

Kansas Department for Children and Families Application for Food Assistance

ES-3100.6
Rev. 05-23

This is your application for the food assistance program which is issued by the Department for Children and Families. 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. This form provides us with the information we need to determine if your family can get Food Assistance.



Would you
rather
apply online?

Apply at www.dcf.ks.gov



Agency Use Only

Date Received: _____

Date Interviewed: _____

____ Initial ____ Review

Interview completed by: _____

Case Number(s): _____

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.
- Mail, fax or bring this form to your local DCF office. It may take up to 30 days before your application is processed.
- An interview is required, we will contact you.
- A list of items we may need from you is at the end of this application. Please tear it off and keep the page for your records.
- **If you can't complete the application now, give your name, address and signature on Page 1 and return the form.**
- **Return this form as soon as possible. If you qualify for Food Assistance they may start from the date a signed application is received in our office.**

Return this form to:

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?

Yes No (If you do not check either box, you will be considered to have decided not to register to vote at this time.)

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 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. You may request the application form from a DCF office in person, or call 1-888-369-4777 to have one mailed to you.

You may also elect to apply online. Please be aware that to register to vote online, you must have a valid Kansas driver's license or non-driver's identification card. If you do not have either of these documents, you may download the form at: <https://www.kssos.org/forms/elections/voterregistration.pdf>. If you want to apply online go to: <https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

You must re-register each time you change your name, address, or party affiliation for 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's Elections Division by calling 1-800-262-VOTE (8683) or by emailing election@ks.gov.

A. Tell Us About Yourself

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

Are you homeless? Yes No

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

Street Address: _____ City: _____ County: _____ Zip: _____

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

Home Phone: _____ Cell: _____ E-mail: _____

B. Help Us Determine 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 determine if you can get benefits faster.

- Will your household's gross income (before taxes deducted) for the month be less than \$150? Yes No
- Does your household have less than \$100 in cash, checking and savings? Yes No
- Is anyone in your household a migrant or seasonal farm worker? Yes No
- Enter your current monthly rent/mortgage amount \$ _____
- Do you pay for heating or cooling costs? Yes No
 If no, check the following utilities you **are** responsible to pay and enter the total amount (if none enter zero)..... \$ _____
 Water Sewer Trash Telephone None
 Electricity/gas for cooking or lights Other _____
- Enter your household's gross income (before taxes deducted) expected this month..... \$ _____
- Enter your household's total money in cash, checking and savings..... \$ _____

Agency Use Only

Expedited FA?

Yes No

Rent/Mortgage \$ _____

SUA/Actual + \$ _____

TOTAL = \$ _____

Expected Income \$ _____

Cash/Check/Savings + \$ _____

TOTAL = \$ _____

Are the household's shelter expenses more than the expected income and resources? Yes No

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

Complete information for each person in your household for whom you are applying. This includes:

- Yourself - Complete Person 1 for yourself. includes children up to age 22).
- Your spouse. • Any parent of a child 21 and under who lives with you.
- Your children who live with you (for food assistance this • Any person with whom you buy and cook food.

Citizenship/immigration status does not automatically disqualify an applicant from receiving food assistance benefits.

You may choose not to list your race, ethnic heritage or sex; 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.

Important information about Social Security numbers:

A Social Security number is voluntary for each person for whom food 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 can get benefits.

If you need to include additional persons, please do so in the space provided at the end of this application.

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

Person	1	2	3	4
Name – First, MI, Last				
Relationship to you	Self			
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (mm/dd/yyyy)				
SSN				
Are you a US citizen?	<input type="checkbox"/> Yes <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"/> No
Are you Hispanic/Latino?	<input type="checkbox"/> Yes <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"/> No
Race – Use key below				
Does this person live in your household with you?	<input type="checkbox"/> Yes <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"/> No
Do you (or will you after approval) buy and cook food with this person?	<input type="checkbox"/> Yes <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"/> No

Race Key:

1 – White	4 – Black or African American	7 – American Indian or Alaska Native
2 – Asian Indian	5 – Native Hawaiian	8 – Guamanian or Chamorro
3 – Samoan	6 – Other Pacific Islander	

The following questions are required by federal law for purposes of the food assistance program.

