

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
SNAP/CASH RECERTIFICATION FORM

Your Supplemental Nutrition Assistance Program (SNAP) and/or Cash Assistance benefits will end if you do not return this form!

We need the information requested in this form to see if you are still eligible and to compute the amount of your monthly SNAP and/or Cash Assistance benefits. You must report any changes we ask about in the attached form that have occurred since you last completed an application or recertification with us.

When you answer the questions, you must give information for everyone included in your benefits household. This includes parents or spouses who live with you but are not included in your case because of their immigration status. This also includes information for sponsors of aliens, even if the sponsor does not live in your home.

You can use a separate sheet of paper to explain any of your answers or give more information. Any separate sheet of paper must be sent with this form.

You can complete this form and provide verification documents without visiting a District of Columbia Department of Human Services (DHS) Service Center in one of the following ways:

- **Mail:** Complete and sign the form and mail it to us along with copies of any proof to verify your changes to:
DC Department of Human Services
Case Record Management Unit
P.O. Box 91560
Washington, DC 20090
- **Fax:** to DHS Economic Security Administration (ESA) at **(202) 671-4400**

You may also complete and sign the form and drop-it off along with copies of any proof to verify your changes at one of our three open Service Centers:

Anacostia 2100 Martin Luther King Jr. Avenue, SE
Congress Heights Service Center at 4049 South Capitol Street, SW
H Street Service Center at 645 H Street NE

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IF YOU NEED HELP TO COMPLETE THIS FORM CALL: (202) 727-5355 TTY: 711

Your Information

Full Name:	Date of Birth (mm/dd/yyyy):	Phone Number:	Your Case Number (if known):
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Question #1: Earned Income Changes

Did anyone's income change by more than \$100 per month because of starting, stopping, or changing jobs since your last application/recertification date?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Did your household have a change in the amount it earned of more than \$100 per month since your last application/recertification date?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<i>If yes to any of the questions above, enter the amount of wages from the last 30 days in the boxes below AND attach proof.</i>											
Who	Employer	Start Date <small>(if started or changed job)</small>	Stop Date <small>(if stopped job)</small>	Pay Date	Amount	Pay Date	Amount	Pay Date	Amount	Pay Date	Amount
					\$		\$		\$		\$
					\$		\$		\$		\$

Question #2: Unearned Income Changes

Did your household have a change of more than \$100 in any type of unearned income since your last application/recertification date?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Types of unearned income include SSI, Veterans Benefits, Unemployment Compensation, Foster care/adoption subsidy, alimony, etc.</i>				
<i>If yes, complete the box below AND attach proof</i>				
Who	Amount	Date	How often received?	Type
	\$			
	\$			

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Question #3: Household Member Changes

Have there been any changes to membership in your household since your last application/recertification date? Yes No
This could include people who moved in or out, births, deaths, etc. If **yes**, complete the section below

Last Name	First Name	Middle Name	Date of Birth	SSN	Relation to you (child, aunt, etc.)	Do you eat together?	U.S. Citizen?	When did they enter or leave?
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:

Question #4: Child Support Payment Changes

Did anyone have a change in the legal obligation to pay Court-Ordered Child Support to someone who does not live in the household since your last application/recertification date? Yes No
If **yes**, complete the section below **AND** attach proof

Who Paid?	For which child?	Legal Obligation Monthly Amount	Monthly Amount Actually Paid

Question #5: Address and Shelter Expense Changes

Did you have a move or change of address that resulted in a change to your shelter costs since your last application/recertification date? Yes No
If **yes**, complete this section **AND** attach proof of your current shelter costs, like rent, taxes, utilities

New Address: _____
Street Apt # City State Zip

Rent or mortgage per month now: \$	Property taxes per month now: \$
Homeowners insurance per month now: \$	Condo Fees/HOAs per month now: \$

Check all that you are now responsible for:
 Electric **Gas** **Fuel** **Water** **Phone (including cell)** **Other:**

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Question #6

If your household includes a member over 60 and/or a member who is disabled, answer the following question:

Did anyone have changes in resources, such as Cash, Bank Accounts, Stocks, Bonds, Annuities, *etc.* since your last application/recertification date?

Yes No
If **yes**, attach proof.

Question #7 – Temporary Assistance for Needy Families (TANF)/Cash Assistance Customers Only

Does any child in your case have a parent outside of the home?

