



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 are deaf or hard of hearing, please 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 the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs. The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or activities.

To file a Civil Rights program discrimination complaint with USDA, complete the *USDA Program Discrimination Complaint Form* at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish, or click on the link for a listing of State Information/Hotline Numbers at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a discrimination complaint regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

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 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.



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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 other applicant household 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 household members because other household 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, Institutionalized Long Term Care 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.



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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. 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. You may be given a Notice of Simplified Reporting Requirements, which explains more about this requirement.

Food stamp households **CAN NOT** use their benefits to purchase non-food items such as beer, wine, liquor, cigarettes, tobacco, pet foods, soaps, paper products and household supplies.

Food stamp households also **ARE NOT** allowed to purchase food on credit with their benefits.

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 have only one telephone expense and no heating or cooling expenses, you may be eligible to receive the standard telephone allowance.

If you want us to consider these expenses, you are responsible for reporting and verifying them. If you fail to report or verify actual utility expenses, we will not use them to determine your benefit amount.



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What Are the Penalties in the Food Stamp Program?

The Food Stamp Program penalties are provided in the chart below.

Intentional Program Violations	
If you or any household member...	You will be INELIGIBLE
<ul style="list-style-type: none"> ▪ hides information or does not tell the truth; ▪ uses EBT cards that belong to someone else; ▪ uses FS benefits to buy alcohol or tobacco, trades or sells FS benefits or EBT cards 	<ul style="list-style-type: none"> ▪ for 12 months for the first offense, ▪ 24 months for the second offense, ▪ and permanently for the third offense.
<ul style="list-style-type: none"> ▪ has used or received FS benefits in a transaction involving the sale of a controlled substance (drugs) 	<ul style="list-style-type: none"> ▪ for 24 months for the first offense and ▪ permanently for the second offense.
<ul style="list-style-type: none"> ▪ has used or received FS benefits in a transaction involving the sale of firearms, ammunition or explosives after 8/22/96 	<ul style="list-style-type: none"> ▪ permanently for the first offense.
<ul style="list-style-type: none"> ▪ has been convicted for trafficking benefits for an amount of \$500 or more after 8/22/96 	<ul style="list-style-type: none"> ▪ permanently for the first offense.
<ul style="list-style-type: none"> ▪ has a felony conviction because of behavior related to the possession, use or distribution of a controlled substance (drugs) after 8/22/96 	<ul style="list-style-type: none"> ▪ permanently.
<ul style="list-style-type: none"> ▪ is fleeing to avoid prosecution, custody or Confinement for a felony 	<ul style="list-style-type: none"> ▪ until you are no longer fleeing.
<ul style="list-style-type: none"> ▪ Is violating a condition of your probation or parole 	<ul style="list-style-type: none"> ▪ until you are no longer a probation or parole violator.
<ul style="list-style-type: none"> ▪ has given false information about where you live or about your identity (who you are) to get multiple FS benefits in more than one area after 8/22/96 	<ul style="list-style-type: none"> ▪ for 10 years.



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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 an 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 10 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
 - a child is absent from the home for a period of 45 consecutive days or longer
 - the whole family moves to another county or state, or,
 - someone dies.



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What Are the Penalties in the TANF Program?

In the TANF Program, there are penalties:

If you ...	You will lose TANF benefits ...
<ul style="list-style-type: none"> hide information, do not report changes on time or do not tell the truth 	<ul style="list-style-type: none"> for 6 months for the first violation; for 12 months for the second violation; permanently for the third violation.
<ul style="list-style-type: none"> hide information, do not report changes on time or do not tell the truth and are convicted in a court of law 	<ul style="list-style-type: none"> for 6 months for the first violation; for 12 months for the second violation; permanently for the third violation.
<ul style="list-style-type: none"> give false information about where you live so you can receive benefits in more than one state and are convicted on or after 01/01/1997 	<ul style="list-style-type: none"> for 10 years.
<ul style="list-style-type: none"> Individuals convicted of other IPV's committed on or after 07/01/1998 	<ul style="list-style-type: none"> for 6 months for the first violation; for 12 months for the second violation; permanently for the third violation.
<ul style="list-style-type: none"> are convicted of a drug-related charge or a serious violent felony, on or after 1/1/97 	<ul style="list-style-type: none"> permanently.
<ul style="list-style-type: none"> Individuals convicted of an IPV for using cash assistance funds or the TANF EBT transactions performed at prohibited places on or after 06/01/2012 	<ul style="list-style-type: none"> for 6 months for the first violation; for 12 months for the second violation; permanently for the third violation.



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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



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- 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



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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