This package includes the printed material that you will need for the Food Stamps General Knowledge Course. It is 25 pages, and includes the following:

Georgia Department of Human Services

Application for Benefits



If you need help filling out this application, ask us or call 1-877-423-4746. If you have a hearing impairment, call GA Relay at 1-800-255-0135. Our services are free.

What Services Do We Offer at the Division of Family and Children Services (DFCS)?

DFCS offers the following services:

Food Assistance

Food Stamps are benefits that you can use to buy food at any store that has the EBT/*Quest* sign. We will subtract the price of your food purchase from your Food Stamp account.

Cash Assistance/Employment Support Services

Temporary Assistance for Needy Families (TANF) provides cash assistance to families with dependent children for a limited time. Parents or caretakers who are included in the grant are required to participate in a work program.
Cash Assistance program also provides financial assistance to refugee households who are not eligible for the TANF program.

Medical Assistance

Medicaid, for those who are eligible, may help pay medical bills, doctor's visits, and Medicare premiums.

Community Outreach Services

For more information about Community Outreach Services, please visit our website at: http://www.dfcs.dhr.georgia.gov or call 1-877-423-4746.

How Do I Apply for Benefits?

Step 1. Fill out the application.

Read the questions carefully and give accurate information. Sign and date the application.

Step 2. Turn in the application. You will need to tear off pages 1 -3 and keep it for yourself.

Mail, fax, or bring in pages 4-8 of this application to your local Division of family & Children Services (DFCS) office. If you or the person for whom you are applying is eligible for benefits, Food Stamps or TANF benefits will be provided from the date that we receive the application with your name, address, and signature on it.

If you apply for Food Stamps, and/or Medicaid you can file an application for benefits with only your name, address and signature. However, it may help us to process your application quicker if you complete the entire form.

Step 3. Talk with us.

You may need to complete an interview with a case manager. If so, we will give you an appointment. This interview can be completed by phone.

Frequently Asked Questions

How long does it take to get benefits?

Food Stamps:	up to 30 days
TANF:	up to 45 days
Medicaid:	10 to 60 days

You may be able to get Food Stamps within 7 days if you qualify. See page 5.

How much will I get?

Your income, resources, and family size determine benefit amounts. We will be able to give you specific information once we determine your eligibility.

How will I get my benefits?

For Food Stamps and TANF, you will get an Electronic Benefit Transfer (EBT) card to access your benefits. For Medicaid, you will receive a Medicaid card for each eligible member.

What information will I need to provide?

It is a good idea to provide the following:

- Proof of identity for the applicant if applying for Food Stamps and/or TANF. Proof of identity for everyone requesting Medicaid if applying for Medicaid. Ex: An identification card (ID) or driver's license (DL)
- Proof of US citizenship/qualified immigrant status for everyone requesting benefits
- Social Security numbers of everyone requesting assistance
- Proof of income *for example*, pay stubs, child support payments, and income award letters
- Proof of expenses like child care receipts, medical bills, medical transportation costs, and child support payments

You will be given time to return any information to our office. If you need help getting this information, please tell us.

How do we use the applicant's personal information?

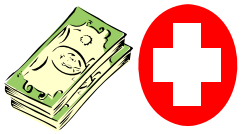
You only have to provide Social Security Numbers (SSN) and citizenship or immigration status for persons who want to apply for benefits. This information will be used to check the income and eligibility verification system (IEVS). We will also match your information against other Federal, state and local agencies to verify your income and eligibility. If a household member does not want to give us information about their SSN, citizenship, or immigration status, other household members may still receive benefits.

Can someone else apply for me?

Yes, for Food Stamps and Medicaid, you may ask someone to apply for you.
For TANF, anyone can apply but the parent or caretaker must be interviewed.

Georgia Department of Human Services

Application for Benefits



"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the **Food and Nutrition Act of 2008** and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact USDA or HHS.

Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9411 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write HHS, Director, Office of Civil Rights, Room 509-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

USDA and HHS are equal opportunity providers and employers

You may also file a complaint of Discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978.

Under the Department of Community Health (DCH) policy, Medicaid cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or political or religious beliefs. To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local 404-463-7590) (toll free) 800-533-0686.

What Do the Words Used in this Application Mean?

This chart explains the words we have used in this application.

