



Combined Application for DC

MEDICAL ASSISTANCE FOOD STAMPS CASH ASSISTANCE*

* for the Disabled and Families with Children

If you live in D.C., you can use this form to apply for benefits. If you need help with this form, just ask your worker or another IMA employee. You can also call (202) 724-5506. Free interpreters are available.


Please bring this form to your area Service Center. To find out which Center is closest to you, call (202) 724-5506. You may also mail this form to 645 H St., NE, Washington, DC 20002.

Sí, hablo ESPAÑOL (SPANISH)

Si usted vive en D.C., puede usar este formulario para solicitar beneficios. Si necesita ayuda con este formulario, pídale ayuda a su trabajador u otro empleado de IMA. También puede llamar al (202) 724-5506. 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) 724-5506. 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) 724-5506.

For Agency Use Only	Application	Recertification
Case Name _____	Case # _____	
Date Rec'd _____	Prog. Approved _____	
Date Disp. _____	Prog. Denied _____	

☐ 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) 724-5506。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) 724-5506。您也可以將這份表格寄至 645 H St., NE, Washington, DC 20002。”

☐ አዎ አማርኛ እናገራለሁ (AMHARIC)

“በዲ.ሲ. ውስጥ የሚኖሩ ከሆኑ የእርዳታ ጥቅሞችን ለማግኘት በዚህ ቅጽ ሊጠቀሙ ይችላሉ። ይህንን ቅጽ ለመሙላት እርዳታ ክፈለጉ ጉዳይዎን የያዙትን ሠራተኛ ወይም ሌላ የአይኔምኤ ሠራተኛን ይጠይቁ። እንዲሁም በ(202) 724-5506 ለመደወል ይችላሉ። ነፃ አስተርጉሞች ይኖራሉ።”

“እባክዎ ይህንን ቅጽ ወደ አካባቢዎ የአገልግሎት ማዕከል ይዘውት ይሂዱ። የትኛው ማዕከል በእርስዎ አቅራቢያ እንደሚገኝ ለማወቅ ደግሞ በ(202) 724-5506 ይደውሉ። ይህንን ቅጽም በፖስታ ቤት በኩል ለ645 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) 724-5506. 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) 724-5506. 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



**INCOME MAINTENANCE ADMINISTRATION
SERVICE CENTERS**

Anacostia Service Center

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

H Street Service Center

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

Congress Heights Service Center

4001 South Capitol Street, SW
Washington, DC 20032
Phone: (202) 645-4546
Fax: (202) 645-4524

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 IMA at (202) 724-5506
to learn which Service Center serves their address.*

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

 **(202) 724-5506**

Your Information

Last Name	First Name	Middle Name	Date of Birth	Telephone
Current Address		Apt.	Mailing Address (if different)	
City	State	Zip Code	City	State Zip Code

I am applying for: **Medical Assistance** **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 this month more than your housing costs (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) What did you pay for housing (rent and utilities) this month? \$ _____

Authorized Representation

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? Complete Interviews 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 believe that all of my information on this entire six-page form is correct. **I know that if I give any false information, I may be breaking the law. 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.										
2.										
3.										
4.										
5.										
6.										
7.***										

* You can leave this blank if this person does not want benefits for him/herself. However, you may still have to provide information about 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 seven people live in your house.

General Questions

1. Are you: Single Married Divorced Separated Widowed (Not needed for food stamps)

2. Is anyone **pregnant** Yes No If YES, who? _____ When is the baby due? _____ (Not needed for food stamps)

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

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

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

6. Does anyone age 16 or older go to **school** or a **job-training** program? Yes No If YES, who? _____

Name of school or program? _____ How many hours per week? _____

7. 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)

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 any that apply and list each payment below.

Type of Payment	Who gets this?	How much is each payment? (before taxes and deductions?)	How often do you get paid? (weekly, biweekly, monthly, etc.)
SSI	Unemployment/Workers Comp.		
Social Security (not SSI)	Pensions and retirement		
Veterans benefits	Foster care/adoption subsidy		
	Child support		
	Help with expenses		
	Other _____		
		\$ (GROSS)	
		\$ (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 other than the home you live in? (For example: boats, rental property, real estate)	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 Medical Assistance 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, then call the Alliance on (202) 842-2810. They will help you find a doctor. The Alliance 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. If you have questions, please ask your worker or call (202) 724-5506.

