

Kansas Department for Children and Families Review Form

Label



Strong Families Make a Strong Kansas

Agency Use Only

Date Received: _____

Date Interviewed: _____

Case Number: _____

FA TANF CC

Was the review received following the end of the review period?

No Yes

If yes, is the household eligible for expedited service?

No Yes

This form provides us with the information we need to determine your family's continued eligibility. If you want to apply for additional programs and services, you will need to contact the service center to request a separate application. Answer all of the questions to the best of your ability. If English is not your primary language, an interpreter will be provided at no cost to you. You are subject to severe penalties for any false or misleading information you supply on this application.

Acknowledgement of TANF Suspicion-based Drug Testing Policy (TANF ONLY)

Suspicion-based drug testing is required for Temporary Assistance for Needy Families (TANF) applicants, recipients and payees when there appears to be unlawful use of a controlled substance or a controlled substance analog. I understand that I, or other adults in my household, are required to submit to drug testing if a suspicion of illegal substance use is identified.

Signature

Date

Household Information

Name: _____

First Name, Middle Initial, Last Name

Home Address: _____ City: _____ County: _____ Zip: _____

Mailing Address: _____ City: _____ County: _____ Zip: _____

Daytime Phone: _____ Message Phone: _____

List all persons who live with you. List yourself first. Student status includes grade school, high school, college or vocational-technical school. (Use an additional sheet to list more household members.)

First Name, MI, Last Name	Relation to You	Are you applying for this person?	Sex M/F	Birth Date	Social Security number	Student	US Citizen
	Self	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Household Information (continued)

1. Do you (or will you after approval) buy and cook food separately from other people in your home? (Complete this question only if reapplying for Food Assistance.) No Yes If yes, please list their names and relationship to you: _____

2. Has anyone moved in or out of your household? No Yes If yes, please list the name and date in which they entered or left the household: _____
3. If anyone is pregnant, please list the name and due date (complete this question only if reapplying for cash assistance): _____

4. Is anyone in your home disabled? No Yes If yes, please list name and disability: _____

5. Do any household members get benefits from the Food Distribution Program on Indian Reservations? No Yes
If yes, where? _____
6. Is anyone in your household fleeing from felony prosecution or jail?
 No Yes If yes, list name(s): _____
7. Is anyone in your household in violation of probation or parole?
 No Yes If yes, list name(s): _____

The following questions are required by federal law for purposes of the food assistance program only. If you answer yes to any of the questions, make sure to list the name(s) of the persons involved.

8. Has anyone in your household been convicted of trading food assistance benefits for drugs after September 22, 1996?
 No Yes If yes, list name(s): _____
9. Has anyone in your household been convicted of buying or selling food assistance benefits over \$500 after September 22, 1996?
 No Yes If yes, list name(s): _____
10. Has anyone in your household been convicted of fraudulently getting duplicate food assistance benefits in any state after September 22, 1996?
 No Yes If yes, list name(s): _____
11. Has anyone in your household been convicted of trading food assistance benefits for guns, ammunitions, or explosives after September 22, 1996?
 No Yes If yes, list name(s): _____
12. Does anyone in your household have a felony drug related conviction on or after August 22, 1996?
 No Yes If Yes, list name(s): _____

The following question is required by state law for purposes of the TANF cash assistance program only.

13. Does anyone in your household have a felony drug related conviction on or after July 1, 2013?
 No Yes If Yes, list name(s): _____

Authorized Representative

You can name a person to help get your benefits. This person can help fill out the application, answer questions for you, and use the Kansas Benefits card for you. We will be able to share information with this person. This person will be your authorized representative. Do you want to have someone help you? No Yes

If yes, tell us about this person:

Their name _____ Their telephone number _____

Their address _____ City _____ ST _____ Zip _____

Do you want the person named above to have access to your benefits? No Yes

If yes, which benefits? food assistance TANF cash assistance child care assistance

If no, do you want to choose someone else to access your benefits? This person will be your authorized representative and can have access to your benefits. We will also be able to share information with this person. No Yes

If yes, tell us about this person:

Their name _____ Their telephone number _____

Their address _____ City _____ ST _____ Zip _____

If yes, which benefits? food assistance TANF cash assistance child care assistance

Resource Information

Does anyone in your household own or have their name on any resources? For example: cash, checking/savings/credit union accounts, certificates of deposit (CD's), stocks, bonds, trust fund, property or any other resources.