Caretaker	A parent, relative or legal guardian who applies for and receives TANF with children in his or her care.
Grantee Relative	A parent, relative or legal guardian who applies for and receives TANF in his or her name on behalf of the children.
Disqualified	The action taken to remove an individual from a Food Stamp or TANF case because they did not tell the truth and received benefits that they should not have received.
Electronic Benefit Transfer (EBT)	The system used in Georgia to pay benefits to individuals who are eligible for Food Stamps or TANF. Individuals receiving assistance are issued an EBT debit card, which is used to withdraw cash benefits and to access their food stamp accounts.
Household Members	Individuals who live in your home.
Income	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received
Migrant Farm Workers	Individuals who are seasonal farm workers and move from one home base to another to work or look for farm work
Resources	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance
Seasonal Farm Workers	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis
Trafficking	Selling or trading Food Stamp benefits for profit
Qualified Alien/Immigrant	A *qualified alien/immigrant* is a person who is legally residing in the U.S. who falls within one of the following categories: a person lawfully admitted for permanent residence (LPR) under the Immigration and Nationality Act (INA); *Amerasian* immigrant under section 584 of the Foreign Operations, Export Financing and Related Program Appropriations Act of 1988; a person who is granted asylum under section 208 of the INA; *Refugees*, admitted under section 207 of the INA; A person *paroled* into the US under section 212(d)(5) of the INA for at least one year; A person whose *deportation* is being withheld under section 243(h) of the INA as in effect prior to April 1, 1997 , or section 241(b)(3) of the INA, as amended; a person who is granted *conditional entry* under section 203(a)(7) of the INA as in effect prior to April 1, 1980; *Cuban or Haitian* immigrants as defined in section 501(e) of the Refugee Education Assistance Act of 1980; *victims of human trafficking* under section 107(b)(1) of the Trafficking Victims Protection Act of 2000; *battered immigrants* who meet the conditions set forth in section 431 (c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended; *Afghan or Iraqi* immigrants granted special immigrant status under section 101(a)(27) of the INA (subject to specified conditions*); American Indians* born in Canada living in the U.S. under section 289 of the INA or non-citizens of federally-recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act and *Hmong or Highland Laotian tribal members* that rendered assistance to U.S. personnel by taking part in military or rescue operation during Vietnam Era (8/05/1964 – 5/07/1975).



What Do the Words Used in this Application Mean? (cont.)

This chart explains the words we have used in this application.

Applicant	An individual who chooses to apply for or to receive public assistance/benefits
Non-applicant	An Individual who chooses NOT to apply for or to receive public assistance/benefits; non-applicants are not required to provide an SSN, citizenship or immigration status.
Assistance Unit	An assistance unit includes *eligible* individuals who live together and receive public assistance/benefits together.

Georgia Department of Human Services

Application for Benefits



What Am I Applying For? Check all that apply:

- ❑ **Food Stamps**
  The Food Stamp program helps meet the food and nutritional needs of eligible households.

- ❑ **Temporary Assistance for Needy Families (TANF)**
  Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

- ❑ **Refugee Cash Assistance**
  The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.

- ❑ **Medicaid**
  Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About The Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so check all that apply.

( ) TTY ( ) Braille ( ) Large Print ( ) E-mail ( ) Video Relay) ( ) Sign Language Interpreter _____

( ) Foreign Language Interpreter (specify language) _____ ( ) Other _____

Please fill out the chart below about the applicant.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live		Apt	
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature	Date		
Witness Signature if signed by 'X'	Date		
For Office Use Only	Date Received By The County		

Georgia Department of Human Services

Application for Benefits



Do I Qualify to Get Food Stamps Faster?

Answer these questions about the applicant and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? ❑ Yes ❑ No

2. Total **Gross earned income** that will be received for this month: $_____
   Employer Name _____
   Employment Begin Date _____ Employment End Date_____
   Rate of Pay _____ Hours Worked Weekly _____ wk/bi-wk/semi-mo/mo (circle one)

3. Total **Gross unearned income** that will be received for this month: $_____
   Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
   Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)

4. Total earned and unearned income for this month: $_____

5. How much money do you and all household members have in cash or in the bank? $ _____

6. How much do you and all household members pay for rent or mortgage? $ _____

7. How much do you and all household members pay for electric, water, gas, etc.? $ _____

Can I Choose Someone to Apply for Food Stamps or Medicaid for me?

Complete this section only if you want someone to fill out your application, and/or complete your interview, and/or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

For Medicaid, do you want this individual to have a copy of your Medicaid card? ❑ Yes ❑ No

Georgia Department of Human Services

Application for Benefits



Tell Us about the Applicant and All Household Members

Please fill out the chart below about the applicant and all household members. The following federal laws and regulations: The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request your and your household members social security number(s).If anyone in your household does not want to give us information about his or her citizenship, immigration status, or social security numbers, then that person can be designated as a non-applicant. This means that the person will not be considered an applicant and will not be eligible for benefits. However, other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their SSN. You will still need to tell us about your income and resources to determine the eligibility and benefit level of the household. Individuals will not be reported to the United States Citizenship and Immigration Services if they do not give us their citizenship or immigration status.

NAME First Middle Initial Last	Relation-ship to You	Is this person applying for benefits? (Y/N)	Birth Date Format (- -/ - -/ - -)	Social Security Number **(Applicants Only)**	Sex (M/F)	Hispanic/ Latino? **(Optional)** (Y/N)	Race Code **(Optional)** (See codes Below)	Are you a U.S citizen, qualified alien/immigrant or Hmong/Highland Laotian Immigrant? **(Applicants only)** (Y/N)
	SELF							

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White

By providing Race/Ethnicity information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

Tell Us More about the Applicant and All Household Members

We need more information about the applicant and all household members in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.

Georgia Department of Human Services

Application for Benefits



1. Has anyone received any benefits in another county or state? ❑ Yes ❑ No

   Who:_____

   What: _____

   Where: _____

   When: _____

2. Did anyone in your house hold voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week since the last application or review? ❑ Yes ❑ No

   If yes, who quit? _____

   Why did he/she quit? _____

3. Is anyone pregnant? *Please provide proof of pregnancy if available. ❑ Yes ❑ No

   (This question does not apply to Food Stamp only applicants)

   Who: _____

   Due Date: _____

4. For Medicaid, does anyone have any unpaid medical bills for the last 3 months? ❑ Yes ❑ No

   (This question does not apply to Food Stamp or TANF only applicants)

5. Is anyone disqualified from the Food Stamp or TANF Program? ❑ Yes ❑ No

   a. Who: _____

   b. Where: _____

6. Is anyone trying to avoid prosecution or jail for a felony? ❑ Yes ❑ No

   Who: _____

7. Is anyone violating conditions of probation or parole? ❑ Yes ❑ No

   Who: _____

8. Has anyone been convicted of a drug felony (For TANF and FS only) or violent felony (For TANF only)? ❑ Yes ❑ No

   Who: _____

   When: _____

Application for Benefits



I have read and completed everything on this form that applies to the applicant and the applicant's household. I certify, under penalty of perjury, all the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

_____ _____

Applicant's Signature Date

_____ _____

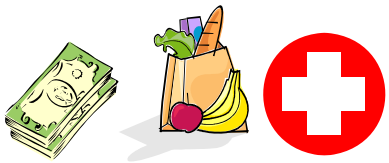
Authorized Representative's Signature Date

_____ _____

Case Manager's Name and Signature Date

Georgia Department of Human Services

Rights and Responsibilities



Welcome to the Georgia Division of Family and Children Services!

If you need help filling out this application, ask us or call 1-877-423-4746. If you have a hearing impairment, call GA Relay at 1-800-255-0135. Our services are free. We are giving you this information to help you understand your rights and responsibilities when you receive help for Food Assistance, Cash Assistance and Medical Assistance. Please read over the Rights and Responsibilities for the programs in which you are applying, and sign the last page. If you are applying for someone else, these rights and responsibilities apply to that person as well.

Civil Rights Statement

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act of 2008 and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact USDA or HHS.

Write USDA, Director, Office of Civil Rights,1400 Independence Avenue, S.W., Washington, D.C. 20250-9411 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write HHS, Director, Office of Civil Rights, Room 509-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

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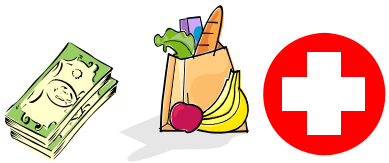
You may also file a complaint of Discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978.

Under the Department of Community Health (DCH) policy, the Medicaid program cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or political or religious beliefs. To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local) 404-463-7590 or (toll free) 800-533-0686.

What Are My Rights in the Food Stamp, TANF and Medicaid Programs?

In all programs, you have the right to:

- **request a fair hearing in writing or in person**. You have the right to be represented by a household member, legal counsel, a relative, a friend or other spokesperson. If you are not satisfied with the action we have taken on your case, you can request a hearing by contacting the county office where you applied for benefits or by calling 1(800) 869-1150.
- **review some of the material and information in your case file**. However, you may not be able to see all of the information in the case file, such as names of people who have given us information about you or your household members or information about any criminal prosecutions involving you or any of your household members.
- **decide if you want to provide Social Security Number (SSN), citizenship, or immigration status information.** To qualify for public assistance, individuals must be a U.S. citizen, U.S. National, or eligible immigrant. Pursuant to the Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, DFCS is authorized to request your and your household members SSN.



- **decide if you want to provide Social Security Number (SSN), citizenship, or immigration status information (cont.)**. Individuals who are applying for public assistance must provide or apply for an SSN, and/or verify their citizenship or immigration status. Some immigrants are eligible and some are not, depending on their legal status. If you or anyone in your household does not have an SSN, we can help you apply for one. Applying for an SSN will not delay a decision on your application for benefits. An individual, who is not applying for public assistance and who does not provide an SSN, citizenship or immigrant status may be designated as a non-applicant.

