Kansas Department for Children and Families

Application for Benefits

ES-3100
Rev. 12-14

This is your application for the programs and services the Department for Children and Families (DCF) offers. 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.

Agency Use Only

Date Received: _____

Date Interviewed: _____

_____ Initial _____ Review

Interview completed by: _____

Case Number(s): _____

STOP! Would you rather apply online?
Apply faster online at www.dcf.ks.gov

This form provides us with the information we need to determine eligibility for you and your family. The following are the programs and services you can apply for with this form:

Food Assistance: Food Assistance is electronic benefits you can use to buy food. If you need help buying food, fill out all of the sections where you see the shopping cart. You may be eligible to receive food assistance within 7 days.

Cash Assistance: Cash assistance helps families and pregnant women. To apply for cash assistance, fill out all of the sections where you see the dollar symbol.

Child Care Assistance: The child care subsidy program provides benefits to help pay child care costs. To apply for child care, fill out all of the sections where you see the adult and child symbol.

Follow These Steps to Apply

- Complete this form to apply. If you need help or have questions, call 888-369-4777.
- Read the questions carefully and answer honestly. If you are applying for someone else, please answer the questions for that person.
- Sign and date this form. Your application is not complete until it is signed.
- If you can't complete the application right now, give your name, address and signature on Page 3 and return the form. All information must be complete before your application can be processed.
- 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 30 to 45 days before your application is processed.
- If an interview is required, we will contact you.
- A list of items we may need from you is on the last page of this form. Please tear off and keep for your records.

Other services: DCF also offers the services listed below. If you would like more information or to apply, please check the appropriate box.

☐ **Child Support Services** - To enforce child support orders and to help children have access to financial support and health care.

☐ **Vocational Rehabilitation** - To help persons with disabilities become employed.

Return this form to:

A. Help Us Decide if You Can Get Food Assistance Faster

If you have little or no money, we may be able to get you food assistance within 7 days. Complete this section to help us decide if you can get benefits faster.

1. Will your household's gross income (before taxes deducted) for the month be less than $150?

   ☐ No ☐ Yes

2. Does your household have less than $100 in cash, checking and savings?

   ☐ No ☐ Yes

3. Is anyone in your household a migrant or seasonal farm worker?

   ☐ No ☐ Yes

4. Enter your current monthly rent/mortgage amount ..... $_____

5. Do you pay for heating or cooling costs? ☐ No ☐ Yes

   If no, check the following utilities you **are** responsible to pay and enter the total amount (if none enter zero)..... $_____

   ☐ Water ☐ Sewer ☐ Trash ☐ Telephone

   ☐ Electricity/gas for cooking or lights ☐ Other _____ ☐ None

6. Enter your household's gross income (before taxes deducted)

   expected this month..... $_____

7. Enter your household's total money in cash, checking and savings..... $_____

Agency Use Only

Expedited FA?

☐ No ☐ Yes

Agency Use Only

Rent/Mortgage $_____

SUA/Actual + $_____

TOTAL = $_____

Expected Income $_____

Cash/Check/ Savings + $_____

TOTAL = $_____

Are the household's shelter expenses more than the expected income and resources?

☐ No ☐ Yes

B. Special Services

If you have been a victim of domestic violence or sexual assault in the last 5 years, you may be eligible for special considerations and services. If you want to find out about available services and have a confidential interview, check this box: ☐

C. 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

D. Tell Us About Yourself and the People in Your Home

Provide the following information and sign this section of the application.

Name: _____ **Signature:** _____
First Name, Middle Initial, Last Name

Street Address: _____City: _____County: _____ Zip: _____

Mailing Address: _____City: _____County: _____ Zip: _____

Home Phone: _____Work: _____Cell: _____E-mail: _____

Are You: ☐ Never Married ☐ Married ☐ Common Law Married ☐ Divorced ☐ Separated
☐ Widowed ☐ Member of an Unmarried Couple

Use this space to write additional information.

