GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
ECONOMIC SECURITY ADMINISTRATION

COMBINED APPLICATION FOR DC*

FOOD STAMPS (SNAP BENEFITS)

CASH ASSISTANCE (TANF for FAMILIES with CHILDREN or INTERIM DISABILITY ASSISTANCE for the DISABLED)

MEDICAID (for the ELDERLY or DISABLED)

HEALTHCARE ALLIANCE/ IMMIGRANT CHILD PROGRAM

*APPLICANTS FOR MEDICAID FOR FAMILIES WITH CHILDREN (INCLUDING TANF APPLICANTS) OR A NON-DISABLED/NON-ELDERLY ADULT MUST FILE A DC HEALTH LINK APPLICATION (See Next Page)

If you live in DC, you can use this form to apply for benefits. If you need help with this form, just ask your worker or another ESA employee. You can also call (202) 727-5355. Free interpreters are available.

Please bring this to your Service Center. To find out which Center is closest to you, call (202) 727-5355. You may also mail this form to DHS/ CRMU, 645 H St., NE, Washington, DC 20002.

❑ Sí, hablo ESPAÑOL (SPANISH)

Si usted vive en DC, puede usar este formulario para solicitar beneficios. Si necesita ayuda con este formulario, pídale ayuda a su trabajador u otro empleado de ESA. También puede llamar al (202) 727-5355. Intérpretes gratis están disponibles.

Por favor, lleve este formulario al Centro de Servicio de su área. Para saber cuál Centro le queda más cerca, llame al (202) 727-5355. También puede enviar este formulario por correo a 645 H St., NE, Washington, DC 20002.

Questions? ¿Preguntas? ጥያቄዎች?
有問題嗎？Có thắc mắc gì không?

☎ **(202) 727-5355**

FOR AGENCY USE ONLY ❑ Application ❑ Recertification
Case Name _____ Case #_____
Date Rec'd _____ Prog. Approved _____
Date Disp. _____ Prog. Denied _____

ESA Combined Application: December 2015

❑ 是，我說中文 (MANDARIN)

"如果您住在D.C.，您可以用這份表格來申請福利。如果您填寫這份表格時需要幫助，您可以向工作人員或其他IMA員工詢問。您還可以致電 (202) 727-5355
我們有免費翻譯服務。"

"請將這份表格送到您所在地區的服務中心。欲知離您處所最近的服務中心的地址，請致電 (202) 727-5355
您也可以將這份表格寄至 645 H St., NE Washington, DC 20002."

❑ አዎ አማርኛ እናገራለሁ (AMHARIC)

"በዲሲ ውስጥ የሚኖሩ ከሆኑ የእርዳታ ጥቅሞችን ለማግኘት በዚህ ቅጽ ሊጠቀሙ ይችላሉ። ይህንን ቅጽ ለመሙላት እርዳታ ከፈለጉ ጉዳይዎን የያዙትን ሠራተኛ ወይም ሌላ የአይኤምኤ ሠራተኞን ይጠይቁ። እንዲሁም በ **(202) 727-5355** ለመደወል ይችላሉ። ነፃ አስተርጉዋሚዎች ይኖራሉ።"

"እባክዎ ይህንን ቅጽ ወደ አካባቢዎ የአገልግሎት ማዕከል ይዘውት ይሂዱ። የትኛው ማዕከል በእርስዎ አቅራቢያ እንደሚገኝ ለማወቅ ደግሞ በ **(202) 727-5355** ይደውሉ። ይህንን ቅጽ በፖስታ ቤት በኩል ለ 645 H St., NE Washington, DC 20002." ለመላክም ይችላሉ።"

❑ Có, tôi nói VIỆT (VIETNAMESE)

"Nếu quý vị sống tại D.C., quý vị có thể dùng mẫu đơn này để xin quyền lợi. Nếu quý vị cần giúp đỡ điền đơn này, xin hỏi nhân viên xã hội của mình hoặc một nhân viên khác của IMA. Quý vị cũng có thể gọi số (202) 727-5355. Có thông dịch viên miễn phí.

"Xin đem mẫu này tới Trung Tâm Dịch Vụ khu vực của quý vị. Để tìm hiểu xem Trung Tâm nào gần quý vị nhất, gọi (202) 727-5355. Quý vị cũng có thể gửi mẫu đơn này tới 645 H St., NE, Washington, DC 20002.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

ECONOMIC SECURITY ADMINISTRATION SERVICE CENTERS

Anacostia Service Center
2100 Martin Luther King Avenue, SE
Washington, DC 20020
Phone: (202) 645-4614
Fax: (202) 727-3527

Congress Heights Service Center
4049 South Capitol Street, SW
Washington, DC 20032
Phone: (202) 645-4525
Fax: (202) 645-4524

H Street Service Center
645 H Street, NE
Washington, DC 20002
Phone: (202) 698-4350
Fax: (202) 724-8964

Fort Davis Service Center
3851 Alabama Ave., SE
Washington, DC 20020
Phone: (202) 645-4500
Fax: (202) 645-6205

Taylor Street Service Center
1207 Taylor Street, NW
Washington, DC 20011
Phone: (202) 576-8000
Fax: (202) 576-8740

*Customers may call ESA at **(202) 727-5355***
to learn which Service Center serves their address.