Yes No
If **yes**, complete below.

As a condition of eligibility for some types of Cash Assistance, you must tell DHS if any of the children for whom you are seeking benefits have a parent that is absent from the home. If you do not want to provide the details for the absent parent, please see the TANF Agreement attached to this form for a list of reasons that would allow you to be exempt from providing this information.

- Check here if you think you may be exempt from providing information about the non-custodial parent
- I'd prefer to discuss with my DHS or Child Support worker.

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read all of Question 7 (this question) and that the factual statements made in it concerning parentage and paternity are true to the best of my personal knowledge, information and belief. I understand and agree that, if I receive Cash Assistance, all child support payments will be collected and disbursed by the District of Columbia, Office of the Attorney General Child Support Services Division (CSSD). I understand that I am assigning my rights to support while receiving Cash assistance. I assign support up to the amount I receive from these programs. If I am getting Cash Assistance, I may get additional child support payments in excess of the Cash Assistance grant. If I receive a payment in error, then I will contact CSSD. I understand that by law any payments received in error shall be returned to CSSD or I may be forced to repay CSSD. I understand there may be reasons that I do not want child support, however it is important to cooperate with CSSD. Therefore, I will contact my CSSD case worker immediately, if I have any concerns.

Sign Here:

Date:

Customer or authorized representative signature

Complete the information **below** on the absent parent(s) **only if you are recertifying for cash assistance for a child.**

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Child One

Child's Full Name:		Child's Date of Birth:	
City and State where child was conceived:			
<i>Tell us about the alleged non-custodial/absent parent (provide all information you have):</i>			
Parent's Full Name:		Nickname (if any):	
Date of Birth:	Place of Birth (city, state):		SSN:
Race:		Phone:	
Last Known Employer:		Dates of Employment:	
Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support Hearing Court/District:		City:	State:
Date Ordered:	Amount Ordered:	Date your last received money from the non-custodial parent:	

Child Two

Child's Full Name:		Child's Date of Birth:	
City and State where child was conceived:			
<i>Tell us about the alleged non-custodial parent (provide all information you have):</i>			
Parent's Full Name:		Nickname (if any):	
Date of Birth:	Place of Birth (city, state):		SSN:
Race:		Phone:	
Last Known Employer:		Dates of Employment:	
Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support Hearing Court/District:		City:	State:
Date Ordered:	Amount Ordered:	Date your last received money from the non-custodial parent:	

If you have more than 2 children with non-custodial/absent parents, please list their information on an additional sheet.

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CERTIFICATION (SNAP and Cash Assistance):

I believe that all of my information on this form is correct. I have reported all of my changes on this form. I know that if I give any false information, I may be breaking the law. I know that because of the changes I reported on this form that:

1. *My SNAP (Food Stamps) and/or Cash Assistance Benefits may be reduced; or*
2. *My SNAP (Food Stamps and/or Cash Assistance benefits may be stopped.*

By signing below, I give my permission to DHS to get information about me. DHS can get this from my employer, landlord, bank, and utility company. I give all of these people my permission to give information about me to DHS. I have reviewed the information on this form and I believe that all of my information on this entire form is true and correct including the information concerning the citizenship and alien status of everyone in my household. I know that if I give any false information, I may be breaking the law and I could be at risk of criminal prosecution and penalties. I know that state and federal officials will check this information. I agree to help with their investigations.

SIGNATURE: X _____

DATE: ___/___/___

Daytime Phone Number: () _____

Authorized Representative SIGNATURE X _____

DATE: ___/___/___

Daytime Phone Number: () _____

If you are recertifying for **TANF**, you must read and sign the **below** information under **TANF Only**

TANF Only

TANF Agreement (cash customers only)

Read and sign if you are recertifying for TANF

TANF Child Support Cooperation

You are legally required to cooperate in establishing paternity and securing financial and medical support as a condition of eligibility for assistance, absent a determination of good cause. You can claim "good cause" at any time. You have a right to be exempted from the child support and paternity establishment cooperation requirement upon providing substantiating evidence of "good cause," which must be established at a meeting with the Child Support Services Division (CSSD) of the Office of the Attorney General (OAG). Failing to cooperate with the establishment of paternity and child support could result in a 25% sanction on your TANF grant. Cooperation provides the potential benefit to your child of the award of financial or medical support and non-cooperation without determination of good cause can cause financial sanctions on your TANF grant. CSSD shall provide reasonable assistance in obtaining substantiating evidence of good cause.