D. Tell Us About Yourself and the People in Your Home (continued)

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. Food assistance households are based on persons who live together and who buy and cook together. **List all of the people you live with:**

First name, Mi, Last name	Relationship to you	Are you applying for this person?	Do you (or will you after approval) buy and cook food with this person?
	Self	☐ No ☐ Yes	☑ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes
		☐ No ☐ Yes	☐ No ☐ Yes

E. Tell Us About Yourself and All the People for Whom You Are Applying

Here's who you need to include on this application for all programs:

- Yourself - Complete Person 1 for yourself
- If married, your spouse
- Your children who live with you (for food assistance this includes children up to age 22)
- For food assistance, any parent of a child 21 and under who lives with you
- Your boyfriend/girlfriend who lives with you
- For food assistance, any person you purchase and prepare food with

Complete information for each person in your household for whom you are applying. **Start with yourself.** If you have more than four people in your household to include, please attach another sheet of paper.

Citizenship/immigration status must be provided for all persons for whom you are applying. If you request food and/or TANF 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.

You may choose not to list your race or ethnic heritage, and it will not be used against you. We only ask this information for federal reporting purposes. Answers will in no way affect eligibility or benefits. If applying for food assistance only, identifying the sex of the household members is not required.

Important information about Social Security numbers- A Social Security number is required for each person for whom food and TANF cash assistance is requested. If you, without good cause, fail to provide or apply for a Social Security number, that person will not be able to get benefits. If you are not applying for certain person(s) in your household, you are not required to provide a Social Security number for that person. We use Social Security numbers to check income and other information to see who is eligible for assistance. If someone doesn't have a Social Security number, call 800-772-1213 or visit www.socialsecurity.gov.

Your information is private:

- We'll keep your information private as required by law.
- We'll use the information on this form only to see if you qualify for benefits.

PERSON 1 - Complete for yourself.

First name	Middle name	Last name	Suffix	Relationship to you?
				SELF

Social Security number	Date of birth (month/day/year)	Sex
		☐ M ☐ F

If applying for food assistance only, you do not need to answer this question:

Pregnant? ☐ No ☐ Yes Due Date _____

Applying for: (Check all that apply)

☐ **Cash Assistance** ☐ **Food Assistance** ☐ **Child Care Assistance** ☐ **None**

Do you have a disability? ☐ No ☐ Yes If Yes, please explain: _____

_____

If Yes, are you interested in getting services to assist you in gaining competitive and integrated employment? ☐ No ☐ Yes

If Yes, will the disability last for at least 12 months? ☐ No ☐ Yes

Are you a U.S. citizen or national? ☐ No ☐ Yes City and state of birth: _____

If you are not a U.S. citizen or national, do you have eligible immigration status? ☐ No ☐ Yes

Document type: _____ ID Number: _____

Have you lived in the U.S. since 1996? ☐ No ☐ Yes

Race and Ethnicity (OPTIONAL - check all that apply)

☐ White
☐ Black or African American
☐ Chinese
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other

If Hispanic/Latino, ethnicity (check all that apply)

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other

Tell us How to Communicate with You

We provide interpreter and translation services. Complete this section to help us meet your needs.

Do you have a primary language other than English? ☐ No ☐ Yes

If yes, write in the names of spoken and/or written language below. Also include other communication needs such as braille, relay, signed English, TDD/TTY, large print, Voice Synthesizer Program, etc.

Spoken language	Written language	Other needs

Students

Are you a student? ☐ No ☐ Yes

If yes, please complete the following: ☐ Part-time ☐ Full-time Grade: _____ Where enrolled: _____

PERSON 2 - Complete for your spouse, children and others for whom you are applying.

First name	Middle name	Last name	Suffix	Relationship to you?