IMPORTANT NOTICE ABOUT APPLYING for MEDICAID

Unless you are 65 years or older or you are disabled you need to complete a DC Health Link Application for Health Coverage to get Medicaid. If you are applying in person at one of the offices listed above you can ask for a paper copy of the Health Link Application. If you want to file an on-line application for Medicaid go to the DC Health Link Website at DC HealthLink.com. You can also call the DC HealthLink Customer Service Center toll-free at 1-855-532-5465 for help applying.

Questions? ¿Preguntas? ጥያቄዎች?
有問題嗎？Có thắc mắc gì không?

☎ (202) 724-5506.

December 2015

Your Information

Last Name	First Name	Middle Name	Date of Birth	Telephone

Current Address	Apt.	Mailing Address (if different)
City, State	ZIP	Are you Homeless? ❑ Yes ❑ No Do you plan to stay in DC? ❑ Yes ❑ No

I am applying for: ❑ **Medical Assistance/QMB** ❑ **Food Stamps** ❑ **IDA** (Interim Disability Assistance)

❑ **TANF/GC** (Temporary Assistance for Needy Families/General Assistance for Children)

Note: Your Food Stamp benefits start on the day that you apply. You can apply right away. Make sure to write down your name and address above and then sign at the bottom of this page.

Expedited Food Stamps

You might be able to get Food Stamps in less than a week! To see if you qualify, please tell us:

1. Will your household income be more than $150 this month? ❑ Yes ❑ No
2. Do you have more than $100 in cash or in the bank? ❑ Yes ❑ No
3. Is your income & ready cash this month more than your rent and utilities? ❑ Yes ❑ No

If you answered NO to the questions above, then you may be eligible. Please tell us:

(a) What will be your total income this month? $_____; (b) How much do you have in cash or the bank? $_____; and (c) What did you pay for housing (rent/ utilities) this month? $_____

4. Are you or anyone in your household a migrant or seasonal farm worker? ❑ Yes ❑ No

Authorized Representative

Do you want someone else to act for or represent you? ❑ Yes ❑ No If YES, please tell us:

Name of Your Authorized Representative: Address of Rep.: Telephone of Rep.:

_____ _____ _____

What do you want them to do? ❑ Do interviews ❑ Make Inquiries ❑ Report changes ❑ Use EBT card

Signature

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 in my application and I believe that all of my information on this entire eight-page form is true and correct. **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.**

I agree to follow the rules for DHS benefits. I have received a copy of these rules. I know that I will have to **recertify** for my benefits. I also understand that my child may get free health care through "HealthCheck."

Authorized Representatives: If the applicant cannot sign this form, you may sign it for them. By signing, you certify that this person wants to apply for benefits and agrees to the conditions above.

SIGNATURE: X _____ **DATE:** _____

Who Lives with You?

(Please list everyone in the household, even if you are not applying for them.)

Last Name	First Name	Middle Name	Applying for this Person? (Yes/No)	Sex (M/F)	Date of Birth	Age	Social Security Number*	Relation to you (child, aunt, friend, etc.)	Do you eat together? (Yes/No)	U.S. Citizen? (Yes/ No)**
1. (You)								(Self)	(n/a)	
2.										
3.										
4.										
5.										
6.***										

* You can leave this blank if this person does not have an SSN or does not want benefits. However, you may still have to report this person's income and assets.

** Many immigrants are eligible for benefits. To see if you may qualify, please fill out all of page 6. *** Attach another sheet if more than six people live in your house.

General Questions

1. Are you: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed (Not needed for Food Stamps)

2. Is anyone in the military or a U.S. Veteran? ❑ Yes ❑ No
If YES, who?

3. Is anyone **pregnant**? ❑ Yes ❑ No (Not needed for Food Stamps)
If YES, who? When is the baby due?

4. Are you in a long-term care facility (nursing home, ICF-MR, CRF, etc.)?
❑ Yes ❑ No If YES, where?

5. How much do you pay for **child-care** or **elder-care** (day care, babysitter, etc.)? $ How often do you pay this?

6. Are you or anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, going to jail for a felony crime or attempted felony, or violating a condition of parole or probation? ❑ Yes ❑ No If YES, who?

