



NOTICE REGARDING RIGHTS AND RESPONSIBILITIES

State Form 47990 (R6 / 3-08) / FI 0009

CASH ASSISTANCE - Temporary Assistance for Needy Families (TANF); Refugee Cash Assistance (RCA); FOOD STAMPS; HEALTH COVERAGE - Medicaid; Hoosier Healthwise

Please read this form about the rights and responsibilities of the programs you have chosen. When we refer to "you", we mean all persons applying for and receiving benefits in your household. By signing the last page, you agree that you have received a copy of this form and understand what it says. Ask your caseworker if you have any questions.

SECTION 1

THIS SECTION APPLIES TO ALL PROGRAMS.

Additional requirements of the specific programs are in the following sections.

1. You have the right to apply for benefits at any time during normal office hours. The date you turn in your application determines the date your benefits begin if you are eligible. **Don't delay in filing your application.**
2. You may appoint someone to apply for benefits on your behalf.
3. A decision must be made on your application within the following time frames: thirty (30) days for Food Stamps if you are not entitled to expedited service; thirty (30) days for Cash Assistance and forty-five (45) days for Health Coverage, except Medicaid under the Disability category which is ninety (90) days.
4. You have the right to review information you provide that is entered into the ICES computer system.
5. You will need to answer all questions that are required to determine eligibility for the programs you have chosen. All personal information you give is confidential and will be used to determine your eligibility for benefits.
6. Eligibility for benefits is determined without any regard to race, color, creed, sex, age, handicap, national origin, or political belief. Information is requested about your racial-ethnic heritage to comply with the Federal Civil Rights Law and the Food Stamp Act. However, you do not have to provide this information. If you choose not to give us this information, we will indicate a race/ethnicity classification for you for data collection purposes.
7. A Social Security number (SSN) must be given for each applicant who can legally have a number. If you don't have an SSN, you must apply for one. This requirement does not apply to certain immigrants who cannot legally have a number and therefore can be eligible for emergency services only under Medicaid/Hoosier Healthwise, not TANF or Food Stamps. Your SSN will be used to check the records of other State and Federal agencies such as the Social Security Administration, Bureau of Motor Vehicles, Internal Revenue Service, Department of Workforce Development, and other states' public assistance records. Any information we receive about you from these sources is kept strictly confidential, and used only to determine your eligibility for benefits. We may ask for the Social Security numbers of family members who are not applying; however, you do not have to provide these numbers as a condition of eligibility. Determination of eligibility will not be delayed, denied, or discontinued due to waiting on a Social Security number to be issued.
8. If you are an immigrant, you must provide the document showing your immigration status. A person who does not provide immigration documents or has no documentation, cannot receive Food Stamps or Cash Assistance and can only be eligible for health coverage for medical emergencies. The immigration status of lawful immigrants who are applying for or receiving benefits is subject to verification by the U.S. Citizenship and Immigration Services (USCIS).
9. You will need to verify certain information you provide, based on the requirements of the programs you have chosen. If you have tried to get the necessary papers, but are unable to do so, you can sign a release of information and the caseworker will get the information. Any release of information form that you sign must have the name of the person, agency, or organization that the caseworker will be contacting.
10. Certain persons must be included in the application and/or have their income, resources, needs, and/or expenses counted in determining eligibility for benefits. For this reason you must report everyone who lives with you.
11. You are required to report changes in your circumstances to the Division of Family Resources. The changes that you must report include your new address if you move, increases or decreases in your household's income, resources, or any change in your family circumstances that may affect your eligibility for benefits. You must report changes within ten (10) days of the date on which you are aware of the change. Food Stamp reporting requirements are different depending on the length of your certification period. Also, there are certain circumstances in Medicaid/Hoosier Healthwise in which resources are not counted and income of parents is exempt and therefore changes do not have to be reported. The caseworker will give you a form describing your reporting responsibilities at the end of the interview.