Social Security number	Date of birth (month/day/year)	Sex
_ _ _ - _ _ - _ _ _ _		☐ M ☐ F

If applying for food assistance only, you do not need to answer this question.
Pregnant? ☐ No ☐ Yes Due Date _____

Applying for: (Check all that apply)
☐ **Cash Assistance** ☐ **Food Assistance** ☐ **Child Care Assistance** ☐ **None**

Does **PERSON 2** have a disability? ☐ No ☐ Yes If Yes, please explain: _____

If Yes, will the disability last for at least 12 months? ☐ No ☐ Yes

Is **PERSON 2** a U.S. citizen or national? ☐ No ☐ Yes City and state of birth: _____
If PERSON 2 is not a U.S. citizen or national, do they have eligible immigration status? ☐ No ☐ Yes
Document type: _____ ID number: _____
Has **PERSON 2** lived in the U.S. since 1996? ☐ No ☐ Yes

Race and Ethnicity (OPTIONAL - check all that apply)

☐ White
☐ Black or African American
☐ Chinese
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other

If Hispanic/Latino, ethnicity (check all that apply)
☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other

Students

Is **PERSON 2** a student? ☐ No ☐ Yes
If yes, please complete the following: ☐ Part-time ☐ Full-time Grade: _____ Where enrolled: _____

Use this space to write additional information.

PERSON 3 - Complete for your spouse, children and others for whom you are applying.

First name	Middle name	Last name	Suffix	Relationship to you?

Social Security number	Date of birth (month/day/year)	Sex
_ _ _ - _ _ - _ _ _ _		☐ M ☐ F

If applying for food assistance only, you do not need to answer this question.

Pregnant? ☐ No ☐ Yes Due Date _____

Applying for: (Check all that apply)

☐ **Cash Assistance** ☐ **Food Assistance** ☐ **Child Care Assistance** ☐ **None**

Does **PERSON 3** have a disability? ☐ No ☐ Yes If Yes, please explain: _____

_____

If Yes, will the disability last for at least 12 months? ☐ No ☐ Yes

Is **PERSON 3** a U.S. citizen or national? ☐ No ☐ Yes City and state of birth: _____

If PERSON 3 is not a U.S. citizen or national, do they have eligible immigration status? ☐ No ☐ Yes

Document type: _____ ID number: _____

Has **PERSON 3** lived in the U.S. since 1996? ☐ No ☐ Yes

Race and Ethnicity (OPTIONAL - check all that apply)

☐ White
☐ Black or African American
☐ Chinese
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other

If Hispanic/Latino, ethnicity (check all that apply)

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other

Students

Is **PERSON 3** a student? ☐ No ☐ Yes

If yes, please complete the following: ☐ Part-time ☐ Full-time Grade: _____ Where enrolled: _____

Use this space to write additional information.

PERSON 4 - Complete for your spouse, children and others for whom you are applying.

First name	Middle name	Last name	Suffix	Relationship to you?

Social Security number	Date of birth (month/day/year)	Sex
_ _ _ - _ _ - _ _ _ _		☐ M ☐ F

If applying for food assistance only, you do not need to answer this question.
Pregnant? ☐ No ☐ Yes Due Date _____

Applying for: (Check all that apply)
☐ **Cash Assistance** ☐ **Food Assistance** ☐ **Child Care Assistance** ☐ **None**

Does **PERSON 4** have a disability? ☐ No ☐ Yes If Yes, please explain: _____
_____

If Yes, will the disability last for at least 12 months? ☐ No ☐ Yes

Is **PERSON 4** a U.S. citizen or national? ☐ No ☐ Yes City and state of birth: _____
If PERSON 4 is not a U.S. citizen or national, do they have eligible immigration status? ☐ No ☐ Yes
Document type: _____ ID number: _____
Has **PERSON 4** lived in the U.S. since 1996? ☐ No ☐ Yes

Race and Ethnicity (OPTIONAL - check all that apply)

☐ White
☐ Black or African American
☐ Chinese
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other

If Hispanic/Latino, ethnicity (check all that apply)
☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other

Students

Is **PERSON 4** a student? ☐ No ☐ Yes
If yes, please complete the following: ☐ Part-time ☐ Full-time Grade: _____ Where enrolled: _____

If there are more than 4 persons for whom you are applying, please attach another sheet of paper.

