



Delaware Health and
Social Services (DHSS)
Program Information,
Rights and Responsibilities

DELAWARE HEALTH AND SOCIAL SERVICES (DHSS)
INFORMATION FOR CASH, CHILD CARE ASSISTANCE, FOOD SUPPLEMENT PROGRAM,
AND MEDICAL ASSISTANCE

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**DELAWARE HEALTH AND SOCIAL SERVICES (DHSS)
 INFORMATION FOR CASH, CHILD CARE, FOOD SUPPLEMENT PROGRAM,
 AND MEDICAL ASSISTANCE**

**Welcome to the State of Delaware,
 Delaware Health and Social Services**

This document will give you an overview of DHSS programs and explain your rights and responsibilities as they apply to Child Care Assistance, Food Supplement Program (FSP), General Assistance (GA), Medical Assistance, and Temporary Assistance for Needy Families (TANF).

In the headings in this booklet, you will see program symbols. These symbols will help you identify the programs.

Symbols	Programs
	Cash Assistance — General Assistance (GA), Refugee Cash Assistance (RCA), and Temporary Assistance for Needy Families (TANF)
	Child Care Assistance (help with the cost of child care)
	Food Supplement Program (help with monthly food expenses)
	Medical Assistance Programs (doctor visits, hospitalization, prescriptions, lab, x-rays and other medical services)

- Delaware Help Line** 1-800-464-4357 or 211
- DSS/DMMA Customer Relations** 1-800-372-2022
- EBT Customer Support** 1-800-526-9099
- Health Benefits Manager** 1-800-996-9969
- Social Security** 1-800-772-1213
- Medicare Part D** 1-800-Medicare
- LogistiCare Transportation** 1-866-412-3778 (Reservations)
1-866-896-7211 (Where's My Ride)

For more information, please visit our Web site at: www.state.de.us/dhss



Child Care Assistance

Child Care Assistance pays all or part of the child care expense for eligible families. Parents may pay a fee based on income. The income of caretakers is not counted. TANF participants, Transitional Work Program participants and children placed by Division of Family Services do not pay a fee.

Child Care Assistance program eligibility:

- Must meet income limits for household size
- Working or participate in employment and training activities, or
- Participate in an approved educational program, or
- Parent has a special need
- Families must cooperate with the Division of Child Support Enforcement



Food Supplement Program

Food Benefits enable families to add to their food budget.

Food Supplement program eligibility:

- Maximum gross monthly income limit based on family size
- Persons living and eating together
- Age and relationships in the home are considered

Allowable deductions may include:

- Percentage of earned income
- Portions of shelter and utility expenses
- Dependent care costs
- Legally obligated child support
- Medical expenses for people age 60 and older or receiving certain disability payments



General Assistance (GA)

GA is a cash assistance program for low-income people who do not qualify for federally funded programs such as TANF or Social Security.

GA program eligibility:

Must be financially eligible and one of the following:

- Age 18 to 54 and medically unable to work
- Needed in the home to care for a sick household member
- Age 55 or older
- High School students over 18 who will graduate within 2 years
- Resource limit \$1,000



Medical Assistance Programs

Medicaid Program

Medicaid provides comprehensive medical coverage for low-income Delaware residents. Eligibility is based on the family's income, household size, and age. Co-pays may apply.

Medicaid Benefits may include:

- Pharmacy
- Physicians Care
- In and Out Patient Hospital Care
- Lab Work
- Durable Medical Equipment
- Therapy
- Home Health Care
- X-Rays
- Transportation Services
- Dental care and eyeglasses for children
- Behavioral/Mental Health Care

Delaware Healthy Children Program (DHCP)

DHCP provides health insurance to uninsured children. Families meeting eligibility guidelines pay a monthly premium of \$15 or \$25 per family based on income.

DHCP Benefits include:

All medical services covered by Medicaid except for non-emergency medical transportation.

Non-Citizen Medical Assistance Program

Certain non-citizens (aliens) may be eligible for emergency services and labor/delivery only.

Delaware Prescription Assistance Program (DPAP)

DPAP offers prescription assistance to low-income elderly or disabled individuals without prescription coverage. The dispensing pharmacy collects the co-pay. Medicare recipients must be enrolled in Medicare Part D to be eligible for DPAP.