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

If yes, list name(s): _____

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

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.

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

Yes No If yes, list names: _____

Has anyone in your household been convicted of buying or selling food assistance benefits over \$500 after Sept. 22, 1996?

Yes No If yes, list names: _____

Has anyone in your household been convicted of fraudulently getting duplicate food assistance benefits in any state after Sept. 22, 1996?

Yes No 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?

Yes No If yes, list names: _____

Does anyone in your household have a felony drug related conviction on or after August 22, 1996?

Yes No If yes, list names: _____

Has anyone in your household been convicted of one of more of the following crimes after February 7, 2014?

Yes No (1) Aggravated sexual abuse; (2) Murder; (3) Sexual exploitation and other abuse of children; (4) Sexual assault.

If Yes, list name(s): _____

Are they in compliance with the terms of their sentence? Yes No

E. 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? Yes No If yes, tell us about this person:

Their name _____ Their phone number _____

Their address _____ City _____ ST _____ Zip _____

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

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. Yes No

If yes, tell us about this person:

Their name _____ Their telephone number _____

Their address _____ City _____ ST _____ Zip _____

F. 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? Yes No

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. If you need to include additional information, please do so in the space provided at the end of this application.

Spoken Language	Written Language	Other needs

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 the 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 to include additional children, please do so in the space provided at the end of this application.

Child's name/ unborn child	Mother's name	Father's name	Was the mother married to the father when the child was born?
			<input type="checkbox"/> Yes <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"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

H. Tell Us About Earned Income or Money from Working

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? Yes No

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 you need to include additional information, please do so in the space provided at the end of this application.

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

Has anyone in your household lost or quit a job in the last 60 days? Yes No If yes, complete information below:

Name(s) _____ Employer _____

Last pay: \$ _____ Date _____ Job ended: Month _____ Day _____ Year _____

Reason(s): _____

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: Yes No

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? Yes No

If yes, please complete:

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

I. Tell Us About Other Income or Money

We also need to know about all other income in your household to determine 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? Yes No

If yes, fill out the information below for all types of income. If you need to include additional information, please do so in the space provided at the end of this application.

Type/source of income	Name of person who receives this	Amount received	How often received

Has anyone applied for other income or benefits? Yes No If yes, list who and what income or benefits:

J. Tell Us About Your Resources

Does anyone in your household own or have their name on any resources? For example: cash, checking/savings/credit union accounts, property or any other resources? Yes No

If yes, complete the following information. If you need to include additional resources, please do so in the space provided at the end of this application.

We may be contacting you for more information.

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

Have any resources been transferred in the last 90 days? Yes No

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

If yes, complete below. If you need to include additional vehicles, please do so in the space provided at the end of this application.

	Vehicle #1	Vehicle #2
Year		
Make		
Model		
Owner		
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? Yes No

If yes, which vehicle? _____

K. Tell Us About Your Household Expenses

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

Type of expense			Amount
Do you rent your home? If renting, list landlord's name, address and phone: _____	Yes	No	\$
If renting, is this subsidized housing, Section 8, HUD, other? _____	Yes	No	\$
Do you own or are you buying your home?	Yes	No	\$
Do you pay property taxes not included in house payment?	Yes	No	\$
Do you pay homeowner's insurance not included in house payment?	Yes	No	\$
Do you pay child or dependent care?	Yes	No	\$
Do you pay child support? List amount paid and court order number for each child: _____	Yes	No	\$
If you are 60 or older, or disabled, do you have any medical expenses? Include health insurance and Medicare premiums. If you need to include additional information, please do so in the space provided at the end of this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

Do you pay for heating or cooling costs? Yes No

Have you or anyone at your residence received Low Income Energy Assistance (LIEAP) in the last 12 months? Yes No

Does anyone help you pay any of the above household expenses? Yes No

If yes, what expenses do you get help with? _____ How much do they pay? _____

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 at the end of this application).
- I understand the penalties for giving false information (penalties are shown at the end of this application).