7. Have you gotten benefits from another State in the last three (3) months? ❑ Yes ❑ No If YES, where?

8. Does anyone age 16 or older go to **school** or a **job-training** program? ❑ Yes ❑ No If YES, who?
Name of the school or program? How many hours per week?

9. In the last two (2) months, did anyone **stop working** or cut back on their hours? ❑ Yes ❑ No If YES, who?
Reason? _____ What was their last day at work ? _____ Date of final paycheck: _____

Income

Income from Work (**before** taxes or other deductions: gross, not net amount)

Are you or is anyone in your house working? ❑ Yes ❑ No

Person who is working	Employer's Name/Telephone	Start Date	How much is each paycheck? (**before** taxes)	How often do you get paid? (weekly, biweekly, monthly, etc.)
			$ (GROSS)	
			$ (GROSS)	

Other Income

Do you or anyone else get any other income? Please check all that apply and list each payment below.

❑ SSI
❑ Social Security (not SSI)
❑ Veterans benefits
❑ Unemployment/Workers Comp.
❑ Pensions and retirement
❑ Foster care/adoption subsidy
❑ Child support
❑ Help with expenses
❑ Other _____

Type of Payment	Who gets this?	How much is each payment? (**before** taxes and deductions)	How often do they get this? (weekly, biweekly, monthly, etc.)
		$ (GROSS)	
		$ (GROSS)	

Does anyone pay your family for meals or to rent a room (for example, a **roommate or boarder**)?

❑ Yes ❑ No If YES, who pays? _____ How much do they pay each month? $ _____

Assets

Cash	Does anyone have more than $1,000 in cash? If YES, how much $ _____	❑ Yes ❑ No
Bank Accounts	Does anyone have more than $1,000 in the bank? If YES, please attach your most recent bank statement(s).	❑ Yes ❑ No
Life Insurance	Does anyone have life insurance that they can cash in? If YES, how much money would you get if you cashed it in today? $ _____	❑ Yes ❑ No
Real Property	Does anyone own property besides the home you live in? (For example: boats, rental property, real estate)	❑ Yes* ❑ No
Car	Does anyone own a car, truck or van? If YES, list Make, Model and Year below. _____ Is it used by someone who's sick/disabled?	❑ Yes ❑ No ❑ Yes ❑ No
Other	Does anyone have any stock, bonds, etc.?	❑ Yes* ❑ No
Transfers	Did anyone sell, trade, or give away anything worth more than $1,000 during the last three (3) years?	❑ Yes* ❑ No

* If YES, please attach a description to this form.

For the Blind and Disabled
(Medical Assistance and IDA Only)

Is anyone in your house **blind** or severely **disabled**? ❑ Yes ❑ No If YES, who? _____

To get DC Disability Medicaid and Interim Disability Assistance (IDA), you may need to show that you are blind or disabled. Please get a Medical Form and have a doctor fill it out. If you do not have a doctor, call the DC Department of Healthcare Finance's Office of the Ombudsman on (202) 724-7491. They can help you find a doctor. The doctor will fill out the Medical Form for you. DHS will treat all of your information as confidential.

Note: You do **not** need to fill out a Medical Form (856) if **you are age 65 or older** or if a **child under 19 lives with you**. Also, you may not need to fill out the form if you get Social Security disability benefits. If you have questions, please ask your worker or call (202) 727-5355.

Housing, Utilities, & Other Bills
(Food Stamps Only)

Your Food Stamps amount may depend on your housing, utility, and medical bills. Please tell us the current amount of these bills. Do **not** include any past due amount. To qualify for more Food Stamps, you must provide proof of these bills. If you do not, we will assume that you do not want this deduction.

Rent or Mortgage

	Rent	Mortgage	Monthly Property Taxes*	Homeowners Insurance*	Condo Fee*	Other (describe below)
How much?	$	$	$	$	$	$
Who pays?						

* Do not list property tax, insurance, or condo fees separately, if they are already included in your rent /mortgage amount.

Do you pay for heating or air-conditioning separately from your rent? ❑ Yes ❑ No

Did you get LIHEAP (Low Income Home Energy Assistance Program) benefits during the past 12 months? ❑ Yes ❑ No If yes, how much did you get? $_____

Utility Bills (if **separate** from rent/mortgage)

Do you pay any money for the following utilities (separate from your rent)?

❑ Electric Bill ❑ Gas Bill ❑ Fuel Oil ❑ Water Bill ❑ Phone Bill (including cell)

❑ Other _____

Other Bills

1. Is there anyone who is disabled or age 60 or older who pays medical bills?

   ❑ Yes ❑ No If YES, who pays? _____ How much do they pay each month? $ _____

2. Does anyone in your home **pay** child support?

   ❑ Yes ❑ No If YES, who pays? _____ How much do they pay each month? $ _____

Parents Not Living in the Home
(TANF and Medical Assistance Only)

We can help you get child support for the children for whom you are applying. Please tell us about any absent parents (any parents not living with their child). However, you could have a good reason for not telling us about an absent parent. **If you are afraid that an absent parent might hurt you or someone in your family, then you have a good reason.** If you have a good reason, then you do not have to give any information now.