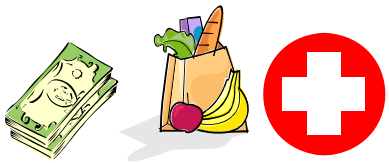
  A non-applicant is not required to provide an SSN, citizenship, or immigrant status but is required to provide other information that may affect the eligibility of the other applicant AU members such as income or resources. A non-applicant is not eligible to receive benefits. Only the people who give information to us about their SSN, citizenship, or immigration status will be eligible to receive benefits. We will use this information to check the Income and Eligibility Verification System (IEVS). We will also match your information with other Federal, state, and local agencies to verify your income and eligibility. This information may also be given to law enforcement officials to use to catch people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSNs, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS); however, if immigration status information has been submitted on your application, this information may be subject to verification through USCIS and may affect your household's eligibility and benefit level. We will not deny benefits to applicant assistance unit (AU) members because other AU members fail to provide their SSN, citizenship, or immigration status. Applying for or receiving **Food Stamp benefits does not** make a non-citizen a public charge. Receiving or accepting **Supplemental Security Income (SSI), TANF cash assistance, certain categories of Medicaid, or state General Assistance could make** a non-citizen a public charge if all eligibility criteria are met. However, receiving these benefits does not automatically make an individual inadmissible or ineligible to adjust his/her status to lawful permanent resident on a public charge basis. A "public charge" means you are a person who is likely to become "primarily dependent" on the government to maintain your way of life, as demonstrated by either the receipt of public cash assistance for income maintenance or by institutionalization for long-term care at the government's expense." If you are considered to be a public charge, you will not be deported, or denied permanent status because you have applied for or receive public assistance. Emergency Medicaid, including labor and delivery, is available for pregnant non-qualified and undocumented immigrants.

- **decide if you want to provide information about your race and ethnicity**. We collect data on race color, and national origin to ensure we are in compliance with Federal civil rights laws. By providing this information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

What Are My Responsibilities in the Food Stamp, TANF and Medicaid Programs?

In all programs, you are responsible for:

- giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- telling the truth at all times. If you or someone who is applying for you provides incorrect information, you may lose your benefits or be subject to criminal prosecution for knowingly providing false information.
- providing proof that you or anyone in your household applying for benefits is a U.S. citizen or qualified immigrant. **Note:** Your worker will give you a list of the ways you can prove your citizenship or immigration status.
- reporting certain changes in your household situation. Each program has different reporting requirements. See the responsibilities section for each program for things you need to report.



What Other Responsibilities Do I Have in the Food Stamp Program?

In the Food Stamp Program, you are also responsible for:

- cooperating with Quality Control reviewers when they call or come to your home to interview you about the information you have given your case manager. If you do not cooperate with them, your case may be denied or closed.
- repaying benefits you should not have received.
- reporting when your household's total gross monthly income is more than 130% of the Federal Poverty Level for the household's size. You may be given a Form 339, Simplified Reporting Requirement Notice, which explains more about this.

If you are a single working adult with no children, you must report when your work hours fall below 20 hours per week or 80 hours per month.

What Are My Rights and Responsibilities for Reporting Household Expenses in the Food Stamp Program?

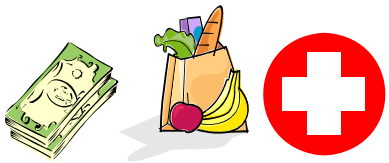
In the Food Stamp Program, certain household expenses such as shelter costs, medical bills, dependant care costs, and child support paid outside the home may affect the amount of benefits you receive. If you have heating or cooling expenses, you may be eligible to receive the standard utility allowance. If you have only one utility expense and it is NOT a heating or cooling expense, you may be eligible to receive a deduction for the actual expense incurred. If you want us to consider these expenses, you are responsible for reporting and verifying them. If you fail to report or verify these expenses, we will not use them to determine your benefit amount.

What Are the Penalties in the Food Stamp Program?

In the Food Stamp Program, there are penalties:

If you ...	You will lose food benefits ...
• hide information or don't tell the truth • use EBT cards that belong to someone else • use food benefits to buy alcohol or tobacco trade benefits or EBT cards	• for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense.
• trade or sell food benefits for drugs and were convicted prior to 8/22/96	• for 12 months for the first offense and permanently for the second offense.
• trade or sell food benefits for drugs and were convicted of less than $500 on or after 8/22/96	• for 24 months for the first offense and permanently for the second offense.
• trade or sell food benefits for drugs and were convicted of $500 or more on or after 8/22/96	• permanently.
• trade food benefits for firearms ammunition or explosives	• permanently.
• give false information about where you live so you can get food stamp benefits in more than one state	• for 10 years.
• commit and are convicted of a felony related to possession, use or distribution of drugs, on or after 8/22/96	• permanently.
• flee to avoid prosecution, custody or confinement for a felony	• until you are no longer fleeing.
• violate a condition of your probation or parole	• until you are no longer a probation or parole violator.

Rights and Responsibilities



What Other Rights Do I Have in the TANF Program?

In the TANF Program, you have a right to:

- be excused from certain rules if you are a victim of domestic violence. Your case manager will talk to you about the rules that you will not have to follow.

What Other Responsibilities Do I Have in the TANF Program?

In the TANF Program, you are responsible for:

- cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate, your case may be denied or closed.

- repaying benefits you should not have received.