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*	Homeowner's Insurance*	Condo Fee*	Other <small>(describe below)</small>
How Much?	\$	\$	\$	\$	\$	\$
Who Pays?						

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

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

	Electric Bill*	Gas Bill*	Fuel Oil*	Phone Bill <small>(including cell)</small>	Water Bill*	Other <small>(describe below)</small>
How Much?	\$	\$	\$	\$	\$	\$
Who Pays?						

* Leave this blank if it is part of your rent or mortgage.

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? \$ _____

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 Medical Assistance, 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?	Yes	No

Parents Not Living in the Home

(TANF and Medical Assistance Only)

We can help you get child support. 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. Please give as much information as you can.

Child's Name	Absent Parent's Name	Absent Parent's SSN	Monthly Support Received	Reason for Absence*
1.				
2.				
3.				
4.				

* Reasons for absence: never married, separated/divorced, in jail/prison, deceased, living somewhere else, etc.

Do you want to get this help with child support right away? Yes No

Voluntary Questions

Your Ethnicity: Hispanic/Latino Not Hispanic/Latino

Your 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.

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. We keep this information confidential. **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.

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

<ul style="list-style-type: none"> • 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" 	<ul style="list-style-type: none"> • 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 • 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 You Moved to the U.S.	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 your worker or (202) 724-5506.

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 or to DHS/IMA, 3rd Floor, 645 H St., NE, Washington, DC 20002. If you mail them, please write your name and your date of birth on each document.

IMA Contact _____ Tel. _____

Service Center address _____

IMA 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 Worker's Compensation; pension statement; etc.
Assets	Recent bank and checking account statements, etc.
D.C. residency	DC driver's license, lease, rent receipt, written statement for your landlord, utility or telephone bill, etc.
Social Security number	Social Security card; tax or payroll documents with your SSN on it; etc.
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 1-888-557-1116.
- 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 (202) 645-5663.
- If you are eligible for Medical Assistance, 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 (202) 442-9055.

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) 673-6700

Free Legal Help

Neighborhood Legal Services
1213 Good Hope Rd., SE
(202) 678-2000

Legal Clinic for the Homeless
1200 U St., NW
Washington, D.C. 20009
(202) 328-5500

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

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

Bread for the City Legal Clinic
1525 Seventh St., NW
(202) 265-2400

Legal Counsel for the Elderly
(for people age 60 and older)
601 E St., NW
Building A, 4th Floor
(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.

If you move, please let us know. Just call **(202) 727-5355**. If you do not tell us your new address, then we cannot send you the recertification form.

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 some 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. We may also share your Food Stamps information with private debt collectors.

Under federal and District law, you must provide your Social Security Number (see 42 CFR 435.910, 7 CFR 273.6, DC Code §4-204.07, §4-205.05a, and §4-217.07) if you are in the assistance unit for Medical Assistance, IDA, Food Stamps, or TANF. 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 the Internal Revenue Service, the Social Security Administration, and the DC Child Support Services Division (CSSD).

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

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 your IMA worker or (202) 724-5506. To get free legal help with Medicaid, call Terris, Pravlik, and Millian on (202) 682-0578 or write to them at 1121 12th Street, NW, Washington, DC 20005.

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) 442-9075.

Lawsuits: If you sue or enter into settlement negotiations with a third party for a medical claim or injury, you must provide within 20 calendar days, written notice of the action (either by personal service or certified mail) to the Medical Assistance Administration, Third Party Liability Section, 825 N. Capitol St., NE, 4th Floor, Washington, DC 20002. If you have questions, call (202) 442-9075.

TANF Rules

After you apply, 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 do not follow all of the program rules, then you may lose part or all of your benefits. You would lose these benefits until you comply or longer. Also, if you fail to cooperate with CSSD, then you would lose 25% of your TANF benefit.

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 your 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 the 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

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Ave., SW, Washington, DC 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. 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, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, 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.