12. You are required to provide complete and correct information to the best of your knowledge. A person who receives benefits by intentionally giving false information or by failing to report information may be criminally prosecuted under State and Federal law.
13. You have the right to receive a written notice about any action taken on your application or on the benefits you receive.
14. You may request a fair hearing in writing if you disagree with any action taken on your case, including the late processing of your application. Your case may be presented at the hearing by any person you choose. (Note: Food Stamp recipients may make their request for a Food Stamp hearing verbally.)
15. If you believe you have been discriminated against by the Family and Social Services Administration in the processing of your application or determination of your eligibility for benefits, you have the right to file a civil rights complaint by contacting the appropriate Federal agency below:

FOOD STAMPS:

Write: United States Department of Agriculture
 Director, Office of Civil Rights
 Room 326-W, Whitten Building
 1400 Independence Avenue, S.W.
 Washington, D.C. 20250-9410

Call: (202) 720-5964 (voice and TDD)

CASH ASSISTANCE OR HEALTH COVERAGE

Write: Department of Health and Human Services
 Director, Office of Civil Rights
 Room 506-F
 200 Independence Avenue, S.W.
 Washington, D.C. 20201

Call: (202) 619-0403 (voice)
 (202) 619-3257 (TDD)

SECTION 2

THIS SECTION APPLIES ONLY TO MEDICAID AND HOOSIER HEALTHWISE.

If you are not applying for health coverage, go on to Section 3.

1. The category you qualify for will be chosen for you. Some categories provide limited coverage. You will be approved for the most benefits you are eligible to receive based upon the information you have provided. However, if you want your eligibility determined under a different category, you have the right to choose your category.
2. You must file for any benefits which you may be eligible for, such as Social Security or pensions, or disability benefits.
3. Benefits paid on your behalf after you become fifty-five (55) years of age become a preferred claim against your estate. This claim has priority over all claims except prior recorded claims and taxes.
4. We will not report undocumented immigrants to the United States Citizenship and Immigration Service.
5. Please *carefully* read the following about assignment of medical rights and establishment of paternity. *Ask your caseworker if you have any questions.*
 - (a.) If you are applying for health coverage for yourself and are age 18 or older, you are required to assign medical rights. This includes rights to medical support and payment for medical care that you have for yourself and any other person under this application whose rights you can legally assign. If you do not do this, you will not be eligible. Cooperation in obtaining medical support or third party payments, including having paternity legally established for your children, is required. You must tell us about any legal or administrative actions you may take to obtain payment for medical care received, such as a personal injury settlement. Note the exemption from cooperating in item (c.).

The establishment of paternity is an important service for Medicaid/Hoosier Healthwise members that benefits children who do not have a legal fathers. Except for children enrolled in Hoosier Healthwise Package C, there is no cost for this service. When you sign the medical assignment, this service becomes available to you. If the children are eligible for health coverage, we will forward information to the Child Support Office of your local county prosecutor and they will help you with the next steps.
 - (b.) **If you are applying for health coverage only for your children and not for yourself**, we do encourage you to take advantage of the free service of having paternity established for children who do not have legal fathers. When your children are enrolled in health coverage, you may contact your local child support office in your County Prosecutor's Office. There will be no charge for paternity establishment or other child support services for children enrolled in Medicaid/Hoosier Healthwise except for those in Hoosier Healthwise Package C.
 - (c.) EXEMPTION: If you believe that cooperating with medical support requirements, including having paternity established, will cause physical or emotional harm to the children, you may ask to be excused from this requirement.

Your *children's* eligibility for Medicaid/Hoosier Healthwise will not be affected if you do not cooperate in establishing paternity or do not sign the medical assignment on the application.

6. For children who are enrolled under Hoosier Healthwise Package C, there is a cap on the amount of cost-sharing that you will have to pay. This amount is 5% of your annual income before taxes. It is your responsibility to keep track of the amount of premiums and co-payments you pay. If you reach the cap, you will need to contact the Office of Family Resources and provide your receipts so that you will no longer have to make payments. If your children are approved for Package C, the approval notice you receive will tell you the cost-share cap.
7. Native Americans who are members of a federally recognized tribe are exempt from the premiums and co-payments of Package C. You will need to provide your tribal identification in order to receive this exemption.
8. Preventative health care services are available for children under age twenty-one (21). You may request assistance with appointment scheduling and arranging transportation for the Health Watch services by contacting your caseworker.