Use this space to write additional information.

E. Tell Us About Yourself and All the People for Whom You Are Applying (continued)

Is anyone getting, or has anyone received cash assistance, food or child care assistance in this or another state?

☐ No ☐ Yes If yes, complete the following:

What benefits: _____ State: _____ Month/Year: _____

Do any household members get benefits from the Food Distribution Program on Indian reservations? ☐ No ☐ Yes

If yes, where? _____

Are any household members living outside of the home? ☐ No ☐ Yes

If yes, list name(s): _____

Why are they living outside of the home? _____

Date expected to return: _____

Have you or any member of your household served in the U.S. military? ☐ No ☐ Yes

If yes, name(s): _____

Are you the spouse or widow of someone who served in the U.S. military? ☐ No ☐ Yes

Do you have a VA file number? ☐ No ☐ Yes If yes, what is your VA file number? _____

The following questions are required by federal law for purposes of the <u>cash assistance and food assistance programs only</u>.

Is anyone in your household fleeing from felony prosecution or jail? ☐ No ☐ Yes

If yes, list name(s): _____

Is anyone in your household in violation of probation or parole? ☐ No ☐ Yes

If yes, list name(s): _____

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

Does anyone in your household have a felony drug related conviction on or after July 1, 2013? ☐ No ☐ Yes

If yes, list name(s): _____

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

Has anyone in your household been convicted of trading food assistance benefits for drugs after Sept. 22, 1996?

☐ No ☐ Yes If yes, list names: _____

Has anyone in your household been convicted of buying or selling food assistance benefits over $500 after Sept. 22, 1996? ☐ No ☐ Yes

If yes, list name(s): _____

Has anyone in your household been convicted of fraudulently getting duplicate food assistance benefits in any state after Sept. 22, 1996? ☐ No ☐ Yes

If yes, list names: _____

Has anyone in your household been convicted of trading food assistance benefits for guns, ammunitions or explosives after Sept. 22, 1996? ☐ No ☐ Yes

If yes, list names: _____

F. Do You Want to Choose Someone to Help Get Your Benefits?

You can name a person to help you 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 ☐ 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 ☐ cash assistance ☐ child care assistance

G. Tell Us About the Parents of Each Child in Your Home

We need to know how the people in your household are related. List name of each child, and the names of both parents even if the parents do not live together. For unborn children, write "unborn". If you need more room, use the space below.

Child's name/ unborn child	Mother's name	Father's name	Was the mother married to the father when the child was born?
			☐ No ☐ Yes
			☐ No ☐ Yes
			☐ No ☐ Yes
			☐ No ☐ Yes
			☐ No ☐ Yes
			☐ No ☐ Yes

Use this space to write additional information.

H. Tell Us About Parents Not Living in the Home

To get 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.	☐ No ☐ Yes Case # _____ Court _____	☐ No ☐ Yes Case # _____ Court _____	☐ No ☐ Yes Case # _____ Court _____
Will you help CSS begin/ enforce support orders for each child?	☐ No - tell us why below ☐ Yes	☐ No - tell us why below ☐ Yes	☐ No - tell us why below ☐ 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?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

I. Tell Us About Your Resources

We need to know about your resources to decide if you can get benefits. Does anyone in your household have a trust fund?

☐ No ☐ Yes If yes name(s): _____

We may be contacting you for more 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, IRA's, property or any other resources?

☐ No ☐ Yes If yes, complete the following information. If needed, use space provided for additional information or attach additional pages.

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

J. Tell Us About Your Earned Income

We need to know about all income from jobs, self-employment, contract labor, etc. Is anyone in your household self-employed or working at a job? ☐ No ☐ Yes

If yes, complete the information below for all jobs. Self-employment includes earnings from odd jobs, child care, lawn mowing, snow removal, cosmetic sales, etc. If needed, use space provided for additional information or attach additional pages.