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Good cause shall be found to exist if efforts to cooperate are reasonably anticipated to result in physical, sexual, or emotional harm to the child, with respect to whom assistance is claimed; the applicant or recipient; a household member of the applicant or recipient; or an immediate family member of the applicant or recipient, or if CSSD identifies circumstances that would make cooperation, or actions resulting directly from cooperation, detrimental to the child with respect to whom assistance is claimed including, but not limited to, one (1) of the following:

1. The child was conceived as a result of incest or sexual assault (a conviction for incest or sexual assault is not necessary for this subparagraph to apply);
2. Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction; or
3. The applicant or recipient is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or relinquish the child for adoption.

On the basis of the substantiating evidence supplied and any necessary investigation, CSSD shall determine whether cooperation would not be in the best interest of the child with respect to whom assistance is claimed, shall identify the reasons for its determination, and shall provide the determination and reasons to the applicant or recipient in writing. The rights include: the right to a fair hearing to appeal a sanction for non-cooperation if CSSD determines that the applicant or recipient does not have good cause for non-cooperation and the applicant or recipient chooses not to cooperate. Personnel at CSSD may review the findings of staff, as well as the basis for a good cause determination, and may participate in any hearings involving good cause for noncooperation. Personnel at CSSD shall not attempt to establish paternity, collect support, collect third party information, or pursue third parties liable for medical services, in those cases in which a good cause claim is pending or has been granted. CSSD and ESA shall make all reasonable efforts to ensure your or your child's whereabouts are kept confidential and take other measures necessary to protect them from harm if: a good cause claim is pending or has been granted; a civil or temporary protection order has been entered with respect to you or your child; or CSSD has reason to believe that release of the information could result in harm to you or your child; and that TANF benefits shall not be denied, delayed, reduced or discontinued pending the outcome of a good cause claim in which the applicant or recipient has made a good faith effort to substantiate her claim.

TANF Failure to Meet Home Living Requirement – pregnant or parenting teens

As a pregnant or parenting teen, you are required to cooperate with the eligibility requirements, rights, and responsibilities and exemptions of the home living requirements. An applicant or recipient of TANF benefits who is a pregnant or parenting teen and who has never married shall be eligible for TANF benefits only if the teen and the teen's child reside in a residence maintained by the pregnant or parenting teen's parent or legal guardian, or another adult relative of the pregnant or parenting teen that is the home of the parent, guardian, or adult relative, as determined by the Mayor, unless:

1. The pregnant or parenting teen has no living parent, legal guardian, or other appropriate adult relative;
 - a. No parent, legal guardian, or other appropriate adult relative who could otherwise qualify to act as the pregnant or parenting teen's legal guardian allows the pregnant or parenting teen to live in his or her home;
 - b. The Department determines, after an investigation in accordance with regulations issued by the Mayor, that the physical or emotional health or safety of the applicant, recipient, or dependent child would be jeopardized if they resided in the same residence with the teen's parent, legal guardian, or other adult relative; or
 - c. The Department determines, in accordance with regulations issued by the Mayor, that the circumstances justify a determination of good cause for the applicant or recipient and dependent child to receive assistance while living apart from the pregnant or parenting teen's parent, guardian, or other adult relative (with standards set forth in the regulations including consideration of the best interests of the dependent child).
 - d. Investigations shall be carried out by licensed social workers. Other trained professionals, such as doctors, nurses, or physiologists, who are deemed necessary to make sound health and safety determinations by the Department, may also be utilized.
 - e. When a pregnant or parenting teen and the applicant's or recipient's dependent child are required to live with the pregnant or parenting teen's parent, legal guardian, or other adult relative, or in a setting described in subsection (1)(e)(i) of this section, then TANF may be paid in the form of a protective payment.
 - i. If the pregnant or parenting teen is exempt from the home living requirement, the Department shall provide or assist the pregnant or parenting teen in locating a second chance home, a maternity home, or other appropriate adult-supervised supportive living arrangement, unless the Department determines that the pregnant or parenting teen's current living arrangement is appropriate. The Department shall consider the needs and concerns of the pregnant or parenting teen and the pregnant or parenting teen's child in providing or assisting in locating a living arrangement for the pregnant or parenting teen. The Department shall then determine the appropriate living arrangement for the pregnant or parenting teen and require that the pregnant or parenting teen and the dependent child live in such a living arrangement as a condition of continued receipt of TANF benefits. If the Department determines that the pregnant or parenting teen's circumstances have changed and the current arrangement ceases to be appropriate, the pregnant or parenting teen may live in an alternative appropriate arrangement and continue to receive TANF benefits.