DPAP provides:

A prescription benefit up to \$3,000 per individual per year.

Contact 1-800-996-9969

Chronic Renal Disease Program

Chronic Renal Disease Program provides services for individuals diagnosed with end-stage renal disease and who meet eligibility guidelines.

Chronic Renal Disease Program Eligibility:

- Diagnosed with End Stage Renal Disease, be receiving dialysis or had a kidney transplant
- Meet income and resource limits
- All other insurances (Medicare, Medicaid, VA, private insurance, etc.) must be used first

Services may include:

- Dialysis
- Medications
- Nutritional supplements
- Transportation to and from dialysis unit or transplant hospital

Medicare Supplemental Programs

Qualified Medicare Beneficiary Program (QMB)

QMB pays the Medicare Part A and B premium, co-pays and deductibles. It does not pay prescriptions or medical transportation.

Eligibility:

- Entitled to Medicare Part A
- Meet income limit for household size

Specified Low Income Medicare Beneficiary Program (SLMB)

SLMB pays the Medicare Part B premium only. SLMB may pay up to three months retroactive premiums if eligible during those months.

Eligibility:

- Entitled to Medicare Part A
- Meet income limit for household size

Qualifying Individual 1 Program (QI-1)

QI-1 pays the Medicare Part B premium only. QI-1 may pay up to three months retroactive premiums if eligible during those months.

Eligibility:

- Entitled to Medicare Part A
- Meet income limit for household size

Long Term Care Medicaid Programs

Long Term Care Community Services Program

This program provides individuals who qualify for the Medicaid Nursing Facility program with an alternative to going into a nursing facility. This program allows an individual to remain in his/her own home or an Assisted Living facility comfortably and safely by providing special community-based services.

Eligibility:

- Meet income limit
- Meet resource limit
- Medical level of care

Services provided:

- All regular Medicaid services
- Case management
- Personal care services
- Medical and social day care
- Respite care
- Emergency Response System
- Orthotics and prostheses
- Cognitive Services
- Assisted Living
- Mental health services (AIDS/HIV)
- Supplemental nutrition (AIDS/HIV)

Call Division of Medicaid & Medical Assistance

Central Intake Unit

1-866-940-8963

Program of All-Inclusive Care for the Elderly (PACE)

This program provides comprehensive community-based care and services to people who meet nursing home level of care as defined by Delaware Medicaid criteria. PACE provides all services covered by Medicare and Medicaid as determined necessary by the PACE health care team. It also covers other services necessary to keep individuals in the community if those services are part of the care plan developed by the PACE health care team.

Eligibility:

- Meet income limit
- Meet resource limit
- Medical level of care
- Live within specified PACE service area
- 55 years of age or older

Samplings of these services include:

- Primary Care (including doctor and nursing services)
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Emergency Services
- Home Care
- Physical Therapy
- Occupational Therapy
- Adult Day Care
- Recreational Therapy

- Meals
- Dentistry
- Nutritional Counseling
- Laboratory/ X-Ray Services
- Social Work Counseling
- Transportation

Call Division of Medicaid & Medical Assistance

Central Intake Unit 1-866-940-8963

Developmental Disabilities Services Waiver

This program is operated by the Division of Developmental Disabilities Services (DDDS). It provides persons with developmental disabilities, needing an intermediate level of care, an alternative of living in the community instead of a facility.

Eligibility:

- Active with DDDS
- Meet income limits
- Meet resource limits
- Needs intermediate level of care

Services Provided:

- All Medicaid services
- Case management
- Habilitation services
- Prevocational services
- Supported employment services
- Day habilitation services
- Respite services
- Clinical support

Call Division of Developmental Disabilities Services at 302–744–9600

Nursing Facility Program

This program assists in the payment of nursing home care in Delaware Medicaid approved facilities.

Eligibility:

- Meet income limits
- Meet resource limits
- Medical level of care

Services:

- All Medicaid services
- Assistance in paying room and board at nursing facility
- Nursing services

Call Division of Medicaid & Medical Assistance

Central Intake Unit 1-866-940-8963

30-Day Hospital Acute Care Program

This program assists persons in a hospital or long term care approved facility for 30 days or more.

Eligibility:

- Meet income limits
- Meet resource limits
- Hospitalized for 30 continuous days or
- In a hospital and/or approved rehabilitation center for 30 continuous days

Services:

- Payment of hospital, doctor, and medical expenses
- Room and board at an approved rehabilitation center

Call the Division of Medicaid & Medical Assistance

Wilmington	302-577-2174
Newark	302-368-6610
Smyrna	302-514-4560
Dover	302-857-5070
Milford	302-424-7210
Georgetown	302-856-5379

Children's Community Alternative Disability Program

This program provides for medical coverage for children under the age of 19 years without consideration of parental income and resources.

Eligibility:

- Child meets income limit
- Child meets resource limit
- Medical level of care

Services:

- All Medicaid services

- Case management
- Nutritional supplements
- Day care as determined

Call the Division of Medicaid & Medical Services:

Wilmington	302-577-2174
Newark	302-368-6610
Smyrna	302-514-4560
Dover	302-857-5070
Milford	302-424-7210
Georgetown	302-856-5379



Refugee Cash Assistance (RCA)

Refugee Cash Assistance is provided to needy refugees who do not have related minor children in the home. These cash benefits, which are federally funded, are available for the first eight months after a refugee arrives in the country or from the date of determination of refugee status.



Temporary Assistance for Needy Families (TANF)

TANF is Delaware's Welfare Reform program. The State and the family have mutual responsibilities. The family must accept responsibility to become self-sufficient and self-supporting.

TANF program eligibility:

- Adult must be caring for minor children
- Family must be financially eligible
- Resource limit \$10,000

Your Rights

Privacy Act/Social Security Numbers

Federal Laws require the collection of information on the application, including Social Security Numbers (SSN). The providing of this information, including the SSN, is voluntary. However, failure to provide this information, including the SSN of each household member you are applying for, may result in the denial of benefits to your

household or to a household member. You must give us the Social Security Numbers (SSN) for all household members you are applying for cash assistance, food benefits, and medical assistance. The Division of Social Services and the Division of Medicaid & Medical Assistance will ask for the SSN of anyone whose income is used to determine eligibility although it is not required. For Medical Assistance and Child Care Assistance, non-lawful aliens are not required to give a SSN. Non-lawful aliens may be eligible for emergency services and labor and delivery.

We will use the SSN to determine initial and ongoing eligibility, check the identity and citizenship of household members, prevent duplicate participation, and help us make mass changes. We will also use the SSN to check information you give us against information we have in our records and against other Federal, State and local government agency computer matching systems. This may mean that we will need to contact household employers, banks, or other parties.

If you receive benefits you are not entitled to, the information on this application—including the SSN of each household applicant—may be referred to State/Federal agencies, as well as private collection agencies, for claims collections. We will also use this information to monitor compliance with program regulations and for program management. If you give us false information on purpose we may take legal action against you.

Cash Assistance, Child Care, and Food Benefits Appeal/ Fair Hearing Rights

Understand that you, or your representative, may appeal to DHSS, the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture (USDA for food benefits) if you are not satisfied with any decision made by the Division, or if you feel that you have been discriminated against because of race, color, national origin, sex, religion, age, disability, or political beliefs. As part of the appeal process, an attorney or any other person you choose may represent you at a hearing. If you are not satisfied with the decision on your fair hearing, you may request a judicial review in Superior Court in the County where you live. A request must be filed for a judicial review within 30 days of the date of your fair hearing decision.

Medicaid Appeal/ Fair Hearing Rights

You have the right to ask for a hearing over a decision or failure to act which affects your benefits or that you feel is unfair or incorrect. You have 90 days from the date of a Division notice to ask for a hearing. At the hearing you may represent yourself or have someone else, such as lawyer, friend, or relative represent you.

Nondiscrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political

beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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

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

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) 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.

USDA is an equal opportunity provider and employer.

Authorization for Receipt of Pregnancy Prevention Information

You are authorized to receive pregnancy prevention information. If you wish to receive this information you can call Planned Parenthood at 800-230-PLAN (7526). If you wish to get teen pregnancy prevention information, you may also call the Alliance for Adolescent Pregnancy Prevention at 302-428-4179. You can also call the Delaware Helpline at 800-464-4357 for the Public Health Family Planning clinic in your area.