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

Complete the following section if anyone you are applying for is self-employed:

Self-employed person's name: _____ Business name: _____

Type of business: _____

When did the business start: _____ Were taxes filed on this income last year: ☐ No ☐ Yes

If yes, what IRS forms did you file for this income? Check all that apply:

☐ Schedule C ☐ Schedule D ☐ Schedule E ☐ Schedule F ☐ Schedule K ☐ 4797 ☐ 1065

☐ 1120S ☐ Other _____

Reported annual gross income (before tax deducted) $_____Estimated monthly income (before expenses) $_____

Reported annual gross expenses (before tax deducted) $_____ Estimated monthly expenses $_____

Do you have predictable income changes (up or down) during a normal year because your income is from seasonal work such as working for a school system, tax preparation, roofing, construction or farming? ☐ No ☐ Yes

If yes, please complete:

Name	Income type	Total income this year	Total income next year
		$	$
		$	$
		$	$
		$	$

J. Tell Us About Your Earned Income (continued)

Has anyone in your household lost or quit a job in the last 6 months? ☐ No ☐ Yes

Name(s)_____ Employer _____

Last pay: $_____ Date_____ Job ended: Month _____ Day_____ Year_____

Reason(s): _____

_____

_____

K. Tell Us About Your Other Income

We also need to know about all other income in your household to decide if you can get benefits. Does anyone in your household, including children, get other income - such as child support, alimony, Social Security, SSI, VA, workers compensation, unemployment benefits, other pension/retirement, money from others, or any other income? ☐ No ☐ Yes

If yes, fill out the information below for all types of income. If needed, use the section below 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.

L. Tell Us About Your Household Expenses

To help us decide the correct amount of food assistance benefits, tell us about your shelter and other expenses.

Type of expense	Amount	Who pays?
Do you rent your home? ☐ No ☐ Yes If renting, list landlord's name, address and phone: _____ _____		
Do you own or are you buying your home? ☐ No ☐ Yes What is the amount of your monthly rent or house payment?	$	
If renting, is this subsidized housing, Section 8, HUD, other? ☐ No ☐ Yes If yes, tell us the amount you are obligated to pay each month	$	
Do you pay property taxes not included in house payment? ☐ No ☐ Yes	$	
Do you pay homeowner's insurance not included in house payment? ☐ No ☐ Yes	$	
Do you pay child or dependent care? ☐ No ☐ Yes	$	
Do you pay child support? ☐ No ☐ Yes List amount paid and court order number for each child: _____	$	
If you are 60 or older, or disabled, do you have any medical expenses? ☐ No ☐ Yes Include health insurance and Medicare premiums. If needed, use space provided for additional information or attach additional pages.	$	

Do you have any utility expenses? ☐ No ☐ Yes

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: _____

Does any one help you pay any of the above household expenses? ☐ No ☐ Yes
If yes, what expenses do you get help with? _____How much do they pay? _____

Use this space to write additional information.

M. Tell Us if You Have Child Care Needs

To help us decide if you can get child care benefits, tell us why you need help with child care expenses (check all that apply) :

☐ I have a job. Are all adults in your home who are employed working at least 28 hours a week? ☐ No ☐ Yes

☐ I go to school/training.

☐ Other - explain: _____

Do you need help finding quality child care? ☐ No ☐ Yes

Please fill out the information below for each child who needs child care. If child care is needed for more than 4 children, use space provided for additional information or attach additional pages.

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				

Please Read This Information Before Signing Page 18

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, 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 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 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 will 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 to Needy Families (TANF) cash assistance benefits cannot be transacted/used in any liquor store, casino, gambling casino or gaming establishment, or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.
- I understand the time limit for receiving TANF cash assistance benefits is 48 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 or lottery tickets.
- I understand that I may not use food assistance benefits to buy nonfood items or to pay on credit balances.

Information About the Lifeline Telephone Program

- For TANF cash assistance 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.