No Yes If yes, complete the following information. If needed, use a new sheet of paper to list more information.

Type of Resource	Name(s) on Resources	Where is Resource Held? (Name of Bank, Credit Union or Company)	Amount or Value

Does anyone in your household own a vehicle (this includes cars, trucks, motorcycles, boats, personal watercraft, recreational vehicles, all-terrain vehicles or other vehicles)? No Yes

If yes, complete below. If needed, use spaces provided for additional information, or attach additional pages.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year				
Make				
Model				
Owner				
Estimated Value	\$	\$	\$	\$
Balance Owed	\$	\$	\$	\$
What is the main use of this vehicle? (Work, school, seek work, medical, as a home, etc.)				

Does anyone in your household have a vehicle that is used to transport a physically disabled household member? No Yes

If yes, which vehicle? _____

Tell Us About Parents Not Living in the Home

To get food assistance, cash assistance or child care assistance, you must cooperate with Child Support Services (CSS). **If this would put you or your child(ren) in danger of abuse, or if you have other good reasons why you can't cooperate, please tell us.**

Are there any children in your household who have a parent not living in the home? No Yes

If yes, fill out the information for the parent not living in the home in the columns below and provide the name(s) of the child(ren) of that parent that are residing in your home.

Provide the following information for the parent not living in the home.	Non-custodial parent 1	Non-custodial parent 2	Non-custodial parent 3
Name			
Date of birth			
Address			
Phone			
SSN			
Employer name			
Employer address			
Reason not in home			
Names of children of this non-custodial person living in your home			
The following questions help us determine if paternity has already been established. Paternity means establishing a legal father. Paternity is established if the child was born during a marriage (or within 300 days after divorce), or if both parents signed a paternity acknowledgement (generally at birth to be on the birth certificate), or if there's a court order establishing paternity.			
Is the father's name on the official birth certificate? If yes, which children?			
Were you married to anyone when the child was born or 300 days prior to birth? If so, list name for each child.			
Is there a paternity, child support or divorce order? If yes, list case # and court where filed.	<input type="checkbox"/> No <input type="checkbox"/> Yes Case # _____ Court _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Case # _____ Court _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Case # _____ Court _____
Will you help CSS begin/enforce support orders for each child?	<input type="checkbox"/> No - tell us why below <input type="checkbox"/> Yes	<input type="checkbox"/> No - tell us why below <input type="checkbox"/> Yes	<input type="checkbox"/> No - tell us why below <input type="checkbox"/> Yes
	If you answered no to the question above, tell us why: _____ _____ _____		
Is there anyone else who could be the father of any child(ren) you have not listed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Income Information

Is anyone in your household self-employed or working at a job? No Yes

Complete the information below for you or anyone in your household who is working. Please attach pay stubs for the last 30 days for each job. If you are self-employed, attach a copy of your tax return for the past year or verification for business income and expenses for the past 3 months.

Name of Person Employed	Employers Name, Phone & Address (if self-employed, list type of business)	Salary or Hourly Wage	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Has anyone in your household lost or quit a job in the last 60 days? No Yes Last pay: \$ _____ Date _____

Name(s) _____ Employer _____

Last Work Day(s): _____ Reason(s): _____

Does anyone in your household, including children, get other income? No Yes

If yes, list below any monies you or anyone in your household receives (include Unemployment benefits, child support, money from others, Social Security, SSI, VA, railroad retirement, other pension/retirement benefits, worker's compensation, tribal payments, oil or mineral rights, contract sale/rental income, cash gifts or any other income). Use a new sheet of paper to list more information.

Type/Source of Income	Name of Person Who Receives This	Amount Received	How Often Received

Has anyone applied for other income or benefits? No Yes

If yes, list who and what income or benefits: _____

Use this space to write additional information.

Household Expenses

Complete if you or anyone in your household has any of these monthly expenses. Complete this section only if applying for food assistance.