Changes you must report

- 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. The numbers are used for computer matches with the Social Security Administration, Income and Eligibility Verification System, the Internal Revenue Service and other organizations and agencies.

Information about Child Support Services:

- I agree to help Child Support Services (CSS) establish support for the children in my home. I will help CSS enforce support orders for the children.

Information about Food Assistance Expenses:

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

Information about Work Requirement Cooperation:

- I agree that everyone getting food assistance will cooperate with work requirements, unless exempt.
- I understand that the person who does not cooperate will not get food assistance.

Signature

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.

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 immigration 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 you cannot sign your name)

Date

Additional Information

Use this space to include additional information for any of the previous application sections.

Kansas Department for Children and Families – Application for Benefits for Families Rights and Responsibilities – Read and Keep for Your Records

Your food assistance application will be processed within 30 days. 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.

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;
- Cooperate with Child Support Services (CSS);
- Cooperate with Quality Assurance staff if your case is reviewed.

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.**
- **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.**
- **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.**

Civil 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 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.

Do Not Send Applications Here

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

- (1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Do Not Send Applications Here

Violations and Penalties

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

Work Requirements – register for work, looking for work, preparing for employment and keeping a job.

For food assistance, only the individual who fails to comply with work requirements is ineligible for benefits. The rest of the food assistance household can get benefits, if otherwise eligible. Eligibility will be redetermined for the individual when the failure or refusal to meet work requirements ceases.

Food Assistance Employment and Training Program –The following violations apply for failure to cooperate with Food Assistance Employment and Training program without good cause:

1st violation – Person who failed to cooperate will not get Food Assistance for minimum of 3 months.

2nd violation – Person who failed to cooperate will not get Food Assistance for a minimum of 6 months.

3rd violation – Person who failed to cooperate will not get Food Assistance for a minimum of 1 year.

Child Support Services – establishing a child's paternity and collecting child support.

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.

Fraud

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.
- Do not use food assistance benefits to purchase nonfood items, such as alcohol or cigarettes, or to pay on credit accounts.

If you make false or misleading statements and you are found guilty of misrepresentation, or committed any act that constitutes a violation of food assistance, food assistance regulations, or any state statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of food assistance benefits or EBT cards, 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;
- For 2 years if you trade benefits for controlled substances such as drugs and it is your first offense;
- Permanently if you trade benefits for controlled substances such as drugs and it is your second offense;
- You shall be permanently ineligible to participate in the food assistance program if you:
 - Trade food assistance benefits for firearms, ammunition or explosives;
 - Trade, buy or sell food assistance benefits for \$500 or more;
 - Traffick food assistance benefits, including, but not limited to:
 - Buying, selling, stealing, or exchanging benefits for cash;
 - Buying soda, 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.

Violations and Penalties (cont'd)

Drug Felony Convictions

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 household can get benefits if they are otherwise eligible.

This Information May Be Needed to Process Your Application

We may ask you to provide some or all of the following items:

- Proof of what you spend in medical cost for elderly or disabled persons, such as medication, doctor bills and hospital bills
- Proof of where you live
- Proof of identity
- Proof of citizenship for those who want to receive benefits
- Proof of non-citizen status for those who want to receive benefits
- Proof of child support and/or alimony paid or received within the last 3 months
- Proof of income
- If self-employed, federal income tax returns, bookkeeping records
- Rent receipt/house payment (including insurance and property taxes)
- Bank statements for checking accounts, savings accounts
- 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.



