

## Your Cash and Food Assistance Rights and Responsibilities

CLIENT NAME (HEAD OF HOUSEHOLD)

CLIENT ID NUMBER

### Your Responsibilities (You Must)

- **Give us the information we need to decide if you are eligible.**
- **Give us proof when it is needed.** We may be able to get it for you. The information that you give the department is subject to verification by federal and state officials. Verification can include follow-up contacts from department staff including fraud investigators.
- **Information reported to the Department of Social and Health Services** may affect eligibility for health care coverage administered by the Health Care Authority and the Health Benefit Exchange.
- **Report changes** (e.g. address, income, etc.) as required in WAC 388-418-0005. Report them by the 10<sup>th</sup> of the next month.
- **Cooperate with the Division of Child Support (DCS)** if you accept a TANF grant. You must help DCS establish, modify, or enforce child support for the child(ren) in your care, and establish paternity (if necessary). You may refuse to cooperate with DCS if you can show that you have a good reason to believe that cooperating with DCS puts you, your children, or the children in your care at risk of harm from the noncustodial parent.
- **Apply for** and make a reasonable effort to get potential income from other sources when you ask for or receive cash assistance.
- **Complete required reports and reviews.**
- **Follow work requirements** for cash assistance and food assistance.
- **Tell us** if you want someone else to use your food assistance on your behalf.
- **Cooperate with our Quality Control reviews.**
- **Use food assistance** only to buy food for the members of your household.
- **Use cash assistance** only for the benefit of members of your household.
- **You must provide Social Security Numbers (SSN)** or immigration status only for people applying for assistance. If you 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.

### Your Rights (We Must)

- **Accept an application** with your name, address, and signature or the signature of your authorized representative.
- **Help you fill out DSHS forms.**
- **Process** your request for food assistance within 7 days if you qualify for expedited service.
- **Give you a receipt** if you ask for one when you provide documents.
- Give you a written decision, in most cases, within 30 days.
- **You may refuse to speak to a Fraud Early Detection (FRED)** investigator from the Office of Fraud and Accountability. You do not have to let the investigator into your home. You may ask the investigator to come back at another time. This will not affect your eligibility for assistance.
- **You may ask for an administrative hearing** if you disagree with a decision the department makes on my case. You may also ask a supervisor or administrator to review the disputed decision or action without affecting your rights to an administrative hearing.
- **We must inform you** of the 60-month time limit rule under the Temporary Assistance for Needy Families (TANF) program. This time limit does not apply to your Basic Food, or child care subsidies.

### Things You Should Know About your EBT Card

- **Misuse of Benefits:** Food and cash benefits distributed through the EBT card will provide DSHS with a history of transactions where you have used your benefits. The department will use transaction information in investigations of misuse of cash assistance benefits or the exchange of food assistance benefits for cash or other items of value (trafficking).
- **EBT card replacement:** We may charge for replacement EBT cards. Keep your EBT card and your personal identification number (PIN) safe and secure.
- **High Balance EBT Cards:** If you do not use your benefits for months at a time or accumulate a high balance after several months, we may contact you to review your situation or your need for benefits.

### Things You Should Know (Basic Food)

- **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.
- **If you sell, attempt to sell, exchange or donate your food assistance** for anything of value such as cash, drugs, weapons, or anything other than food from an authorized retailer (trafficking), you may be disqualified from receiving food assistance benefits for a minimum period of one year up to a maximum lifetime disqualification on the first offense. This disqualification continues even if you leave the State of Washington and apply for benefits in another state.
- **If you are required to participate in Basic Food work requirements**, and fail to participate, you can be disqualified for one month and until you comply with work requirements for the first failure; three months and until you comply for the second failure; and six months and until you comply for the third time and each time thereafter.
- **You may be removed from the Basic Food program** for breaking a Basic Food program rule as described in the Basic Food penalty warning listed on this page.
- **Report household expenses if you want the department to include these costs for Basic Food.** If you don't report and provide proof of these expenses, then you are stating you don't want us to use these expenses to decide if you can get more Basic Food.

### Things You Should Know (Cash)

- **By getting Temporary Assistance for Needy Families (TANF)** you assign your child and spousal support rights to the Division of Child Support. This means that DCS may keep support owed to you, up to the amount of the public assistance that you received. **You must tell DCS immediately if you received child support payments or benefits** for the child while on TANF.
- **If you stop getting TANF** you must tell DCS about any changes that affect child support, such as the child moved or my address changed.
- **If you get TANF, you may ask for extra money** to help pay for temporary emergency housing costs.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **Mail:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria VA 22314;
2. **Fax:** (833) 256-1665 or (202) 690-7442; or
3. **Email:** <mailto:FNSCivilRightsComplaints@usda.gov>

This institution is an equal opportunity provider.

By signing below, I am stating I have had my rights and responsibilities on receiving DSHS benefits and programs explained to me. I understand if I refuse to sign this document it does not affect my eligibility but I am still held responsible for program requirements and subject to program or criminal penalties that apply.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE