: (800) 477-5737
Fax: (860) 246-5265
TDD: (860) 541-3459

Web: <https://portal.ct.gov/CHRO>

U.S. Dept. of Health and Human Services, Office for Civil Rights

JFK Federal Building, Room 1875
Boston, MA 02203

Ph: (617) 565-1340 Toll free: (800) 368-1019
Fax: (617) 565-3809
TTY: (800) 537-7697

Web: <https://www.hhs.gov/ocr/complaints/index.html>

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