- participating in a work activity if you are a parent or adult included in the TANF benefit, unless you are exempt. We will work with you to find the best work activities to help you become self-sufficient. We may have to reduce or stop your TANF benefits if you do not cooperate with us, and there is not a good reason.

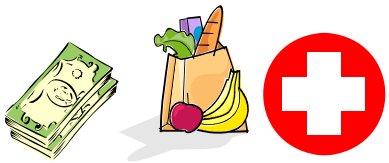
- reporting that you or someone included in your TANF benefit has received or is expecting to receive a lump sum of money. Your TANF benefits may stop for one or more months and your family may have to live on the lump sum for several months.

- cooperating with the Division of Child Support Services if you receive TANF benefits. You must help the Division of Child Support Services determine who is the father(s) of your child/children and help them get a court order for child support. If you do not cooperate with them and there is not a good reason, your TANF benefits may stop.

- notifying your case manager if you want to receive child support money instead of your TANF benefits. When you get TANF benefits, you may not receive all of your child support payment. You may receive only a portion of it called a “gap” payment. The state keeps the rest of the child support payment to pay back the TANF benefits that you receive.

- reporting certain changes in your household situation about you and other eligible household members within 1
  days of knowing about them. Please let us know if you or any member of your household:
  - starts or stops receiving any unearned income
  - changes jobs, gets a new job, quits a job or gets laid off
  - moves in or out of your home
  - has a baby or there is any other change, for example,
  - a child drops out of school
  - the whole family moves to another county or state, or,
  - someone dies.

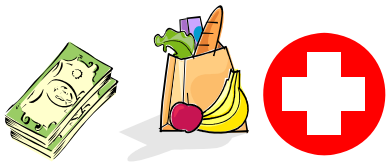
Rights and Responsibilities



What Are the Penalties in the TANF Program?

In the TANF Program, there are penalties:

If you ...	You will lose TANF benefits ...
• hide information, do not report changes on time or do not tell the truth.	• for 6 months for the first violation; for 12 months for the second violation; permanently for the third violation.
• hide information, do not report changes on time or do not tell the truth and are convicted in a court of law.	• for 12 months for the first violation; permanently for the second violation.
• give false information about where you live so you can receive benefits in more than one state.	• for 10 years.
• are convicted of a drug-related charge or a serious violent felony, on or after 1/1/97.	• permanently.



What Other Rights Do I Have in the Medicaid Program?

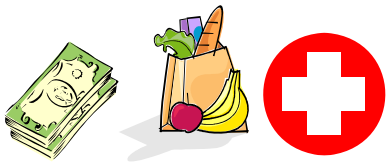
In the Medicaid Program, you have a right to:

- receive Medicaid even if you have other health insurance.
- choose your Medicaid doctor or provider. Always ask your doctors if they accept Medicaid as payment for their services.
- have your Medicaid application approved or denied within 10, 45 or 60 days from the date you apply, depending on the type of Medicaid.
- be excused from providing information about your children's absent parent or from pursuing medical support from the absent parent if you have a good reason such as domestic violence. Talk to your case manager if you think you have a good reason.

What Other Responsibilities Do I Have in the Medicaid Program?

In the Medicaid Program, you are also responsible for:

- telling your worker if you or your children have other health insurance. If the health insurance changes or ends, you must tell your worker within 10 days. The health insurance information is sent to the Department of Community Health. In most cases, your other health insurance must pay your medical expenses first. You must tell your doctor or other health care providers that you have other insurance so that they can bill the other health insurance providers before they bill Medicaid.
- cooperating with the Medicaid Estate Recovery Program if you are:
  - a resident in a nursing home
  - a resident in an intermediate care facility for mental retardation
  - a resident in another mental institution where medical care is paid by Medicaid
- cooperating with the Medicaid Estate Recovery Program if you are age 55 years or older and:
  - receive home and community-based services.
  - are enrolled in and receive services through a waiver program.
- I agree to assign to the State all rights to medical support and to payment for medical care from any third party (hospital and medical benefits). I agree to cooperate with the State in identifying and providing information to assist the State in pursuing any third party who may be liable to pay for care and services. I understand that I must report any payments received for medical care within ten days. (If you are completing this form on behalf of another individual and do not have the power to execute an assignment for that individual, the individual will need to execute an assignment of the rights described above as a condition of his/her eligibility for Medicaid).
- reporting changes about you and the other people in your Medicaid case. Please report:
  - if you or other household members move
  - if you or other household members change jobs, get a new job, quit a job or get laid off.
  - if you or other household members have a change in income or resources
  - if a family member moves in or out of your home
  - if you or another household member inherits or receives money or property from any source
  - if someone in your home dies or gets married
  - any other changes
- telling your case manager when your pregnancy ends. Pregnancy ends with the birth of the baby, a miscarriage or an abortion. You must report the end of the pregnancy within 10 days.



