

**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](http://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 benefit 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](http://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**

**Acknowledgement of TANF Suspicion-based Drug Testing Policy**

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

**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 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 <b>parent not living in the home.</b>	<b>List Parent Information Below the Child's Name.</b>			
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 file				
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, certificate 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 my Temporary Assistance to 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 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 my TANF cash assistance for purchases at points of sale outside the state of Kansas.

## 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. 20 1 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 Familie**  
**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, benefit 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 benefit 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 benefit 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 official 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

TANF cash assistance and child care assistance - If you or any adult 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 cash 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.

## 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: \_\_\_\_\_.