Do you have a good reason for not telling us about an absent parent? ❑ Yes ❑ No

If NO, then you need to fill in the information below.

Child with Absent Parent: Child # 1

Child's Name	Date of Birth	In what city and state was this child conceived? City: State:
Was this child born at full term? Yes ❑ No ❑ If no, at how many weeks was this child born?		Name of Alleged Absent Parent

I certify that Child #1 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.

Signature:

Paternity Established?	*Voluntary Support*	*Court-Ordered Child Support*
Has paternity been established? Yes ❑ No ❑ If so, by what means?	Date you last received money from the Absent Parent	Court Date ordered City, State Amount ordered

More Information about Absent Parent

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

Child with Absent Parent: Child # 2

Child's Name	Date of Birth	In what city and state was this child conceived? City: State:
Was this child born at full term? Yes ❑ No ❑ If no, at how many weeks was this child born?		Name of Alleged Absent Parent

I certify that Child #2 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.

Signature:

Paternity Established?	Voluntary Support	Court-Ordered Child Support	
Has paternity been established? Yes ❑ No ❑ If so, by what means?	Date you last received money from the Absent Parent	Court City, State	Date ordered Amount ordered

More Information about Absent Parent (complete this if different from Child #1)

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

Child with Absent Parent: Child #3

Child's Name	Date of Birth	In what city and state was this child conceived? City: State:
Was this child born at full term? Yes ❑ No ❑ If no, at how many weeks was this child born?		Name of Alleged Absent Parent

I certify that Child #3 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.

Signature:

Paternity Established?	Voluntary Support	Court-Ordered Child Support	
Has paternity been established? Yes ❑ No ❑ If so, by what means?	Date you last received money from the Absent Parent	Court City, State	Date ordered Amount ordered

More Information about Absent Parent (complete this if different from Child #1 and #2)

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing information regarding parents absent from the home and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

I understand and agree that the Child Support Services Division (CSSD) will collect all child support payments. Since I am assigning support rights, **I also agree** to repay CSSD any payments that are made to me.

SIGNATURE: X _____ **DATE:** _____

Health Insurance and Medical Bills
(Medical Assistance Only)

You may still get Medical Assistance even if you have other health insurance. We can also pay your Medicare premiums for you. Please tell us about your health insurance.

Medicare	Does anyone have Medicare (a red, white and blue card)? If YES, who has Medicare? _____	❑ Yes ❑ No
Health Insurance	Does anyone have any other insurance? If YES, please give us a copy of the insurance card.	❑ Yes ❑ No
Retro Medicaid/ Medical Bills	Did anyone have any medical bills in the last three months? If you get DC Medicaid, you can get paid back for some bills that you have paid. We can also pay some unpaid bills. Call **(202) 698-2009**. Were your address, income, and assets the same as now during the last three months? If no, describe the change.	❑ Yes ❑ No ❑ Yes ❑ No

Voluntary Questions

Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino

Race: ❑ Black/African-American ❑ Asian ❑ American Indian or Alaskan Native
❑ White ❑ Native Hawaiian or Other Pacific Islander

Note: You may check more than one race. Also, you do not have to provide this information. None of this information will affect your benefits. We only ask for this information to make sure that we do not discriminate.

Language Preference

The DC Language Access Act requires that we provide services for persons who do not speak English or cannot speak English well. The law also requires that we collect information on the languages that our customers use. Please answer the following questions:

What is the Language that you usually speak?

❑ English ❑ Spanish ❑ French ❑ Vietnamese ❑ Korean ❑ Amharic

❑ Chinese (Mandarin) ❑ Chinese (Cantonese) ❑ Other _____

What Language do you want to use to get ESA services?

❑ English ❑ Spanish ❑ French ❑ Vietnamese ❑ Korean ❑ Amharic

❑ Chinese (Mandarin) ❑ Chinese (Cantonese) ❑ Other _____

If you do not want to use the language that you usually speak, you must sign the statement below:

I have been told that I have the right to receive ESA services in the language that I usually speak. By signing below, I am saying that I do NOT want language services.

Sign here only if you do NOT want language services: _____

For Immigrants (Non-Citizens) Applying for Benefits

Many immigrants are eligible for benefits. For any non-citizen applying for benefits, please provide the immigration information below. **If your status is "OTHER," then we will not ask you for any more information about your immigration status.**

If you are only applying for your child, you do **not** have to give details about your immigration status. Instead, you can just give your child's immigration information. If you just want benefits for your child, you can mark "OTHER" for your own immigration status.