- I agree to give the State the right to require an absent parent to provide medical insurance, if available. I understand I must get medical support from the absent parent if it is available and must cooperate with the Division of Child Support Services in obtaining this support. If I do **not** cooperate, I understand I may lose my Medicaid benefits and only my children will receive benefits unless good cause is established.
- cooperating with Medicaid Eligibility Quality Control when they call or come to your home to interview you about the information you have given your case manager.

Committing fraud or abuse is against the law. You may be referred to the Medicaid and PeachCare for Kids® Fraud Control Unit. Violators may be limited to using one provider, terminated from the program or asked to reimburse the Department of Community Health for medical services provided.

Fraud is a dishonest act done on purpose. Abuse is an act that does not follow good practices.

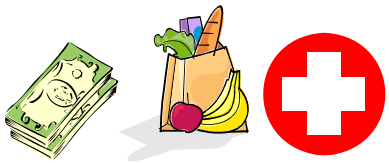
Examples of participant fraud and abuse are:

- Letting someone else use your Medicaid, PeachCare for Kids® or CMO health insurance card.
- Getting prescriptions with the intent of abusing or selling drugs
- Using forged documents to get services
- Misusing or abusing equipment that is provided by Medicaid or PeachCare for Kids®
- Providing incorrect information or allowing others to do so in order to obtain Medicaid or PeachCare for Kids® eligibility
- Failure to report changes which occur in income, living arrangements, or resources.

You should report instances of fraud and abuse to:

Medicaid/ PeachCare for Kids® Fraud & Abuse Hotline (404) 463-7590 or toll free at (800) 533-0686 or by US Mail at:

Department of Community Health
OIG PI Section
2 Peachtree Street, NW
5th Floor
Atlanta, GA 30303



Signature Page

❑ Initial Application ❑ TCOS

❑ Review

❑ I have been informed my household is eligible for Community Outreach Services and have received the brochure.

❑ I have received a copy of Form 297A, Rights and Responsibilities, for Benefits.

❑ I certify, under penalty of perjury, all the information provided and everything I have told is the complete truth, as far as I know

_____ _____
Signature Date

_____ _____
Authorized Representative / Witness / Responsible Person Date

❑ I have reviewed and explained TCOS eligibility and Form 297A, Rights and Responsibilities, for benefits with the person who signed this form.

_____ _____
Case Manager Signature Date

Division of Family and Children Services

Supplemental Nutrition Assistance Program-SNAP (Food Stamps)

IN GEORGIA

THE FOOD STAMP PROGRAM IN GEORGIA

WHAT IS THE FOOD STAMP PROGRAM?

The Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, is a federally funded program that provides monthly benefits to low-income households to help pay for the cost of food. The program also provides nutrition education to low-income households to promote healthy eating and healthy lifestyles, as well as provides employment and training opportunities for single childless adults and outreach activities to promote the advantages of the Food Stamp Program to low-income households and communities.

WHAT IS A HOUSEHOLD?

A household may be one person living alone, a family, or several, unrelated individuals who live together and routinely purchase and prepare meals together. Certain family members or individuals who live together and do not routinely purchase and prepare meals together do not have to be included in the household. For those individuals, social security numbers, immigration status and citizenship do not have to be provided to the caseworker. The decision of whether or not an individual must be included in the household is based on federal regulations.

WHAT KIND OF APPLICANT SERVICES IS PROVIDED TO THE HOUSEHOLD?

If you need a language interpreter, help completing forms, require accommodations for a disability or assistance in obtaining information in order to complete your application ask us or call 1-877-423-4746. If you have a hearing impairment, call GA Relay at 1-800-255-0135. These services are free and will be provided to anyone who needs them.

WHO CAN APPLY FOR FOOD STAMP BENEFITS?

Anyone may apply for food stamp benefits. The program helps households that have limited income and resources. This includes households experiencing temporary crisis as well as households whose income is at or below the poverty level.

WHERE DO YOU APPLY?

Each county has a Department of Family and Children Services (DFCS) office. This department takes applications for food stamp benefits. Look under the county government section of your telephone book or go to the website of the Georgia Department of Human Services (DHS) at **www.dfcs.dhr.georgia.gov/locations** to find the address and telephone number of your local department.

WHEN CAN YOU APPLY?

All Department of Family and Children Services offices are open Monday through Friday, except weekends and holidays. Office hours are usually from 8:00 a.m. to 5:00 pm. Call your local county department for the office hours in your area. Online applications are available 24 hours a day via the Georgia COMPASS website at: www.compass.ga.gov.

WHAT IS AN AUTHORIZED REPRESENTATIVE?

An authorized representative is a person your household allows to apply for, to obtain and/or to use food stamp benefits on behalf of your household because you are unable to do so.

HOW DO YOU APPLY FOR BENEFITS?

To apply for benefits, the head of household, a household member, or authorized person representing the household may complete an application for assistance. An application can be received from your local County Department of Family and Children Services or from the DHS website. You can go to the office to apply, call the office to request that an application be mailed to your home address, or have someone get a form for you. You may copy the blank application found on the website at: www.dfcs.dhr.georgia.gov/foodstamps. Complete the form and mail or fax or take it to your local county office.

