

Kansas Department for Children and Families

Grandparents as Caregivers Cash Assistance Application

Follow These Steps to Apply

- Complete this form or go on-line at www.dcf.ks.gov to apply. If you need help or have questions call 1-888-369-4777.
- Read the questions carefully and answer honestly.
- Be sure to sign and date this form. Your application is not complete until it is signed.
- Return this form as soon as possible. If you are eligible, some benefits start from the date a signed application is received in our office.
- Mail, fax or bring this form to your local DCF office. It may take up to 45 days before your application is processed.

Agency Use Only

_____ Initial _____ Review
 Date Received: _____
 Worker: _____
 Date Registered: _____
 Case No(s): _____
 Interview Date: _____

Information Needed to Process Your Application

We may ask you to provide some or all of the following items. Please be ready to provide this information.

- Proof of where you live.
- Proof of age and identity.
- Proof of citizenship for those who want to receive benefits.
- Proof of non-citizen status for those who want to receive benefits.
- Child care bills and receipts.
- Proof of income (pay stubs, earning statements, rental property/sales contracts, government payments, Workers Compensation, pensions, and other).
- If self-employed, federal income tax returns, bookkeeping records, sales, and expenditure records.

If you would like to apply for food assistance, medical or child care assistance, a different application is required. The DCF web site at www.dcf.ks.gov has information on program benefits and the various ways to apply. You can also contact your local DCF office for more information.

Tell Us About Yourself

The applicant is the grandparent or other relative with whom the child resides.

Applicant Name: _____ Daytime Phone: _____ Message Phone: _____

Home Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____ City: _____ Zip: _____

Tell Us About Yourself and the People in Your Home

You must tell us about everyone living in your home. List anyone who lives with you even if they do not need assistance. Also list anyone who usually lives with you, but is away right now, but will return soon.

Social Security numbers and citizenship/immigration status must be provided for all persons for whom you are **requesting cash assistance**. If you request cash assistance for a household member who does not meet citizenship/immigration status that person cannot get benefits while the remaining household members who DO meet citizenship/immigration status may qualify for benefits. If you choose not to request cash assistance for certain persons in your household, you do not need to answer questions about Social Security numbers or citizenship/immigration status. However, you may be required to provide financial information for these persons as it may be needed to determine eligibility and amount of benefits for persons who you are applying for.

Tell Us About Students in the Home

Special rules apply to students. Complete this information to help us decide if these rules apply to your household.

Is anyone in your home a student in grade school, high school, college, or vocational-technical school? No Yes

If yes, complete the following:

Student's Name	Grade	Name of School	PT - Part Time or FT- Full Time

Tell Us About Parents Not Living in the Home

To get cash, 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 cannot cooperate, please tell us.**

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

If yes, list each child's name or number and fill out the information for the parent not living in the home in the columns below. If you need more room, attach additional pages.

	Child's Name/Number	Child's Name/Number	Child's Name/Number	Child's Name/Number
Provide the following information for the parent not living in the home.	List Parent Information Below the Child's Name.			
Parent's Name				
Date of Birth				
Address				
Phone				
SSN				
Employer Name				
Employer Address				
Employer Phone				
Reason Not in Home				
Date of Last Contact				
If divorced, case # and court where filed				
Will you help CSS begin/enforce support order 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	<input type="checkbox"/> No - tell us why below <input type="checkbox"/> Yes
	If you answered no to the last question, tell us why: _____ _____ _____			

Tell Us About Resources

We need to know about resources to decide if you can get benefits. Does the child(ren) have a trust fund? No Yes
 If yes, we may contact you for more information.

Does the child(ren) 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, IRA's, property or any other resources? No Yes
 If yes, please complete the following:

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

Tell Us About Earned Income

Are any children currently working and not in school full time? No Yes

If yes, complete the following: **Proof of income for the minor child(ren) is required.**

Name of Child	Employers Name and Phone Number	Salary or Hourly Wage	Weekly Hours Worked	How Often Paid?	Date of Next Paycheck

Tell Us About Other Income

Does the child(ren) have, or do you receive on their behalf, any other income such as child support, Social Security, SSI, VA, workers compensation, unemployment benefits, money from others, trust funds or any other income? No Yes

If yes, fill out the information below for all types of income. **Proof of income for the minor child(ren) is required.**

Name of Household Member	Type of Other Income	Amount	How Often Received

Please Read This Information Before Signing

Rights, Responsibilities, and Penalties

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

- I understand that I may not use cash assistance benefits to purchase alcohol, tobacco or lottery tickets.
- 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.

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 Department for Children and Families (DCF) uses Social Security numbers to operate. The numbers are used for computer matches with the Social Security Administration, banks, the Internal Revenue Service, and other organizations and agencies.

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 child support to DCF for each person in my home receiving cash assistance.

Information About the Lifeline Telephone Program

- For cash (Temporary Assistance for Needy Families), 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 them to determine my Lifeline eligibility.

Permission to Release Information and Signature

My signature on this application authorizes employers, health care providers, financial institutions, insurance providers and other persons or agencies with knowledge of my circumstances to release to the Kansas Department for Children and Families (DCF) any information, including confidential information, necessary to establish my eligibility.

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. 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. 2011 Supp. 21-5801, which could be a felony offense punished by over 11 years imprisonment and fine of up to a \$300,000.

This application must be signed and dated in order to be considered a complete application.

Signature of Applicant

Date

Signature of Spouse or other Adult

Date

Kansas Department for Children and Families
Application for Benefits for Families
Rights and Responsibilities - Read and Tear Off for Your Records

Processing times for your application is within 45 days for cash assistance.
If you are eligible, benefits will start from the date a signed application is received in the DCF office.

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 child support payments over to DCF if you receive cash assistance, and cooperate with Child Support Services (CSS) if you receive cash assistance (TANF) or child care assistance;
- cooperate with Quality Assurance staff if your case is reviewed.

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. Your case may be presented by a household member or by a representative such as legal counsel, a relative, a friend or other spokesperson;
- 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; and
- 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 discriminating on the basis of race, color, national origin, sex, age, or disability.

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 decide 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;
- 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:

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), your family is permanently ineligible for TANF and Child Care assistance. A permanent fraud for TANF purposes means you also cannot get Child Care and a permanent fraud for Child Care purposes means you cannot get TANF.

- Do not lie, make misleading statements, or hide information to get benefits that your household should not get.
- Do not use, or have in your possession, Vision Cards that are not yours.
- Do not trade or sell Vision Cards.

Interview

For cash assistance, we require an interview as part of the application process.

Your interview has been scheduled at: _____.

Your interview date and time is: Date _____ . Time: _____.

Please call for an interview appointment: _____.

Other: _____.