Expense Type	Monthly Amount
Rent/Mortgage (circle one)	
Lot or Rent Space	
Property taxes not included in mortgage	

Expense Type	Monthly Amount
Homeowner's Insurance not included in mortgage	
Child/Dependent Care	
Other	

If renting, is it subsidized housing, Section 8, HUD, or other? No Yes If yes, tell us the amount you are obligated to pay: \$_____

Do you pay for heating or cooling costs? No Yes

If no, check the following utilities you are responsible to pay:

Water Sewer Trash Telephone Electricity/gas for cooking or lights Other None

Have you or anyone at your residence received Low Income Energy Assistance (LIEAP)?

No Yes If yes, when: _____

If you share payment of these expenses with anyone, please explain: _____

Does anyone in your household pay child support? No Yes

If yes, please provide proof of payment for the past 3 months.

Who Pays Child Support	Amount Paid	Court Order Number for Each Child

Do you expect any changes in your household expenses or circumstances? No Yes

If yes, please explain: _____

If you or a household member is 60 or older or disabled, do you have personal out of pocket monthly medical expenses in excess of \$35 per month? No Yes

If yes, who has the medical expenses and what are they? _____

Child Care Needs

To continue receiving child care assistance, please provide the information requested below for each child. Complete this section only if reapplying for child care assistance. If additional space is needed, use a separate sheet and provide the same information listed below.

Provide the following for each child	Child's Name	Child's Name	Child's Name	Child's Name				
List Child Care Provider Information Below Each Child's Name								
Provider's Name								
Address								
Phone Number								
Parent's Work/ School Schedule (daily work/school schedule)	Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM	
	Mon		Mon		Mon		Mon	
	Tue		Tue		Tue		Tue	
	Wed		Wed		Wed		Wed	
	Thur		Thur		Thur		Thur	
	Fri		Fri		Fri		Fri	
	Sat		Sat		Sat		Sat	
	Sun		Sun		Sun		Sun	
Child's School Schedule (daily school schedule)	Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM	
	Mon		Mon		Mon		Mon	
	Tue		Tue		Tue		Tue	
	Wed		Wed		Wed		Wed	
	Thur		Thur		Thur		Thur	
	Fri		Fri		Fri		Fri	
	Sat		Sat		Sat		Sat	
	Sun		Sun		Sun		Sun	
Child's Grade and Name of School/ Headstart								

This form is not complete without a signature on page 16.

Please Read This Information Before Signing Page 16

Rights, responsibilities and penalties

- I have read and understand my rights and responsibilities listed at the end of this form.
- I understand the questions on this application form.
- I understand the penalties for hiding information (penalties are shown at the end of this form).
- I understand the penalties for giving false information (penalties are shown at the end of this form).

Citizenship status

- Signing this form means that I agree everyone living in my home who is asking for assistance is a U.S. citizen or is in legal immigration status.

Changes you must report

- I agree to report changes such as changes in my address, income changes, changes in child care, and changes in individuals who live in my home.
- I understand I will be notified about the changes I am required to report.
- I will tell DCF of changes that might affect my eligibility or benefit level.

We will verify the information you give us

- I understand you will verify the information I provide on this application form.
- I understand you may contact other agencies such as federal, state, local officials, employers, medical providers, businesses, financial organizations and child care providers to verify information.
- I understand you will use the information you verify and that it could affect my eligibility or benefit level.

Information About Social Security Numbers

- I understand that I have to provide or apply for a Social Security number for people in my household who are asking for assistance.
- I understand the DCF uses Social Security numbers to operate. The numbers are used for computer matches with the Social Security Administration, Income and Eligibility Verification System, banks, the Internal Revenue Service and other organizations and agencies.
- The information received from these agencies may be verified through collateral contacts when discrepancies are found by DCF; this information may affect your household's eligibility and level of benefits.

Information About Child Support Services

- I agree to help Child Support Services (CSS) go after support for the children in my home. I will help CSS establish and enforce support orders for the children.
- I agree to give all alimony and/or child support to DCF for each person in my home receiving TANF cash assistance.

Information About Food Assistance Expenses

- I understand I must report and verify my household expenses or I will not get a deduction for them.

Information About Work Program Cooperation

- I agree that everyone applying for and getting cash assistance will cooperate with work requirements unless exempt.
- I agree that everyone getting food assistance will cooperate with work requirements, unless exempt.
- I understand we may not get cash assistance if someone does not cooperate.
- I understand that the person who does not cooperate will also not get food assistance.