Disclosure of Information

For All Programs

All information and documentation gathered for determining your Cash Assistance, Child Care Assistance, Food Benefit, and Medical Assistance eligibility is confidential. Each program provides safeguards, restricting the use and disclosure of information about you to purposes directly connected with the administration of the program.

Releasing information concerning your eligibility to anyone not authorized to receive the information is a violation of State and Federal law and may result in legal action.

We will keep your eligibility information confidential, unless you give us permission to release information to others.

For the Cash Assistance and Food Supplement Programs

If a law enforcement officer, on official duty, provides the recipient's name and informs DHSS that the individual:

- Is fleeing to avoid prosecution, custody or confinement for a felony, or
- Is violating a condition of parole or probation, or
- Has information needed for the officer to conduct an official duty related to a felony or parole violation

We shall make available:

- A SSN, a photograph (if available), and an address of a Food Benefit recipient
- An address of a Cash Assistance recipient

Your Responsibilities

Cooperation with Special Reviews

You will need to cooperate fully with all State and Federal personnel in any special review of your case. Failure to cooperate can result in your case being closed (Cash Assistance, Child Care Assistance, Food Benefit - not Medical Assistance).

Delaware's Food First Electronic Benefits Transfer (EBT) Card

Food benefits are issued on an EBT card. Once your benefits are approved, your EBT will be mailed to you. You must call J.P. Morgan Customer Service at 1-800-526-9099 to select your Personal Identification Number (PIN). You must keep your PIN a secret. Please **do not** write down your PIN on your card or in an unsafe place and **do not** give anyone your PIN. Do not use a PIN that can easily be guessed by family members, like your birth date. If someone takes your EBT card and uses your PIN to get your benefits without permission, your benefits will not be replaced.

If your EBT card is lost or stolen, you MUST CALL J.P. Morgan's toll free Customer Service number at 1-800-526-9099 immediately.

If you fail to call this number immediately to freeze your account so no one can use your benefits, any missing benefits will not be replaced. The number is available 24 hours/7 days a week.

Head of Household Designation

Households with adult parents of children, or adults, who have parental control over children, have the option of selecting their head of household. Please read the following:

The person selected must be the parent of a child, regardless of age, or have parental control over children who are under 18 years of age.

- All adult household members must agree to the selection
- If you fail to select or agree on a head of household it will not delay your benefits
- If you choose not to or the adults do not agree on a selection, the principle wage earner will be selected.
- You can select a head of household at each certification and whenever the household composition changes.

Temporary Assistance for Needy Families (TANF)

TANF Job Quit

The penalty for individuals who quit their jobs without good cause and do not comply with subsequent job search requirements will be the closure of the TANF case for one month or until the individual obtains a job of equal or higher pay. If the individual participates for the required amount of hours in approved work related activities for four consecutive weeks the case can be reopened.

Medical Assistance Programs

- I have read or have had read to me all statements on this form and the information I give is true and complete to the best of my knowledge. I understand that I could be penalized if I knowingly give false information. I understand that all information I give is confidential and federal and state laws limit disclosure of information about me.
- I understand and agree to give proof of my statements. I understand and agree that Delaware Health and Social Services (DHSS) may contact other persons or organizations to obtain the necessary proof of my eligibility.
- I must give the Social Security Number for each person applying and it will be used to check records with other government agencies. DHSS also asks me to give the Social Security Number of anyone whose income is used to determine my eligibility. Non-lawful aliens are not required to give a Social Security Number.
- I understand that this application will be considered without regard to race, color, sex, age, disability, religion, national origin, or political belief.

- I understand that I must apply for and accept other benefits that I may be eligible to get such as Unemployment Compensation or Social Security.
- I will allow DHSS, or its representatives, to act as my agent in recovering money spent by the medical assistance programs when other money from insurance, etc., becomes available to pay my medical bills.
- I may have to repay to DHSS any medical assistance received for which I am not entitled. My obligation to repay such assistance applies both during my period of eligibility and after I am no longer receiving medical assistance.
- As required by law, as conditions of eligibility, I assign all rights to medical support and to payment for medical care from any third party to DHSS, and I understand I must cooperate with the Division of Child Support Enforcement in establishing paternity and obtaining medical support for any child receiving medical assistance.
- I understand that pregnant and postpartum women are not required to cooperate in establishing paternity and obtaining medical support and that I may claim to have good cause for refusing to cooperate in establishing paternity or in identifying and providing information about liable third parties.
- I understand that as a medical assistance recipient, I will automatically receive full child support services from the Division of Child Support Enforcement, unless I state that I want to receive only child support services related to medical support.
- I understand that if I am a Medicaid or Delaware Healthy Children Program applicant/recipient I have the right to a fair hearing if I am not satisfied with any decision made about my eligibility. I understand that I may be represented by an attorney or any other person I choose.
- I agree to allow DHSS, directly or through its agents or the Diamond State Health Plan or the Delaware Healthy Children Program, to have access to all medical and school-based health and related services records of every member of my household who is eligible for medical assistance in order to administer the medical assistance program, coordinate care, determine medical necessity, and evaluate or pay for pending or incurred medical services.
- I certify, under penalty of perjury, that I am a U.S. Citizen or alien in lawful immigration status. I must give proof of lawful immigration status and it will be checked with U.S. Citizenship and Immigration Services (USCIS). Non-lawful alien status will not be checked. This will not affect any public charge determination or lead to deportation proceedings. Non-lawful aliens may be eligible for emergency services and labor and delivery only.

- I agree to report within 10 days changes in my situation that could affect my eligibility, such as a change in how many people live with me, a new job or change in income, or if I move.
- This application must be signed by an adult household member (age 18 or over) or by an emancipated minor (under age 18), or an authorized representative.
- I have received the “Rights and Responsibilities” and understand what it means.
- **Translation services were offered or a family member or other person was present to translate.**

Right to a Written Notice

The Division will make an eligibility decision within 30 days of receiving your application for food benefits, within 45 days for Medicaid (including QMB/SLMB), and within 90 days for Long Term Care Medicaid. If your benefits are changed, suspended, or stopped we will explain the reason in a notice within 10 days of taking the action.

Child Care Assistance

Understand:

You also must show the following:

- That appropriate child care was not available within a reasonable distance of one hour from either your home or your job site; or
- That you were unable to make arrangements with a relative to provide care or to have someone come into your home to provide care; or
- That you were unable to find appropriate and affordable care

If you were unable to find child care because of one of the reasons above, you must tell your worker. Your worker will review this matter with you. **You must be able to show that you have a problem** (for example, you went to five or more providers and no provider had an opening for your child). DSS will tell you whether we agree that child care is a problem. In some cases, DSS may refer you to another source to help you find the care you need. During this time, DSS cannot sanction you for failure to participate in work or other work activities. This will not extend your time limit for receiving benefits.

As a participant in the DSS Child Care Program, understand the following:

I will have to participate with the Division Of Child Support Enforcement (DCSE) to obtain any financial support that is available for all children in the household that do not currently have a child support order. All good faith efforts that prohibit non-cooperation are determined by the Division of Child Support.

- You may be required to pay a portion of the cost of your child's child care expense. The fee is based on your income and family size. (Your worker will advise you of the amount of your fee, or if you have to pay a fee.)
- If your child is absent, DSS may pay your child care provider from between 1 to 5 absent days per month.
- You must report, within ten days, changes that affect either your need for subsidized child care assistance or your income. You must report changes that affect you, your spouse, your child(ren's) other parent living in your household, or child(ren) if applicable.

Some of the changes you must report are:

- Getting a job, losing a job, changing jobs, taking a second job, no longer working at a second job, receiving child support, VA benefits. Receiving an increase or decrease in wages of \$75 or more a month. Receiving an increase or decrease in public assistance, social security, child support, VA benefits of \$75 or more a month. Enrolled in an education or training class, completed training, no longer need special needs' child care, changes to marital status, family size and address.
- As a participant in DSS Child Care Assistance you further understand:
 - The information you give will be subject to verification by federal, state and local officials. If it is found inaccurate, you can be subject to criminal prosecution for knowingly providing false information.
 - If you do not have documents to verify needed information, you agree to give the name of a person or organization that DSS may contact to obtain verification and that you authorize DSS personnel to verify any statement you make regarding your application for child care.
 - If you plan to change your child care provider within the authorization period indicated you will notify your worker at least five days before moving your child so that a new authorization can be processed.
 - You will notify your current provider of your intent to move your child at least five care days before moving your child(ren), and pay or make arrangements to pay any outstanding fees prior to approval of another provider.
 - You may be responsible for payment to your child care provider at the provider's private fee if you fail to be re-determined eligible for service.
 - Your provider may charge a late pickup fee, late payment fee, POC plus fees, and field trip fees.
 - You are not responsible for any other provider fees not included in the Child Care Contract or Certificate.