We may ask Immigration Services (USCIS) to verify the status of anyone who is NOT listed as "OTHER". This may affect your eligibility for benefits and the amount of your benefits

Please use these categories for "Current Status" in the table below:

- Lawful permanent resident (LPR)
- Refugee or Asylee
- Cuban or Haitian Entrant
- Person who has been granted withholding of deportation (removal)
- Parolee admitted for at least one year
- Alien who has been present before April 1, 1980, as a "Conditional Entrant"
- Person on active duty in U.S. Armed Forces (or veteran)
- Spouse, widow or dependent of American soldier or veteran
- A victim of domestic violence
- A victim of a severe form of trafficking in human persons
- Native American/Inuit born outside of the U.S.
- Hmong/Laotian
- Afghan/Iraqi Special Immigrant
- Amerasians who came to the U.S. due to the Vietnam War
- OTHER: status does NOT match one of those listed here.

Name	Alien ID # ("A" number)	Current Status	Date that You Moved to the U.S.	Was ever a Refugee/ Asylee?	Cuban/ Haitian?
1.				❑ Yes	❑ Yes
2.				❑ Yes	❑ Yes
3.				❑ Yes	❑ Yes
4.				❑ Yes	❑ Yes
5.				❑ Yes	❑ Yes

Important: Did anyone above move to the United States before August 22, 1996? ❑ Yes ❑ No

If YES, who? _____

Note: Some immigrants who moved to the U.S. after August 22, 1996 do not have to wait five years before getting benefits.

For Lawful Permanent Residents (LPRs) only:

1. Do you have a sponsor? ❑ Yes ❑ No

2. Have you, your parents, your spouse, and/or your sponsor ever worked in the U.S.? ❑ Yes ❑ No

This Is Your Receipt

The date stamp at the right shows that DHS got your application. If you have any questions, you can call the ESA Call Center on (202) 727-5355.

Your worker will give you a "checklist." This checklist tells you which documents that you need to bring back to DHS. You can also mail copies to your Service Center at the address recorded below. If you mail them, please write your name and your date of birth on each document. DHS must help you get the documents you need, when you are not able to get them. Let us know if you need help.

ESA Contact: _____ Tel: _____

Service Center address: _____

ESA DATE STAMP

Case Name _____

Documents That You May Need to Bring to DHS

Proof of:	Examples
Income	Recent paystubs; statement showing retirement income, disability income, or Workers Compensation; pension statement; etc.
Assets	Recent bank and checking account statements, etc.
DC Residency	DC driver's license, lease, rent receipt, written statement from your landlord, utility or telephone bill, etc.
Social Security Number	Social Security card; tax or payroll documents with your SSN on it; DC driver's license with your SSN on it; etc. (Not required for Food Stamp-only applicants.)
Medical Exam Report/Disability	Recent medical report (or Form 856) and any supporting materials from your doctor.
Immigration Information	Employment Authorization card, I-94, visa, passport, or other documents from the INS.
Rent/Mortgage (Food Stamps only)	Lease, rent receipt, cancelled check, mortgage statement, etc.
Utility Bills (Food Stamps only)	Recent bills for electric, gas, fuel, phone, water, telephone, etc. (if you pay these separately from your rent).
Relationship (TANF only)	Birth certificate (full copy) for your child(ren) or official records from a school, court, hospital, etc.
"Living with" (TANF only)	Statements from two non-relatives or school records.

Also bring your **Medicare card** or other health insurance card, if you have one.

Referrals

- HealthCheck provides **free check-ups** for children on Medicaid. It also pays for other services that a child needs. HealthCheck can also get you **free rides to the doctor**. To find out more, call (202) 639-4030.
- WIC is a program for children under five. With WIC, you can **save up to $140** each month on food. Also, WIC staff can talk with you about breast-feeding. To find out more, call 1-800-345-1WIC (1-800-345-1942).
- If you are eligible for DC Medicaid, you can get money back for **recent medical bills** that you have paid. To find out more, call (202) 698-2009.
- The District has a special program for seniors and the disabled who need **in-home nursing** and other **home care**. This program has a higher income limit than regular Medical Assistance. To find out more, call 1-877-919-2372.

