

CLIENT RIGHTS AND RESPONSIBILITIES

FOR OFFICE USE ONLY	
CASE NAME	CLIENT ID NUMBER

I am responsible to:

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| <ul style="list-style-type: none"> • Tell the department if I am pregnant, in need of immediate medical care, experiencing an emergency such as having no money for food, or facing an eviction so DSHS can process my request for benefits as soon as possible. • Give the information the department needs to decide if I am eligible for benefits. The information that I give the department is subject to verification by federal and state officials. Verification can include follow-up contacts from department staff including fraud investigators. • Provide proof when it is needed. If I have trouble getting proof, the department may help me get the proof or contact other persons or agencies for it. • Report a change if I want the department to adjust my benefit for Basic Food. If I don't report and provide proof of these expenses, then I am stating I don't want the department to use these expenses to decide if I can get more Basic Food. • Report changes as required under department rules in Chapter 388-418 WAC. The approval letter I receive from the department tells me the specific changes I must report. I must report these changes by the tenth day of the month after the month the change happened. | <ul style="list-style-type: none"> • Cooperate with the Division of Child Support (DCS) if I accept a TANF grant or medical support. I must help DCS establish, modify, or enforce child support for the child(ren) in my care, and establish paternity (if necessary). I may refuse to cooperate with DCS if I can show that I have a good reason to believe that cooperating with DCS puts me, my children, or the children in my care at risk of harm from the noncustodial parent. • Apply for and make a reasonable effort to get potential income from other agencies when I am applying for or receiving cash benefits, children's family medical, pregnancy medical, or SSI related medical from the department. • Complete any required reports and reviews when asked. • Look for, get, and keep a job or participate in other activities if required for cash assistance or Basic Food. • Show my medical identification card or letter of eligibility from the department to my medical care provider. • Let the department know if I want someone else to use my Basic Food benefits on my behalf. • Cooperate in the Quality Control review process. |
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I understand that:

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| <ul style="list-style-type: none"> • By getting Temporary Assistance for Needy Families (TANF) or medical care benefits, I assign my child, spousal, and medical support rights to DCS. This means that DCS may keep support owed to me, up to the amount of public assistance that I received. If I receive medical assistance only, DCS will provide full child support services unless I tell them in writing that I do not want them. • I must tell DCS if I received child support payments or benefits for the child while on TANF. • If I stop getting TANF or medical assistance, I must tell DCS about any changes that affect child support, such as the child moved or my address changed. • If I get TANF, I may ask for extra money to help me pay for temporary emergency housing costs. • I must provide Social Security Numbers (SSN)* or immigration status only for people applying for benefits. If I choose not to give SSNs or immigration status for non-applying household members, all household members' income and resources must still be verified if needed to determine eligibility. • I may be removed from the Basic Food program for breaking a Basic Food program rule as described in the Basic Food penalty warnings listed on the second page of this form. • By asking for and receiving medical care benefits, I (we) assign the State of Washington my (our) rights to medical care support and any third party payments for medical care to pay for covered medical services while receiving medical care benefits. | <ul style="list-style-type: none"> • By law, if I am age 55 or older AND receive Medicaid or long-term care services, DSHS may recover from my estate (assets I own at the time of my death) to repay DSHS for the costs of medical assistance, medical services, or long-term care. DSHS may recover the costs for state-only funded long-term care services received at any age. This is called ESTATE RECOVERY. Long-Term Care services include COPES, OBRA, Medicaid Personal Care, Nursing Home services, adult day health, private duty nursing, four DDD HCBS waivers: Basic, Basic Plus, Core, and Community Protection, and other services provided by Home and Community Services and the Division of Developmental Disabilities. • Estate recovery does not occur until after my death and the death of my surviving spouse, if any. If I have dependent heirs, estate recovery may be delayed for some hardship reasons. • I may refuse to speak to a Fraud Early Detection (FRED) investigator from the Division of Fraud Investigation. I do not have to let the investigator into my home. I may ask the investigator to come back at another time. This will not affect my eligibility for benefits. • I may be restricted to one health care provider, pharmacy, and/or hospital if I seek out unneeded medical services from providers. • I may ask for a fair hearing if I disagree with a decision the department makes on my case. I may also ask a supervisor or administrator to review the disputed decision or action without affecting my rights to a fair hearing. |
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The department is responsible to:

- Accept an application with your name, address, and signature the day you come in for any program DSHS offers.
- Help you fill out forms if you ask us for help.
- Process your request for Basic Food within five (5) days if you qualify for expedited service.
- Give you a receipt when you leave an application or other materials with the department if you ask us for a receipt.
- Give you a written decision, in most cases, within 30 days. Medical and some disability cases may take 45 to 60 days. Pregnancy medical is authorized within 15 working days.
- Give you at least 10 days to provide information needed to determine your eligibility. If you do not give us the information needed to determine eligibility or request additional time to give us the information, then we may deny your request for benefits.
- Send you a written notice, in most cases, at least 10 days before we make changes to lower or stop your benefits.
- Keep the information you give to us private. We may share some facts with other agencies for efficient management of federal programs.
- Encourage you to continue your application for Basic Food even if you may not qualify for other assistance programs.
- Inform you that the 60-month time limit rule under the Temporary Assistance for Needy Families (TANF) program does not apply to your Basic Food, medical, or child care benefits.
- Process your request for medical assistance even if you don't qualify for other assistance programs.
- Give you continued medical assistance while we decide if you are eligible for another medical program before we stop your benefits.
- Provide interpreter or translator services at no cost to you and without significant delay in getting your benefits.
- Assist you in registering to vote.
- Share your child's immunization history with the Child Profile Immunization Tracking System.

Basic Food Penalty Warning

We do send information about persons applying for Basic Food to other Federal agencies to check that the information is correct. If any information is incorrect, the persons who apply may not get Basic Food. If a person provides information that they know is incorrect, they could be criminally prosecuted. Penalties for intentionally breaking Basic Food rules vary from disqualification from the program, to fines, or possibly imprisonment.

Basic Food Work Requirement Penalty Warning

If I am required to participate in Basic Food work requirements, and I fail to participate, I can be disqualified for one month and until I comply with work requirements for the first failure; three months and until I comply for the second failure; and six months and until I comply for the third time and each time thereafter.

Cash or EBT (Electronic Benefits Transfer) Gambling Penalty Warning

It is against the law to use an EBT card to gamble. It is also against the law to gamble using cash from an EBT card. Gambling includes lottery tickets, pull tabs, punch boards, bingo, horse racing, casino games, and other games of chance as found in RCW 9.46, 67.16 and 67.70. Gambling with EBT money may result in legal action, a protective payee to manage your EBT cash, or loss of all cash assistance.

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 discrimination 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 or religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

*Social Security numbers provided will be used by state and federal agencies to check identity of household members, to verify eligibility, prevent duplicate participation, to collect claims, and to exchange information by computer with other agencies to monitor compliance with program regulations and for program management. This information may also be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. Collection of social security numbers is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036.