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TANF and POWER Verification of Good Cause

A verification of Good Cause for failure to attend initial orientation, counseling, or assessment activities, or for failure to participate in or complete other job readiness or job search activities, or for failure to participate in work activities as directed by ESA, shall include one (1) or more of the following

- a) A verified, if necessary, physical or mental illness or medical condition of the applicant, or of a member of the applicant's household or immediate family when no other appropriate member of the household or family is available to provide the needed care, which prevents the applicant or recipient from participating in the required activities.
- b) The need for childcare for the applicant to participate in or to continue participation in the activities or to accept employment, where appropriate and affordable childcare (formal or informal) is not available within a reasonable distance from the applicant's home or service site. For purposes of this paragraph, there is a need for child care if the applicant is caring for a child under six (6) years of age or for a child who has special health care needs (verified by competent medical evidence, as determined by ESA) that prevents regular attendance at school;
- c) The applicant is the parent or other caretaker who personally provides care for a child under six (6) years of age, and participates in the activities or employment, an average of at least twenty (20) hours per week;
- d) The applicant resides in a location which is so remote from a program or activity that transportation is not available. The individual shall be considered remote if a round trip of more than two (2) hours by reasonably available public or private transportation, exclusive of time necessary to transport children to and from a childcare facility or school, would be required for a normal work or training day. However, if normal commuting time in the area is more than two (2) hours, then the round-trip commuting time shall not be considered good cause.
- e) Discrimination by a non-governmental entity, employer or other program or activity in violation of federal or District law;
- f) Working or participating without being paid the work participation allowance;
- g) Violations of any workplace protections listed in 29 DCMR § 5811; and
- h) An extraordinary and unforeseen circumstance beyond the control of the applicant that prevents the applicant from participating in the required activities, including but not limited to domestic violence, house fires, or car wrecks.

Denials of an applicant's request for good cause shall be in writing and appealable through the fair hearing process. ESA may require reasonable verification of good cause.

TANF Request for Verification of School Enrollment of Minor Children and Attendance of Pregnant or Parenting Teens

As a condition of receiving TANF benefits, school enrollment must be verified for each dependent child ages 16, 17, or 18 and school attendance must be verified for all pregnant or parenting teens (male or female) that are younger than 20 years of age and who have not successfully completed a high school education or its equivalent. If school enrollment is not verified for a dependent child, the child is considered ineligible for assistance, and will be dropped from the assistance unit on the last day of the month prior to the child turning 16, 17, or 18. If school attendance is not verified for a pregnant or parenting teen, the teen will lose TANF eligibility for each month attendance requirements are not met.

To provide proof of enrollment or attendance, you can provide one of the documents listed below to a service center during the 45-day application processing period or at the appropriate recertification or change reporting period.

- Verification of School Attendance Form,
- Most recent issued report card for current school year,
- Correspondence from school authorities,
- Correspondence from scholarship boards or other similar organizations, or
- Information from school records obtained through data sharing agreements and exchanges with schools.

A pregnant or parenting teen must attend high school or an equivalent educational, training, or other similar program approved by the Department, unless one of the good cause exceptions are met. Good cause reasons for not complying with school attendance requirements shall include the following:

- The teen's child has special health care needs that prevent the teen's regular attendance at school, which shall be verified by competent medical evidence, as determined by the Director of DHS or his or her designee;
- An extraordinary and unforeseen circumstance determined by DHS to be beyond the control of the teen and prevent him or her from participating in the required activities.
- Has a child who is less than 12 weeks of age
- Appropriate childcare within a reasonable distance from school is unavailable, unaffordable, or unsuitable and the child for whom care is sought is less than six years of age,
- The absence is deemed "excused" by the educational or training institution or program

TANF Exemptions

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As a TANF participant, you have the right to claim an exemption from the work activities including completing an Individual Responsibility Plan, job search, and job readiness activities if you are:

- A minor who is not the head of household, including minors in payee-only cases;
- A single custodial parent or caretaker with a child under twelve (12) months old, provided that no parent may qualify for such an exemption for more than twelve (12) months;
- A single custodial parent or caretaker personally providing care for a child under six (6) years old, if the parent or caretaker demonstrates an inability, as determined by DHS, to obtain needed child care because:
 - Appropriate and affordable formal child care is unavailable;
 - Informal child care (such as by a relative) is unavailable or unsuitable; or
 - Appropriate child care, formal or informal, within a reasonable distance from the parent or caretaker's home or job search/job readiness site is unavailable;
- A parent or caretaker in a two-parent or two-caretaker assistance unit who is not the primary wage earner (if the assistance unit is eligible for TANF because of the primary wage earner's unemployment), and who is personally providing care for a child under six (6) years old, if the parent or caretaker demonstrates an inability, as determined by DHS, to obtain needed child care because:
 - Appropriate and affordable formal child care is unavailable;
 - Informal child care (such as by a relative) is unavailable or unsuitable; or
 - Appropriate child care, formal or informal, within a reasonable distance from the parent or caretaker's home or job search/job readiness site is unavailable;
- Both parents or caretakers in a two-parent or two-caretaker assistance unit (if assistance unit is eligible for TANF because of one parent or caretaker's incapacity), if the non-incapacitated parent or caretaker is personally providing care for a child under six (6) years old and demonstrates an inability, as determined by the Director or his or her designee, to obtain needed child care because:
 - Appropriate and affordable formal child care is unavailable;
 - Informal child care (such as by a relative) is unavailable or unsuitable; or
 - Appropriate child care, formal or informal, within a reasonable distance from the parent or caretaker's home or job search/job readiness site is unavailable;
- A person who is ill, if DHS determines, on the basis of competent medical evidence (or other sound basis), that the illness or injury prevents participation in work activities;
- A person who is incapacitated (including a period of recuperation after childbirth prescribed by a physician), if DHS verifies that a physical or mental impairment, determined by a physician or a licensed or certified psychologist, prevents the person from participating in work activities;
- A person who is sixty (60) years of age or older;
- A person who is needed in the home because another household member requires the person's presence due to illness or incapacity (as determined by a physician or licensed or certified psychologist) and no other appropriate member of the household is available to provide the needed care;
- A person who is pregnant and presents medical verification that she is in the second or third trimester;
- A person in a one (1) parent assistance unit who is working in paid or approved volunteer employment, approved work experience, or participating in another activity countable as work under District law for the minimum number of hours required to meet the work participation rate as set forth by subsection 29 DCMR § 5804.2;
- Persons in a two (2) parent assistance unit who are working in paid or approved volunteer employment, approved work experience, or participating in another activity countable as work under District law, for at least thirty-five (35) hours per week (or an average of one hundred and forty (140) hours per month);
- A full-time VISTA (Volunteers In Service to America) or Americorps volunteer; and
- With respect to the District-funded portion of TANF, individuals who are enrolled in local, accredited post-secondary educational institutions.

A TANF applicant or recipient can request an exemption from DHS at any time, either orally or in writing. Exemptions requests are processed within thirty (30) days of the applicant or recipient's submission of all reasonably necessary verification to support the requested exemption. If DHS denies an exemption request, it will be in writing, state the reason for the denial, and explain the process for appealing the denial.

If DHS determines you meet an exemption, you may participate in any work activity voluntarily. TANF applicants or recipients may be eligible for other benefits such as SNAP or Medicaid.

Signature

- I acknowledge receipt of the notification regarding cooperation with Child Support and Good Cause for not cooperating.

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- I acknowledge receipt of the notification of the Failure to meet home living requirements of the TANF program.
- I acknowledge receipt of the notification of the Verification of Good Cause requirements of the TANF program.
- I acknowledge receipt of the notification of the Verification of School Enrollment of Minor Children and Attendance of Pregnant or Parenting Teens requirements of the TANF program.
- I acknowledge receipt of the notification of the TANF Exemptions for the TANF program.