Information About TANF Cash and Food Assistance Benefits

- I understand that my Temporary Assistance for Needy Families (TANF) cash assistance benefits cannot be transacted/used in any liquor store, casino, gambling casino or gaming establishment, jewelry store, tattoo parlor, massage parlor, body piercing parlor, spa, nail salon, lingerie shop, tobacco paraphernalia store, vapor cigarette store, psychic or fortune telling business, bail bond company, video arcade, movie theater, swimming pool, cruise ship, theme park, dog or horse racing facility, parimutuel facility, or sexually-oriented business, or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment, or in any business or retail establishment where minors under age 18 are not permitted.
- I understand the time limit for receiving TANF cash assistance benefits is 24 months.
- I understand that to get TANF cash assistance, all children in the home ages 7-18 must be enrolled in school, including home school that is registered with the Kansas Department of Education. Ineligibility for the entire household will exist if a child in the home is not enrolled in school.
- I understand that I may not use TANF cash assistance to buy items such as alcohol, cigarettes, tobacco products, lottery tickets, concert tickets, professional or collegiate sporting event tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.
- I understand that I may not use food assistance benefits to buy non-food items or to pay on credit balances.
- I understand that I may not use my TANF cash assistance for purchases at points of sale outside the state of Kansas.

Information About the Lifeline Telephone Program

- For TANF cash and food assistance, I agree that DCF may provide my name, address, and telephone number to telephone companies participating in the Lifeline data match. The Lifeline program provides basic telephone service at a reduced rate.
- I understand that my information is confidential and will only be used by the participating telephone carriers to verify my eligibility for Lifeline telephone assistance.
- I understand that the Lifeline program is not mandatory and that I will have to apply for this service by contacting my local telephone company.
- I understand that not all telephone carriers participate in the Lifeline data match with DCF and that I may have to provide proof of my household income to my local telephone company for it to determine my Lifeline eligibility.

Kansas Voter Registration Information

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

No Yes *Please Note: Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.*

If you do not check either box, you will be considered to have decided not to register to vote at this time.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you choose to, you can easily register to vote using this website: <https://sos.kansas.gov/elections/registration-voting/>

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Kansas Secretary of State.

Your Responsibilities

You have a responsibility to:

- Provide all information needed to determine your eligibility;
- Report changes as required - we will tell you what must be reported (examples include pregnancy, birth, someone leaving or moving into your house, a new job, change of income, new address, etc.);
- Turn alimony and child support payments over to DCF if you receive cash assistance, and cooperate with Child Support Services (CSS) if you receive cash assistance (TANF), child care assistance or food assistance;
- Pay your child care provider for services;
- Cooperate with Quality Assurance staff if your case is reviewed;
- Cooperate with a fraud investigation if you receive cash assistance (TANF) or child care assistance; **and**
- Look for a job and participate in work-related services, starting from the date that you apply for cash assistance.

DCF Rights

DCF has a right to:

- **Use the information on this application, including the Social Security number (SSN) of each person in your home, to determine whether your household can get benefits. We will verify this information through computer matching programs. This information will also be used to make sure you are getting the correct amount of benefits. For child care assistance only, SSN is voluntary.**
- **Verify the alien status of applicant household members by submitting information from the application to USCIS. The information received may affect the household's eligibility and amount of benefits.**
- **Deny benefits to your household if you do not provide requested information.**
- **Disclose the information on your application to other federal and state agencies for official examination, and to law enforcement officials for the purpose of arresting people who are running from the law.**
- **Refer the information on this application to federal and state agencies, as well as private claims agencies, for claims collection if overpayments arise against your household;**
- **Conduct a full investigation of your eligibility including contacting employers, child care providers, banks, doctors, or by visiting your home;**
- **Deny your application or prosecute you for fraud if you knowingly give us false information so you can receive assistance.**

Penalties

Families may lose benefits for not cooperating with the following agency programs:

- I. **Work Programs - looking for work, preparing for employment and keeping a job. (Does not apply to child care assistance.)**
 - A. **For TANF, the following penalties apply for failure to cooperate with work programs without good cause:**
 - 1st penalty**
Your family will not get TANF cash assistance benefits for a minimum of 3 months.
 - 2nd penalty**
Your family will not get TANF cash assistance benefits for a minimum of 6 months.
 - 3rd penalty**
Your family will not get TANF cash assistance benefits for a minimum of 1 year.
 - 4th and subsequent penalties**
Your family will lose TANF cash assistance benefits for a period of 10 years.