HOW DO I APPLY FOR BENEFITS ONLINE?

You may also apply for food stamps online via the COMPASS website at www.compass.ga.gov. COMPASS allows individuals to apply for Food Stamps online. Applicants who create an account online may check the status of their application and may also check their eligibility for other DHS programs via the COMPASS Pre-screening Tool. Additionally, COMPASS allows food stamp recipients to report changes in household circumstances and to renew their benefits online.

WHEN IS AN APPLICATION CONSIDERED FILED?

An application is considered filed when the application has the name of the head of household, address, date and signature of the head of household or another household member and is received by the local county department. The application may be filed in person, by mail or fax or online to the Department of Family and Children Services). An application *should be* filed at your local county Department of Family and Children Services, but any Department of Family and Children Services can accept your application. You should try to complete the entire application. It is **very** important that you give your telephone number and/or address so that DFCS is able to reach you by phone or mail.

WHAT HAPPENS ONCE THE APPLICATION IS FILED?

You or a member of your household (or someone authorized to make application for your household) must be interviewed by a staff person from DFCS. The individual who is interviewed must know about your household situation. A phone interview is required. For elderly/disabled individuals or individuals experiencing problems coming to the office, the interview may be completed by telephone, a pre-arranged home visit, or an office visit. Contact your local department to find out about interviews.

WHAT HAPPENS IN THE INTERVIEW?

The caseworker will ask you questions about your household's income, resources, rent or mortgage, and utility costs. Certain households may also be asked about medical expenses, childcare and child support expenses. Proof of your household situation is necessary, so if you have the following information, you may bring it with you:

* proof of your identity
* proof of your citizenship such as birth certificate, U.S. passport, hospital record, etc.
* immigration papers for persons applying for benefits, who are not U.S. citizens
* social security numbers for persons applying for benefits
* proof of income for each household member (check stubs, award letters for social security or veterans administration, unemployment benefits, contributions from family or friends, child support, etc.)
* last month's rent receipt or mortgage payment book
* medical bills for persons age 60 and older and/or disabled
* childcare receipts for children whose parents are working, in school, or in training
* additional information and proof may be required depending upon your situation.

If you do not have all the information when you first apply, you are given 10 days from the date of the interview to provide the required proof.

The interview is an official and confidential discussion of the household's circumstances. The interviewer must not simply gather and review information but must explore and resolve unclear or incomplete information.

If an individual in your household does not want to give us a social security number or information about immigration status or citizenship, the individual will not be eligible for food stamp benefits. Other household members may still be eligible for benefits.

An individual is not reported to the Department of Homeland Security, United States Citizenship and Immigration Services, for choosing not to give a social security number.

ARE YOU ELIGIBLE?

YOU MAY BE ELIGIBLE FOR FOOD STAMPS BENEFITS IF:

- you are a citizen of the United States or have a certain legal alien status
- you provide all of the required documents as proof of the household's situation
- you and/or other household members comply with work requirements
- the household's monthly income does not exceed the income limits based on the number of people who live in the household
- the rent or mortgage payment, utility bills, and in some cases medical, child care and child support expenses are considered in the eligibility determination process if proof of these expenses are provided.

HOW LONG DOES IT TAKE TO GET BENEFITS?

The application must be processed and benefits available within 30 days from the date the application is filed. If your household has little or no income and meets specific criteria, the application must be processed and benefits available within 7 days. A notice is sent to each household stating whether the household is eligible for food stamp benefits. If eligible, the notice states the amount of benefits the household will receive and how long the household will receive benefits before having to reapply.

HOW MUCH WILL YOU RECEIVE?

The amount of benefits your household receives depends upon the number of individuals in your food stamp household, the amount of household income and the amount of the deductions used in the budgeting process. The date of application affects the amount of benefits received by the household in the first month. As long as your household remains eligible, benefits are provided each month. Benefits remaining in your EBT account can be obtained until they are used up even if your food stamp case closes.

WHAT CAN YOU DO IF YOU THINK THE DECISION ON YOUR CASE IS UNFAIR?

You have the right to a fair hearing if you believe that the decision made on your case is not fair. You can request a fair hearing by writing or calling your local county department. You should contact your local county department within 10 days of receiving your notice of eligibility, if you want to request a fair hearing.

HOW ARE FOOD STAMP BENEFITS ISSUED TO YOU?

Benefits are issued using an electric benefit transfer (EBT) card and Personal Identification Number (PIN). If you are eligible for benefits, an EBT card and PIN are mailed to your household. The

household uses the EBT card in authorized stores to purchase food.
When the total amount of the food benefit purchase is determined at the check out counter, you swipe your EBT card through a point of sale device and enter your PIN number. The amount of the purchase is deducted from your total monthly allotment.