Sign Here:

Date:

Customer or authorized representative signature

TANF (Temporary Assistance for Needy Families)

As part of the TANF recertification process, you must complete an orientation, assessment and develop an initial self-sufficiency plan as a condition of ongoing eligibility for TANF benefits pursuant to DC Official Code § 4-205.19a. This requirement does not apply to you if you are receiving Supplemental Security Income (SSI) or if you are caretaker of a child who is not yours and you are only recertifying for the child. To schedule an appointment for an assessment, call the DHS Office of Work Opportunity (OWO), Family Resource Center at (202) 698-1860 and bring the completed Assessment and IRP Acknowledgment Form attached. Also, if you think your benefit amount is incorrect, then you can get a Fair Hearing.

It is your responsibility to report any minor's absence from the home, if the absence is expected to exceed ninety (90) days. If a minor is absent or expected to be absent from the home for more than ninety (90) days without good cause as defined in 29 DCMR §5802.2, the minor shall be ineligible to receive TANF benefits. If you fail to make a report of a minor's absence or expected absence for more than ninety (90) days within five days of becoming aware, the needs of the parent or caretaker relative shall be excluded from the TANF benefit for a period of three (3) months, after adequate and timely notice has been given. If you report a minor's absence or expected absence for more than ninety (90) days late, the needs of the parent or caretaker relative shall be excluded from the TANF benefit for one (1) month, beginning with the month following the absence of the child from the home.

POWER (Program on Work Employment and Responsibility): You can apply for a temporary transfer to POWER at any time if you are eligible for TANF benefits but cannot work. You can apply for POWER by letting us know that you have a physical or mental condition that prevents you from working. You can also be eligible for POWER if you are:

- A pregnant or parenting teen under age 19 enrolled in school
- You are required to take care of someone in your house who is physically or mentally incapacitated
- You are 60 years of age or older
- You are a victim of domestic violence.

Participation Pays while on TANF: When you participate with your TANF providers, you are eligible for stipends and bonus(es). This results in more money for you and your family.

Sanctions: If you do not follow your plan or work requirements, your TANF benefits will be reduced, unless you have a good cause. This is called a work sanction. We want you to put yourself in the best situation to be successful for you and your children. DHS offers services to assist you with preparing for and getting a job, address problems that are preventing you from being successful at a job and help with getting a better job. If you are going to be sanctioned, we will notify you in advance.

EBT (Electronic Benefit Transfer): Your EBT card is the card you use to access your TANF benefits. You are not permitted to use your EBT card in liquor stores, casinos, or strip clubs. If you use the card at any of these locations, the transaction will be blocked. DHS is monitoring the use of the card at these locations. Failure to report to DHS that you used your TANF benefits on your EBT card at one of these prohibited locations will be viewed as a concealment in violation of the public assistance fraud provisions found at DC Official Code §4-218.01(c). (<http://www.lexisnexis.com/hottopics/dccode/>). The

District may impose penalties pursuant the above code. If you use the card at prohibited locations, you will have your needs removed from your family's TANF benefit and may be permanently disqualified from the program.

Domestic Violence: You have a right to request a domestic violence good cause waiver of the TANF work requirements and the TANF child support cooperation requirements at any point in time. DHS refers victims of domestic violence to

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appropriate services. Disclosure of domestic violence is voluntary and will not adversely affect or delay the ability to receive aid. Disclosed information will be confidential; however, disclosed information about child abuse, child neglect or elder abuse must be reported to Child Protective Services or the District Department of Aging and Community Living (DACL) Adult Protective Services Division (APS).

POWER Eligibility

An assistance unit shall be eligible for POWER under the following circumstances:

- The head of the assistance unit is the parent of a minor child;
- The head of the assistance unit is physically or mentally incapacitated; and
- The physical or mental incapacity of the head of the assistance unit is verified by competent medical evidence and when considered with the head of the assistance unit's age, prior work experience, education, and other factors bearing on the head of the assistance unit's ability to work, as determined relevant by ESA:
 - Substantially precludes the ability of the head of the assistance unit to work or to participate in job search or job readiness activities; and
 - Is expected to last more than 30 days.

In addition to the circumstances above, assistance unit shall be eligible for POWER if the head of the assistance unit is the parent of a minor child and:

- Is needed in the home, due to medical necessity, to care for a household member who is physically or mentally incapacitated; or
- Has been determined by the Department to be a victim of domestic violence who is receiving relevant support counseling or services and has received a domestic violence assessment by the Department or the Department's designee that resulted in a recommendation that the work requirement or child support cooperation be waived; or
- Is a pregnant or parenting teen who:
 - Has been certified by the Department as being exempt from the home living requirements;
 - Is enrolled in high school or a General Education Equivalency Degree program; and,
- Meets her or his work requirements in compliance with her or his TANF Individual Responsibility Plan (IRP) or any equivalent plan developed during her or his participation in POWER.