If you are not applying for Food Stamps, go on to Section 4.

1. If your household has little or no income, or includes a migrant or seasonal farm worker, your application for Food Stamps may receive special expedited processing. This means that you may receive Food Stamp benefits within seven (7) days from the date the application is filed. To qualify for expedited processing, you must complete all the questions on the Application for Assistance-Part 1 in Section E. If you do not qualify for expedited processing, you may request a conference. The conference will be scheduled within two (2) days and will not replace or delay the request for a fair hearing.
2. To be eligible for Food Stamps, persons age sixteen (16) through fifty-nine (59) must register for work and do specific activities. These activities include work registration, accepting and keeping suitable employment, and cooperating with IMPACT. Individuals who fail to cooperate with these rules without a good reason can be disqualified from receiving Food Stamps until they cooperate or for at least two (2) months for the first violation, six (6) months for the second violation, and thirty-six (36) months for the third violation. Some persons can be exempt from these requirements. Ask your caseworker about exemptions.
3. If you are overpaid Food Stamp benefits and an overpayment claim is done against your household the information on your application and all Social Security Numbers (SSNs) may be referred to federal and state agencies and private collection agencies for collection purposes.
4. Every person who receives Food Stamp benefits must follow these rules:
 - ⇒ DO NOT give false information to get or continue to get Food Stamp benefits.
 - ⇒ DO NOT trade or sell Food Stamp benefits or Hoosier Works cards.
 - ⇒ DO NOT alter documents to get more Food Stamp benefits than you are entitled to receive.
 - ⇒ DO NOT use Food Stamp benefits to buy ineligible items, such as alcoholic drinks and tobacco.
 - ⇒ DO NOT use someone else's Food Stamp benefits or Hoosier Works card for your personal gain.

If you break the above rules on purpose you can be barred from the Food Stamp Program for twelve (12) months if it is your first violation, twenty-four (24) months for a second violation, and permanently for a third violation.

⇒ DO NOT use Food Stamp benefits to purchase illegal drugs, firearms, ammunition, or explosives.

Any person who purchases illegal drugs with Food Stamp benefits will be barred from the program twenty-four (24) months for the first violation, and permanently for the second violation. Any person who purchases firearms, ammunition or explosives with Food Stamp benefits will be barred permanently for the first violation. Violators may also be fined up to ten thousand (\$10,000) dollars, put in jail for up to five (5) years, or both, and may be subject to prosecution under other Federal or State laws.

5. **Any person convicted of trafficking (*buying, trading, or selling Food Stamp benefits or Hoosier Works cards*) Food Stamps benefits of five hundred (\$500) dollars or more will be permanently barred from the Food Stamp program. A person will be disqualified for ten (10) years if the Family & Social Services Administration or a State or Federal court determines they made false statements or gave false information about their identity or place of residence and received duplicate Food Stamp benefits.**

6. If you are not responsible for a dependent child, are able-bodied, and between the ages of eighteen (18) and forty-nine (49), you will receive Food Stamps no longer than three (3) months unless you:
- Work at least twenty (20) hours per week on average each month; or
 - Participate in a Job Program approved by the Family and Social Services Administration at least twenty (20) hours per week or meet one of the exemptions, or
 - Participate in a Community Work Experience Program (CWEP) activity.

If you have lost eligibility after receiving Food Stamps for three (3) months, you may regain eligibility by:

- Working at least eighty (80) hours in a thirty (30) day period, or
 - Participating at least eighty (80) hours in a thirty (30) day period in an approved Job Program; or
 - Meeting one of the exemptions or
 - Participating in a CWEP activity.
7. To receive a deduction for the following expenses, you must report and provide proof to your caseworker of:
- ✓ Child Care Expenses
 - ✓ Rent or Mortgage Payments
 - ✓ Medical Expenses
 - ✓ Utility or other shelter costs
 - ✓ Child support paid to a non-household member

Failure to report or verify any of the above listed expenses will be accepted as a statement by your household that you do not want to receive a deduction for the unreported expense.

If you are not applying for Food Stamps or Cash Assistance, go on to the last page to sign your name.