To be reinstated in the program and resume receiving your benefit, you will be required to cooperate in an assigned work program activity for 2 consecutive weeks for a 1st penalty and for 3 consecutive weeks for a 2nd and 3rd penalty. These penalties will not carry forward if children in your family become adult TANF cash recipients.
 - B. **For food assistance, a comparable penalty as describe above will be applied only against the person who failed to cooperate. The rest of the food assistance household can get benefits, if otherwise eligible. Eligibility will be redetermined at the end of the penalty period.**
- II. **Child Support Services - establishing a child's paternity and collecting child support.**
 - A. **For TANF cash assistance and child care assistance, the following penalties apply for failure to cooperate with Child Support Services without good cause:**
 - 1st penalty**
Your family will not get TANF cash assistance or child care benefits for a minimum of 3 months.
 - 2nd penalty**
Your family will not get TANF cash assistance or child care benefits for a minimum of 6 months.
 - 3rd penalty**
Your family will not get TANF cash assistance or child care benefits for a minimum of 1 year.
 - 4th and subsequent penalties**
Your family will lose TANF cash assistance or child care benefits for a period of 10 years.

To get your TANF cash and/or child care assistance reopened, you must reapply and the penalized individual must cooperate with Child Support Services.
 - B. **For food assistance, any adult household member who fails to cooperate with Child Support Services without good cause will be ineligible for food assistance benefits until DCF determines the household has cooperated. The rest of your food assistance household can get benefits if otherwise eligible.**

Penalties (Continued)

III. Fraud Penalties

A. Food Assistance - Any member of your household who breaks any of the following rules on purpose can be barred from the food assistance program for one year up to permanently disqualified. He/she may be fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under other applicable federal and state laws and may also be barred from the food assistance program for an additional 18 months, if court ordered.

- Do not lie or hide information to get benefits that your household should not get
- Do not use or have in your possession Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.

If you make false or misleading statements and you are found guilty of misrepresentation, you will not be able to get food assistance benefits:

- For 1 year if your misrepresentation was about something other than identity or residence and it is your first program violation;
- For 2 years if your misrepresentation was about something other than identity or residence and it is your second program violation;
- For 10 years if your misrepresentation was about where you live or who you are in order to get duplicate benefits;
- Permanently if your misrepresentation was about something other than identity or residence and it is your third program violation.
- Your food assistance eligibility will also be suspended for 2 years or permanently lost if you are convicted of buying or selling more than \$500 worth of benefits or if you use the benefits, or receive them, in a sale of controlled substances, firearms, ammunition or explosives. Trafficking food assistance benefits includes, but is not limited to:
 - Buying, selling, stealing, or exchanging benefits for cash;
 - Exchanging firearms, ammunition, explosives, or illegal drugs for benefits;
 - Buying sodas, water, or other items in a container to get the cash deposit;
 - Buying an item with food assistance and then purposely selling the item for cash; and/or
 - Trading cash for items paid for with food assistance benefits.

In all of these cases, the remainder of your food assistance household can get benefits if they are otherwise eligible, but the rest of the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified.

B. TANF cash assistance and Child Care assistance - If you or any member of your TANF or child care household intentionally break any of the following rules or are otherwise found to have committed fraud (civil, criminal, or administrative), in either TANF or child care, all adults in your household are permanently ineligible for TANF and child care assistance.

- Do not lie, make misleading statements, hide information or fail to report changes, as required, to get benefits that your household should not get.
- Do not use or have in your possession Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.
- Do not use TANF cash assistance or transact your Kansas Benefits Card in any liquor store, casino, gambling casino or gaming establishment, jewelry store, tattoo parlor, massage parlor, body piercing parlor, spa, nail salon, lingerie shop, tobacco paraphernalia store, vapor cigarette store, psychic or fortune telling business, bail bond company, video arcade, movie theater, swimming pool, cruise ship, theme park, dog or horse racing facility, parimutuel facility, or sexually-oriented business or any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment or in any business or retail establishment where minors under age 18 are not permitted.
- Do not use your TANF cash assistance benefits to buy alcohol, cigarettes, tobacco products, lottery tickets, concert tickets, professional or collegiate sporting event tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.
- Do not use your TANF cash assistance benefits for purchases at points of sale outside of the state of Kansas.