HIV/AIDS testing and services	(202) 671-4900	Medicare	1-800-633-4227
Alcohol and drugs	1-888-7WE-HELP	Social Security Administration	1-800-772-1213
Depression and mental health	1-888-7WE-HELP	Energy Assistance	(202) 673-6700
Breast/cervical cancer screening	(202) 442-5900	Public Housing and Section 8	(202) 535-1000

Free Legal Help

Neighborhood Legal Services
680 Rhode Island Ave., NE
(202) 832-6577

4609 Polk St., NE (Ward 7)
(202) 832-6577

2811 Pennsylvania Ave., SE (Ward 8)
(202) 832-6577

Bread for the City Legal Clinics
1640 Good Hope Rd., SE
(202) 561-8587

1525 Seventh St., NW
(202) 265-2400

Legal Aid Society
666 11th St., NW, Suite 800
(202) 628-1161

Legal Clinic for the Homeless
1200 U St., NW
(202) 328-5500

Legal Counsel for the Elderly
(for people age 60 and older)
601 E St., NW
(202) 434-2120

Your Rights and the Program Rules

Recertification

We will send you a recertification notice in the mail. If you get Medical Assistance, just complete the form and send it back to DHS. If you get Food Stamps or cash assistance (TANF, GC or IDA), then you will need to come to DHS for an interview. If you do not recertify, then you will lose your benefits. Also, please let us know if you move. Just call **(202) 727-5355** to report your new address

General Rules

You must give true and complete information. If you lie or give false information, you may lose your benefits. You could also be fined and go to prison. We may verify your information to make sure it is correct. We may check on your income, your Social Security information, and your immigration information. We verify this information through computer matching programs. We may also interview you and do a home visit.

Your case may be chosen for a Quality Control review. This is a detailed review of all of your information. It may include personal interviews and a review of your medical records. By applying, you agree to cooperate with the state or federal reviewers. If you refuse to cooperate, you may lose all or part of your benefits. If you are under investigation or are fleeing to avoid the law, we may share your information with federal and local agencies. If a food stamp claim arises against you, the information on this form, including SSNs, may be sent to Federal and State offices, or private claims collection agencies for claims collection action against all adults in the household.

Under federal and District law, you must provide your Social Security Number (if you have one) if you are in the assistance unit. (See 42 CFR 435.910, 7 CFR 273.6, DC Code §4-204.07, §4-205.05a, and §4-217.07) 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). DHS also reserves the right to check your information with income verification services and other local agencies.

Unless you receive a notice of simplified reporting, you must report changes in your income, assets, shelter and childcare costs, and who lives with you. To report a change, call **(202) 727-5355**. You must call us before the 10th day of the month after the change.

Fair Hearings

If you think that DHS has made a mistake, then you can get a Fair Hearing. Call **(202) 698-4650** to find out more. You can also call (202) 727-8280. At a Fair Hearing, you can ask someone else to speak for you. This could be an attorney, a friend, a relative, or someone else. You can also bring witnesses. We will pay for transportation to the Fair Hearing for you and your witnesses. We may also pay for some of your other costs. You can also get free legal help for a Fair Hearing. Call one of the agencies above to talk to a lawyer or counselor.

Medical Assistance Rules

The Medicaid rules have changed. If you are not aged (over 65), blind, or disabled, you must complete the new DC Health Link application for medical insurance. However, if you are over 65, blind or disabled or if you want us to review your application for Interim Disability Assistance, then you must complete this form. After you apply, you will get a decision about your Medical Assistance within 45 days (or 90 days if DHS must determine if you are disabled). If you do not get a notice within this period, please call (202) 727-5355.
If you get Medical Assistance, then you must recertify each year when we send you a recertification notice. There is no time limit for getting Medical Assistance. Also, if you lose TANF, you may still get Medical Assistance.

Child Support: You agree to cooperate fully with the DC Child Support Services Division (CSSD) in establishing paternity and getting child and medical support as required by law. You can apply for an exception to this if you have a good reason. However, you can lose your benefits if you do not cooperate without a good reason.

Estate Recovery: The District will seek recovery for the bills we pay if you are in a nursing home or other medical institution. Also, if you are age 55 or older, the District will seek recovery for services that you get. This means that we may put a lien or claim on your property or estate. If you have questions, call (202) 698-2000.

Lawsuits: If you sue or enter into settlement negotiations with a third party for a medical claim or injury, you must provide written notice of the action (either by personal service or certified mail) within 20 calendar days to the Medical Assistance Administration, Third Party Liability Section, 441 4th Street, NW, Suite 1000- South , Washington, DC 20001. If you have questions, call (202) 698-2000.

Out of Pocket Reimbursement Information:
If you paid for drug prescriptions, doctor visits, or hospitalizations during a time that you were eligible for Medicaid, you may be able to be reimbursed for the expenses.

REQUIREMENTS: You may be eligible for reimbursement if during a period of time you or a family member were eligible for Medicaid, and
a. You paid for drug prescriptions, doctor visits, or hospitalizations; or
b. You are still paying a bill or are being asked to pay a bill by a pharmacy, clinic, doctor, or hospital for drug prescriptions, doctor visits, or hospitalizations.

If you believe that you are entitled to reimbursement, you must request reimbursement within six (6) months of the date you went to the pharmacy, clinic, doctor, or hospital, or within six (6) months of the date you learned you were eligible for Medicaid, whichever is later.