1. In order to remain eligible for Food Stamp and Cash benefits, you will be referred to the employment and training program. You will be required to participate in the employment and training program and do specific activities, unless you meet certain exemption criteria.
2. **Any individual who is fleeing to avoid felony prosecution or confinement after felony conviction, or is in violation of probation or parole resulting from a felony conviction will be ineligible to receive Food Stamp and TANF benefits. Information in your casefile may be released to law enforcement officials to allow them to arrest persons fleeing to avoid the law.**
3. **Any individual who has been convicted under federal or state law of a felony, which includes the possession, use, or distribution of a controlled substance will be ineligible to receive benefits.**
4. If you voluntarily quit a job without good reason or if you are terminated from a job for disciplinary reasons, it may affect your eligibility and the amount of benefits you receive.
5. Undocumented immigrants who are not applying for assistance will not be reported to the United States Citizenship and Immigration Service.

1. Support rights (*accrued, pending, and continuing*) must be assigned to the State. The assignment is subject to 42 U.S.C. Section 608 (a)(3) as amended. The assignment of support rights constitutes a financial obligation that is owed to the State by the payor. You must agree to cooperate with support enforcement, which could include establishing paternity, obtaining a court order, or payment of support through the courts. Failure to cooperate could result in termination of assistance.

Exception: If you believe that cooperating with support enforcement activities will cause physical or emotional harm to you or the child(ren), you may request to be excused from this requirement.

Upon termination of TANF eligibility, the assignment ends with respect to current support. Assignment will not terminate with respect to monies owed to the state and federal governments due to the provision of public assistance. After termination of assistance, in accordance with state and federal laws if the obligor owes current support and or arrearages to both the former TANF recipient/payee and to the State, current support and arrearage will be paid first to the former recipient/payee then to the State, with the exception of federal tax offsets which will be applied first to amounts which the state and federal government are entitled. Support enforcement activities will continue for you although your TANF has ended unless you notify the Child Support Bureau in writing that these services should be discontinued.

2. When you apply for TANF, you must follow these rules:

⇒ DO NOT make false or misleading statements.

⇒ DO NOT take any action to conceal or withhold facts, misrepresent your situation, or submit false documents.

If you break the above rules, you can be disqualified from the TANF Program six (6) months for the first violation, twelve (12) months for the second violation and permanently for the third violation.

3. Any individual convicted in a court of a misdemeanor for breaking the rules below can be disqualified from the TANF program for a period of twelve (12) months for the first and second violations and permanently for the third violation. Those convicted of committing a felony for breaking the rules can be disqualified for ten (10) years for the first and second violations and permanently for the third violation.

⇒ DO NOT make false or misleading statements.

⇒ DO NOT take any action to conceal or withhold facts, misrepresent your situation, or submit false documents.

4. While you are on the TANF program, assistance with childcare may be available to you. Childcare assistance may also be available if you lose TANF eligibility because of earnings.

5. While you are on the TANF program, you must follow these rules:

- You will ensure that your children receive their age appropriate immunizations.
- You will ensure that your school age children regularly attend school.
- You will ensure that your children are raised in a safe and secure home.
- You will not use illegal drugs or other substances that would interfere with your ability to become self-sufficient.
- You will cooperate with the IMPACT program to develop a self-sufficiency plan and you will comply with the requirements specified in the plan. If you fail or refuse to cooperate with the IMPACT program sanctions may be imposed, including loss of cash benefits and Hoosier Healthwise.
- You will not receive additional cash benefits for children who are born more than ten (10) months after the date that you are authorized to receive TANF benefits.
- If you are a minor parent, you will reside with the adult who is related to you as a parent, stepparent, or grandparent or an adult who is your legal guardian.

6. The receipt of TANF cash benefits shall be limited to a total of twenty-four (24) months for adults and sixty (60) months for their families.

CONFIRMATION

I have received a copy of the "NOTICE REGARDING RIGHTS AND RESPONSIBILITIES," and I understand all information included on this form.

Signature of client	Date signed (<i>month, day, year</i>)
Signature of witness if signed by an "X"	Date signed (<i>month, day, year</i>)
I have explained the conditions of the "Notice Regarding Rights and Responsibilities" to:	
Signature of caseworker	Date signed (<i>month, day, year</i>)