The remainder of your TANF or child care household can get benefits if they are otherwise eligible. Adults in the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified. A protective payee must be assigned to access your TANF benefits. You and any member of your household may not access your TANF benefits.

Penalties (Continued)

IV. Drug Felony Convictions

In a TANF cash assistance household, any individual who is convicted of a state or federal felony offense occurring on or after July 1, 2013, which includes as an element of such offense the manufacture, cultivation, distribution, possession or use of a controlled substance or controlled substance analog is ineligible for TANF cash assistance for five years from the date of the conviction for a first offense. A second drug-related felony conviction will result in that individual being ineligible to receive TANF cash assistance for his/her lifetime.

In a food assistance household, any individual who is convicted of a felony offense occurring on or after August 22, 1996, which includes as an element of such offense the manufacture, cultivation, distribution, possession or use of a controlled substance or controlled substance analog, will be ineligible to receive food assistance benefits until the individual participates in an approved drug treatment program and submits and passes an approved drug testing plan. A second drug-related felony conviction will result in that individual being ineligible to receive food assistance for his/her lifetime.

The remainder of your food assistance or TANF cash assistance household can get benefits if they are otherwise eligible.

Suspicion-based Drug Testing

Kansas requires any adult TANF applicant or recipient who meets the suspicion-based criteria to undergo mandatory drug testing. A failure to test, results in the following ineligibility periods for the individual:

<u>1st failure</u>	6 months, and must undergo drug testing prior to regaining eligibility
<u>2nd failure</u>	12 months and must undergo drug testing prior to regaining eligibility
<u>3rd failure</u>	Lifetime ineligibility for TANF

A positive drug test results in the following ineligibility periods for the individual:

<u>1st positive test</u>	Until successful completion of substance abuse treatment and skills training prior to regaining eligibility
<u>2nd positive test</u>	12 months and successful completion of substance abuse treatment and skills training prior to regaining eligibility
<u>3rd positive test</u>	Lifetime ineligibility for TANF

Your Rights

You have a right to:

- Have an interpreter provided at no cost if English is not your primary language
- Have information given to DCF kept confidential, unless directly related to the administration of DCF programs
- Withdraw your application at any time
- Request a fair hearing within 30 days for cash assistance and child care assistance, or within 90 days for food assistance if you disagree with the decision. For food assistance, you may request a fair hearing verbally or in writing. Your case may be presented by a household member or by a representative such as legal counsel, a relative, a friend or other spokesperson
- Know that if you apply for food assistance benefits, your application for food assistance may not be denied solely because benefits have been denied for other programs
- Have your benefits determined from the date this application is received by DCF
- Special considerations and confidential services, if looking for a job or pursuing child support puts you in danger of domestic violence or sexual assault

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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 call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at:

http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination 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).

This institution is an equal opportunity provider.

Permission to Release Information and Signature

My signature on this application authorizes employers, child care providers, health care providers, financial institutions, insurance providers, benefit providers, and other persons or agencies with knowledge of my circumstances to release to Kansas Department for Children and Families (DCF) any information, including confidential and health information, necessary to establish my eligibility for benefits or to administer any program (including Child Support Services) for which I applied.

I authorize DCF to share medical information for administrative purposes with other agencies and contractors.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge, including the information concerning citizenship and alien status. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punished by imprisonment, fine, or both, and the offender may also be subject to prosecution under other applicable state and federal law.

Your Signature (Required)

Date

Your Spouse's Signature or another adult in your home (Not Required)

Date

Signature of First Witness (Required if "X" is used)

Date

Signature of Second Witness (Required if "X" is used)

Date

Signature of Court-Appointed Guardian/Conservator (if applicable)

Date

Addendum to Application and Review Forms for Release of Information

OPTIONAL Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Kansas Department for Children and Families requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

Your Name (please print clearly)

Other Adult Name (please print clearly)

Signature

Signature

Date