You must complete and submit a Medicaid Reimbursement Request Form to the DC Department of Health Care Finance. You can get a copy of the form at any ESA office, or you can download a copy at https://www.dc-medicaid.com/dcwebportal/nonsecure/recipientForms.

IF YOU HAVE QUESTIONS OR IF YOU NEED HELP COMPLETING THE FORM OR OBTAINING REQUESTED INFORMATION CONTACT:
a. The Medicaid Recipient Claims Research Team of the D.C. Department of Health Care Finance (DHCF) at (202) 698-2009.
b. Terris Pravlik & Millian, LLP, 1121 12th Street, NW, Washington, DC 20005, (202) 682-0578, who will provide you with free legal assistance.

A DECISION ON YOUR REIMBURSEMENT CLAIM MUST BE MADE WITHIN 90 DAYS:

a. The Medicaid Recipient Claims Research Team must make a decision on your reimbursement claim within 90 days from the time you file your claim. If no decision is made within those 90 days, your claim will be treated as valid, and you will be paid within 15 days after the end of the 90 day period.
b. If you are not satisfied with the decision of the Medicaid Recipient Claims Research team, you have a right to a fair hearing. You may request a fair hearing by calling the Office of Administrative Hearings at (202) 442-9094. The Office of Administrative Hearings is located at 441 4th Street, NW; Washington, DC 20001-2714.
c. If you are not satisfied with the result of the fair hearing, you may appeal to the United States District Court of the District of Columbia within 30 days. You may obtain free legal assistance to help you present your case at the fair hearing or at the appeal by contacting Terris Pravlik & Millian, LLP at 1121 12th Street, NW; Washington, DC 20005 or (202) 682-0578.

TANF Rules

There are new requirements in the TANF program. After you apply, you must complete an orientation, assessment and develop an initial self sufficiency plan as a condition of eligibility for TANF benefits. This requirement does not apply to you if you are receiving SSI or if you are caretaker of child(ren) that are not yours and you are only applying for the child(ren). To schedule an appointment for an assessment, you can call the Family Resource Center at (202) 698-1860. You will get a decision about your TANF within 45 days. If you do not get a notice within 45 days, you can get a Fair Hearing. Also, if you think your benefit amount is incorrect, then you can get a Fair Hearing.

If you are able to work, then you must comply with the work requirements to receive TANF benefits. You could lose your benefits if you do not comply. If you have a physical or mental condition that keeps you from working, let DHS case coordinator know at any time. You can be excused from working if you have a good reason. This is called a work exemption.

You are excused from working if:
- You are a minor parent and you are in school
- You have a child under 6 and cannot find child care
- You are incapacitated, injured or have a disability
- You are required to take care of someone in your house who is ill or disabled
- You are 60 years of age or older
- You need treatment for substance abuse and you cannot work
- You are a victim of domestic violence and you are afraid for your safety
- You have a child under one (1) years old

We may ask for proof of your need to be excused, including a report from your doctor where appropriate. If you are eligible for the exemption, you may also be eligible for a temporary transfer to POWER.

POWER: 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 minor parent enrolled in school
- You are required to take care of someone in your house who is ill or disabled
- Your are 60 years of age or older
- You need treatment of substance abuse and you cannot work
- You are a victim of domestic violence and you are afraid for your safety

Child Support: There are new rules for Child Support. You can receive both TANF and a portion of your child support at the same time. The Child Support Services Division can help you get child support from the other parent. You are required by law to cooperate with the CSSD. **Contact (202) 442-9900** to set up an appointment with them. By signing this application, you agree to cooperate fully with the CSSD in establishing paternity and getting child and medical support as required by law. You can ask for an exemption if you have a good reason for not cooperating.

You have a good reason if:

- You are afraid that you, your children, or a close family member could be harmed if you help CCSD
- Your child was conceived because of rape by a stranger , someone you know, or a relative
- Your child is going to be adopted or you are deciding whether to give up your child for adoption

You may have other reasons for not wanting to help CSSD. Discuss them with your Child Support Worker. If you have a good reason, tell your DHS and Child Support Worker and provide proof within 20 days of the request for exemption. After you provide proof to CSSD, they will let you know of their decision. If you do not cooperate with CSSD, and you do not have an exemption, then you will lose 25% of your TANF benefit.

TANF Time Limits: Most people can only get TANF for 60 months. We count every month that you received a TANF benefit until you get to 60 months. If you are subject to the time limits, your TANF benefit will be reduced or eliminated at the beginning of 61 months.

You are not subject to the time limits if you are receiving SSI or if you are receiving TANF because you are caring for someone else's child. In addition, the months do not count if you are receiving POWER benefits. It is important that you let us know if you are having trouble working because of illness or disability. You may qualify for POWER for other reasons. Please see the section on POWER for more information.