A person is ineligible for POWER if that person receives

- Temporary Assistance for Needy Families (TANF);
- Supplemental Security Income (SSI); or
- Unemployment Compensation benefits.

Rights of Child Support (TANF)

All child support payments will be collected and disbursed through CSSD. You are assigning your rights to support up to the TANF grant and you may receive the first \$150.00 of a current monthly child support obligation or a voluntary child support payment from an absent parent or spouse and any amount above the TANF grant. If you receive a payment in error, please contact CSSD immediately. If you receive a payment in error and you do not return the payment, you may be forced to repay CSSD. If you do not agree to these conditions, then you cannot get TANF. Once you are off TANF, then you can keep any current child support payments. If you use the TANF benefit, then you are telling us that you agree to these conditions.

SNAP Only

SOCIAL SECURITY NUMBER STATEMENT:

Under federal law, you must provide your Social Security Number (SSN) (if you have one) if you are in the SNAP household. (See *The Food and Nutrition Act of 2008*, as amended, 7 U.S.C. § 2025(e) and *Social Security Numbers*, 7 CFR § 273.6) Non-participating household or family members need not provide SSNs or information about citizenship or immigration status. Your SSN will be used to verify your identity, prevent receipt of duplicate benefits, and make required program changes. The DHS computer system uses your SSN to verify your income by using records from federal and local sources, including the Internal Revenue Service, the Social Security Administration, DC Department of Employment Services, and the DC Child Support Services Division (CSSD). Refusal or failure without good cause to provide an SSN will result in disqualification of the individual for whom an SSN is not obtained.

PENALTIES FOR FRAUD: If you commit SNAP fraud, traffic SNAP benefits, or break other SNAP program rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits (be disqualified) for anywhere from one year to permanently, depending on the rules that you broke. Disqualification penalties are listed in 7 C.F.R. § 273.16(b) and 7 U.S.C. § 2015(b).

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
SNAP/CASH RECERTIFICATION FORM

SNAP and Cash

- If this form is late or incomplete you may not get your benefits on time.
- If you DO NOT return this form, we will close your case.
- If you do not return proof that we request in this form on time, we may close your case or you might get less benefits than you could be eligible for.
- If your case is closed, you may need to complete a new application.
- If you disagree with a decision to reduce or stop your benefits, you have a right to a fair hearing. You will be sent a notice about any reduction or stoppage of your benefits.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
SNAP/CASH RECERTIFICATION FORM

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
SNAP/CASH RECERTIFICATION FORM

<p>TANF Only Assessment and IRP Acknowledgment Form (read, sign, and bring this page with you to your appointment – see below)</p>		
<p>To be recertified for TANF (cash) benefits, you must complete an orientation/assessment and sign an Individual Responsibility Plan (IRP). This must be completed within 45 days of submitting this recertification for benefits.</p>		
<p>How do I schedule an appointment? You must call (202) 698-1860 or come to the Office of Work Opportunity at one of its locations to schedule an appointment. Appointments are offered Monday-Thursday from 8:15-3:00.</p>		
<p>Anacostia 2100 Martin Luther King Jr. Ave. S.E. Suite 300 Washington, D.C. 20020</p>	<p>Congress Heights 4049 South Capitol Street. SW Washington, DC 20032</p>	
<p>How long will my orientation/assessment be? You should plan on spending at least 90 minutes on the assessment. It is your responsibility to schedule and keep this appointment.</p>		
<p>What should I bring to my orientation/assessment? You must bring this page and a photo ID card.</p>		
<p>Are my travel costs to/from my orientation/assessment appointment covered? Metro assistance/reimbursement may be provided by the Office of Work Opportunity upon request.</p>		
Your Full Name:	Date of Birth:	Case Number (if known):
<p>I understand that failure to complete the orientation, assessment and sign the IRP will result in denial of benefits.</p>		
Sign Here: _____		Date: _____
Customer or authorized representative signature		
OWO Employee Signature: _____ Service Center: _____ Date: _____		