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 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 over 11 years imprisonment and fine of up to a $300,000.

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

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://www.kdor.org/voterregistration

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.

Use this space to write additional information.

Use this space to write additional information.

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 are:

- within 30 days for child care and food assistance
- 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. You may be able to get food assistance within 7 calendar days if you qualify. We will let you know if you qualify for this special processing.

The following information applies to all programs:

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 or child care assistance;
- Pay your child care provider for services;
- Cooperate with Quality Assurance staff if your case is reviewed; **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 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. For child care assistance only, SSN is voluntary.**
- **Verify the alien status of applicant household members by submitting information from the application to the U.S. Citizenship and Immigration Service (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 cash assistance, the following penalties apply for failure to cooperate with work programs without good cause:

<u>1st penalty</u>
Your family will not get TANF cash assistance benefits for a minimum of 3 months.

<u>2nd penalty</u>
Your family will not get TANF cash assistance benefits for a minimum of 6 months.

<u>3rd penalty</u>
Your family will not get TANF cash assistance benefits for a minimum of 1 year.

<u>4th and subsequent penalties</u>
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 described 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 (does not apply to food assistance). For TANF cash assistance and child care assistance, the following penalties apply for failure to cooperate with Child Support Services without good cause:

<u>1st penalty</u>
Your family will not get TANF cash assistance or child care benefits for a minimum of 3 months.

<u>2nd penalty</u>
Your family will not get TANF cash assistance or child care benefits for a minimum of 6 months.

<u>3rd penalty</u>
Your family will not get TANF cash assistance or child care benefits for a minimum of 1 year.

<u>4th and subsequent penalties</u>
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.

III. Fraud Penalties

A. Food Assistance - Any member of your household who intentionally breaks the following rules will be disqualified as stated below:

- **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.**

Penalties (continued)

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 10 years if your misrepresentation was about where you live or who you are in order to get duplicate 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
- Ever again 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. In all of these cases, the remainder of your food assistance household can get benefits if they are otherwise eligible, and 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), your family is permanently ineligible for TANF cash and child care assistance. If you are disqualified from TANF, you are also permanently disqualified for child care. If you are disqualified from child care assistance you are also permanently disqualified for 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 Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.
- Do not use or transact your Kansas Benefits Card in any liquor store, casino, gambling casino or gaming establishment, or any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.
- Do not use your TANF cash assistance benefits to buy alcohol, cigarettes, tobacco products or lottery tickets.

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:

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

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

1st positive test	Until successful completion of substance abuse treatment and skills training prior to regaining eligibility
2nd positive test	12 months, and successful completion of substance abuse treatment and skills training prior to regaining eligibility
3rd positive test	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
- 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 and political beliefs. The U.S. Department of Agriculture (USDA) also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) (Food Assistance Program in Kansas) 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; 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).

USDA and HHS are equal opportunity providers and employers.

Interview

For food and/or cash assistance, we require an interview as part of the application process. An interview is not required for child care, but you may ask for one. You may request a telephone interview. If you miss the interview, you are responsible for scheduling another one.

- ☐ Your interview has been scheduled at: _____
- ☐ Date: _____ Time: _____
- ☐ Please call for an interview appointment: _____
- ☐ Other: _____

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 child support and/or alimony paid or received within the last 3 months
- Proof of income (pay stubs for the last 30 days, 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
- Life insurance, burial plans, and health insurance policies
- Rent receipt/house payment (including insurance and property taxes)
- Proof of medical expenses for elderly or disabled persons, such as medication, doctor bills and hospital bills
- Health insurance cards and premium information
- Bank statements for checking accounts, savings accounts, or stocks/bonds/mutual funds
- If anyone in the home is pregnant, provide verification of pregnancy with expected due date.
- Other: _____

We can help you get required verification. If you have any questions or need help completing the application, call us toll free at 888-369-4777.

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Kansas

Department for Children and Families

Strong Families Make a Strong Kansas