WHAT IS PURCHASED WITH FOOD STAMP BENEFITS?

Benefits may only be used to buy food and plants or seeds that grow food, for your household to eat. Certain food supplements such as Ensure may be purchased with food stamp benefits. Ice, water and cold or room temperature foods, which are not designed to be consumed in the store, may be purchased with food stamp benefits.

WHAT IS NOT PURCHASED WITH FOOD STAMP BENEFITS?

Food stamp benefits cannot be used to buy alcoholic beverages, cigarettes or tobacco, household supplies such as soap and paper products, medicines, vitamins, pet foods, or any non-food items.

WHERE CAN YOU SPEND FOOD STAMP BENEFITS?

Food stores which are authorized by the Food and Nutrition Service of the United States Department of Agriculture may accept EBT transactions to purchase food. Most stores provide signs to indicate that food stamp benefits may be used to purchase food products.

HOW LONG DO YOU GET FOOD STAMP BENEFITS?

If eligible, your household can receive food stamps for one month to one year before reapplying. In the last month of the certification period, your household should receive an appointment letter from DFCS. The letter tells you that your certification period is about to end and that your household must reapply. If your response to this letter is timely, your benefits will continue if your household is still eligible. If you do not respond to the appointment letter, your benefits will stop.

WHEN RECEIVING BENEFITS WHAT CHANGES MUST YOUR HOUSEHOLD REPORT?

Simplified Reporting Households – All food stamp households in Georgia have simplified reporting requirements. This means that you only have to report a change when your total gross monthly income exceeds 130% of the federal poverty level for your household size.

Your caseworker will explain this requirement to you. You may report changes to the DFCS Call Center at 1-877-423-4746 or at www.compass.ga.gov.

WHAT ARE YOUR RESPONSIBILITIES?

- You must answer all questions completely.
- You must sign your name to certify, under penalty of perjury, that all answers are true.
- You must provide proof that you are eligible.

- Report changes in household circumstances.
- Do not sell, trade, or give away your food stamp benefits.
- Use food stamp benefits to buy only eligible items.

WHAT ARE THE PENALTIES FOR BREAKING THE RULES?

Persons who break the rules may be disqualified from the program for 12 months, 24 months or permanently; fined, imprisoned, or all three. Also, food stamp benefits and tax refunds may be withheld to pay back benefits your household should not have received.

WHEN ARE BENEFITS AVAILABLE TO THE HOUSEHOLD?

Benefits are credited to the EBT account from the 5th through the 23rd of each month. To access your benefits, you need your EBT card and PIN. If your EBT card is lost or stolen or you forget your PIN, call the EBT customer service help line at 1-888-421-3281. Your lost or stolen card will be cancelled. A new EBT card and/or PIN will be issued to your household. To obtain information on-line about your EBT account, log on to: www.ebtaccount.jpmorgan.com. Using your card number and Personal Identification Number (PIN), you can:

- Check your current account balance
- Review your transaction history
- Change your PIN
- Contact Customer Service

You must have your card number ready to access your information. Remember to keep your EBT card and PIN in a safe place. If someone gets your EBT card and PIN, that individual is able to obtain your benefits. Benefits taken from your EBT account are **not** replaced by DFCS.

YOU HAVE THE RIGHT TO:

- receive an application on the day you ask for it.
- have your application accepted when you file it.
- have an adult apply for your household if you cannot get to the food stamp office.
- have a home visit or telephone interview if you are 60 or older or are disabled and cannot find someone to apply for you.
- have your EBT card and PIN within 30 days of the date you file your application, if eligible, or
- have your EBT card and PIN within 5 days of the date you file your application, if eligible for expedited services.
- receive fair treatment without regard to age, sex, race, color, handicap, religious creed, national origin, or political beliefs.
- have a fair hearing if you disagree with any action taken on your case.
- examine your case file and the rules of the program.
- be notified in advance if your benefits are reduced or stopped due to a change that is not reported in writing.

The Division of Family and Children Services requires that no applicant or recipient for services of the agency shall: on the grounds of race, color, sex, age, religion, national origin, political affiliation, or handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted or supported by the Division. The requirement applies to individuals, childcare facilities, and other agencies/organizations in which the Division makes referrals or purchases services.

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact USDA or HHS.

Write USDA, Director, Office of Civil Rights,1400 Independence Avenue, S.W., Washington, D.C. 20250-9411 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write HHS, Director, Office of Civil Rights, Room 509-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

USDA and HHS are equal opportunity providers and employers

You may also file a complaint of Discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978.

THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES IS AVAILABLE TO HELP WITH PROBLEMS AND ANSWER ANY ADDITIONAL QUESTIONS YOU MAY HAVE ABOUT FOOD STAMP BENEFITS.

CONTACT YOUR LOCAL COUNTY OFFICE

OR

CALL THE NUMBERS BELOW

TOLL FREE NUMBER 1-877-423-4746

IN ATLANTA AREA (404) 657-9358