Work Pays While on TANF: When you report that you got a job, you may be eligible to receive up to $1,250 in TANF bonuses while you work! We also discount your income so that you can keep more of your TANF while you are bringing home a paycheck. How much of your TANF money you keep depends on how much you are earning.

Sanctions: If you do not follow your plan or work requirements, your TANF benefits will be cut, unless you have a good reason. 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 at risk of a sanction, we will notify you in advance. You can avoid sanctions. Contact your case manager or DHS Family Resource Center to learn how.

There are three levels of work sanctions. The first level sanction will reduce your grant by reducing your household size and moving you from the grant. The second level sanction will reduce your benefits in half. The third level you will lose your entire grant. You must comply for four consecutive weeks to get your benefits back. If you do not comply right away, the sanction could last longer. For more information ask for a **TANF: Your Guide to Putting the Pieces Together** booklet or go to www.dhs.dc.gov or call (202) 698-1860.

Electronic Benefit Transfer rule changes: Recently Congress passed a law that changes how and where you can use your TANF benefits on your EBT card. 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. If you repeatedly use the card at prohibited locations you may be in violation of the program rules and disqualified from the program.

Food Stamp Rules

You may file an application for Food Stamps separately from other benefits. You will get Expedited Food Stamps within seven (7) days if you are eligible. After you apply, you will get a decision about your Food Stamps within 30 days. If you do not get a notice within this period you can get a Fair Hearing. Also, if you do not think your benefit amount is correct, then you can get a Fair Hearing.

You must have an interview with DHS to get Food Stamps. If you need to do an interview by telephone, please let your worker know. We can do phone interviews if you cannot come to DHS because of work. We can also do phone interviews if you are sick or have a sick relative for whom you are caring.

You will have to come to DHS to recertify when we send you a notice. Note: some elderly and disabled customers only have to recertify every two years. However, there is no time limit for getting Food Stamps. In fact, even if you lose TANF, you may still get Food Stamps.

If you get Food Stamps, you must follow these rules.

- **Do not lie or hide information to get Food Stamps.**
- **Do not trade or sell your Food Stamps;**
- **Do not use someone else's Food Stamps; and**
- **Do not buy alcohol or tobacco with Food Stamps.**

If you break the rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits for one year for the first violation, two years for the second violation, and permanently for the third violation. If you lie about living in the District or your identity, then you cannot get Food Stamps for 10 years. If you sell or trade your Food Stamps for any purpose (e.g., to get drugs, firearms, ammunition, or explosives) or traffic in $500 or more in benefits, then you may lose your benefits permanently.

IDA Rules

After you apply, you will get a decision about your IDA within 60 days. If you do not get a notice within 60 days, you can get a Fair Hearing. Also, if you do not think your benefit amount is correct, then you can get a Fair Hearing.

If you get IDA, then you must cooperate with your IDA case manager. This means:

- Give us medical reports and other materials;
- Keep your appointments with the doctor and with the Social Security Administration;
- Keep your appointments with your case manager; and
- Go to treatment programs, as required.

If you do not follow these rules, then you may lose part or all of your IDA benefits. Also, DHS will take out the amount of IDA that you got from your first "lump sum" SSI check; DHS will send the rest of your first SSI check to you.

Rights of Support

You must turn over to the District Government any payments that you get from an insurance company for medical care. You must turn over part or all of your child support to the DC Child Support Services Division (CSSD) after you get your first TANF payment. If you do not agree to these conditions, then you cannot get Medicaid or TANF. Once you are off TANF, then you can keep any current child support payments. If you use a Medicaid card or the TANF benefit, then you are telling us that you agree to these conditions.

Confidentiality

By applying, you give DHS permission to talk with your employer, your landlord, your bank, your doctor, and other people who have information about you. You also give these people your permission to give information about you to DHS. In addition, you also give DHS permission to look at your motor vehicle records, wage data, tax information, and other government records. Of course, DHS keeps all of your information confidential. DHS does not release your records without your permission (except when required by law).

Equality and Non-Discrimination

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) 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 (click the link for a listing of hotline numbers by State); 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).

This institution is an equal opportunity provider.

In accordance with the DC Human Rights Act of 1977, as amended, DC Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, gender identity or expression, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, and place of residence or business. Sexual harassment is a form of sex discrimination, which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action. These prohibitions also apply to the denial of credit or insurance. COMPLAINTS OF POSSIBLE VIOLATIONS OF THIS LAW MAY BE FILED WITH:
Government of the District of Columbia
Office of Human Rights
441 4th Street, N.W., 570N
Washington, D.C. 20001
Telephone (202) 727-4559 • Fax (202) 727-9589

DC Economic Security Administration
645 H Street, NE
Washington, DC 20002

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