Kansas Department for Children and Families

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 release, 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 for getting the information or asking 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

Date

Rights and Responsibilities

Work Registration

In order for you and your household members to receive Food Assistance all members of your household between the ages of 16-59 are required to register for work unless exempt. Failure to complete the requirements below without good cause, may cause a loss or reduction of Food Assistance benefits.

To receive Food Assistance benefits all non-exempt members of the household are required to:

- Register for Work
- Participate in an employment and training program if assigned to such a program by DCF
- Accept a suitable employment offer
- Do not voluntarily quit a job of at least 30 hours per week
- Provide information to the DCF office about any current employment or availability to work

Work Registration Instructions

- Go to www.kansasworks.com.
- Click on the Job Seekers tab and then click the Create a Job Seeker Account button.
- Enter your Social Security number, and complete the new account information required fields.

Assistance with this online process may be available at your local workforce center, library or Department for Children and Families service center.

If you have questions about how to register for work online, please contact the KANSASWORKS Help Desk at 1-800-255-2458 or contact a workforce center directly.

Able Bodied Adults Without Dependents (ABAWD)

Able Bodied Adults Without Dependents (ABAWD) are between the ages of 18-49 and have no children under 18 in the household can only receive three months of Food Assistance benefits in a three-year (36 month) period unless meeting the work requirements each month by:

- Working at least 20 hours per week, this includes in kind work
- Voluntarily participating in and complying with Food Assistance Employment and Training Program for 20 hours or more per week in available counties. The current available counties are: Shawnee, Sedgwick, Johnson, and Wyandotte
- Participating in another approved training program

Meeting the work requirement includes working 80 hours a month or participating in a work program 80 hours a month. During the time an individual is exempt from meeting the ABAWD work requirement as noted above, any period of participation in the Food Assistance Program is not counted in the 3-month limit.

Exemptions and Consequences

The following individuals are exempt from work requirements, per federal regulations:

- Persons under age 16 (or 18 and still receiving TANF) or age 59 or over
- Persons physically or mentally unfit for employment
- Have children in the Food Assistance household under the age of 6 years old
- Women who are pregnant
- Disabled
- A student enrolled at least half time in any recognized school, training program or institution of higher education

- Persons who claims responsibility for the care of an incapacitated household member
- A regular participant in an alcohol or drug addiction treatment and rehabilitation program
- Persons who are receiving unemployment compensation
- A person who is age 17 or younger or who is age 18 and working toward attainment of a high school diploma or its equivalent. For purposes of this provision, a person shall be considered exempt for the month he or she turns age 18, and if in school exempt the month he or she turns 19.

A client who fails to comply with the work requirements may be ineligible for Food Assistance for the following time periods and until compliance with the work requirements: three months of ineligibility for a first penalty; six months for a second penalty; and one year for a third and any subsequent penalty.

If there is a change in your situation and you think you could regain Food Assistance, please contact your DCF office for more information. You have the right to ask for a fair hearing if you do not agree with a decision made on your case.

DCF Locations Open Weekdays: 8 a.m. – 5 p.m.
Customer Service Phone: 1-888-369-4777
www.dcf.ks.gov

This institution is an equal opportunity provider.



FOOD ASSISTANCE & SNAP-ED

Working Together for a Healthier Kansas

FREE classes on how to stretch your food dollar and create nutritious meals for your family.

Sign-Up for SNAP-Ed today!

What you will learn:

- How to choose and prepare nutritious meals & snacks
- How to stretch your food dollar
- Recipes on how to cook easy meals in a hurry
- How to practice safe food handling, preparation & storage of food
- How to be more physically active
- How to develop budgeting, shopping and cooking skills

Signing up for SNAP-Ed is voluntary:
Eligibility for SNAP benefits is not contingent upon participation in SNAP-Ed.

Name: _____ Phone: _____

Address: _____ Email: _____

City, State, Zip: _____

Best way to contact you? _____

I authorize the release of my name and contact information to the Kansas SNAP-Ed Program:

Signature: _____ Date: _____

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