- You will be required to reimburse DSS for payment made for your child(ren) if you continue to use child care while not eligible to receive the service.
- You must report, within ten days, changes that affect either your need for child care assistance or your income. You must report changes that affect you, your spouse, your child(ren's) other parent living in your household, or child(ren) if applicable.

In consideration for payment made by DSS, you hereby release DSS from any claim or cause of action and agree that you will not hold DSS liable for any injury, illness or disease resulting to your child(ren) that may arise out of or during the course of service.

Applications for Other Benefits—For TANF and Medical Assistance Programs

Understand that you must apply for and accept other benefits that you may be eligible to get such as Unemployment Compensation or Social Security.

Repayment Agreement

You understand:

- You are required to repay DHSS any assistance (CC, GA, FSP, MA, or TANF) or medical service received that is more than what you are supposed to get, even when you are no longer receiving a benefit.
- A deduction will be made each month from your GA, FSP, TANF benefits as established by the DHSS manual until the amount owed is paid back in full.
- If and when your current case is closed, you will be obligated to pay the balance of any overpayment in full in one of the following ways:
 1. Monthly payments to Audit and Recovery Management Services;
 2. Work Referral Program;
 3. Voluntary garnishment of wages;
 4. Intercept of State and/or Federal Income Tax Refunds;
 5. Intercept of lottery winnings;
 6. Withholding of Unemployment Compensation benefits; or
 7. Withholding or reducing Federal payments which include the following:
 - a. Income tax refunds;
 - b. Federal salary pay including military pay;
 - c. Federal retirement, including military retirement pay;
 - d. Contractor/vendor payments;
 - e. Federal benefit payments, such as Social Security, Railroad Retirement, and Black Lung (part B) benefits; and
 - f. Other Federal payments, including certain loans to you, that are not exempt from offset.
 8. Collecting from active or stale EBT accounts.

You further understand that any unpaid balance will be automatically deducted should you return as a Cash Assistance or Food Benefit recipient.

Your Penalty Warnings

We will check the information you give us to make sure your household is eligible for Cash Assistance and Food Benefits. Federal, State, and local officials will check the information you give us. We will check the State Income and Eligibility Verification System, other computer systems, program reviews, and audits. We may also send some information to the U.S. Citizenship and Immigration Services (USCIS) to see if the information you gave us is correct. We will not check non-lawful alien status. This will not affect any public charge determination or lead to deportation proceedings. Other federal aid programs and federally-aided state programs, such as School Lunch and Medicaid, may also check the information you gave us. If we find any information you give us is incorrect, we may deny your Food Benefits/Cash Assistance. If you give us false information on purpose, we may take legal action against you. You may also have to pay back the amount of benefits that you should not have received.

Reporting Requirements—For Cash Assistance

Do not give false information, or hide information, to get or continue to get Cash Assistance.

Any member of your household who breaks a Temporary Assistance For Needy Families (TANF) rule on purpose will not be able to get Cash Assistance for one year for the first violation, two years for the second violation, and permanently for the third violation.

Any applicant or recipient who gives false information in order to obtain benefits is subject to penalties that include a fine of up to \$500 and imprisonment up to 6 months.

If any member of your household is found guilty of misrepresenting their place of residence in order to get multiple benefits in two or more States for the same month from programs funded under TANF, Title XIX Medicaid, the Food Stamp Act of 1977, and Title XVI Supplemental Security Income Program, the individual will not be able to get Cash Assistance for a 10 year period.

If any member of your household is fleeing to avoid prosecution, or custody or confinement after conviction, under the law of any state for a crime, or attempt to commit a crime, that is a felony, or violating a condition of probation or parole imposed under a Federal or State law, the individual will not be able to get Cash Assistance.

If any member of your household is convicted of a felony for having, using, or selling controlled substances, the individual will **never** get Cash Assistance again.

TANF Sanctions

The TANF case closes for at least one full month. For a TANF case to reopen, the TANF recipient must complete 4 consecutive weeks of full participation with the Employment and Training vendors.

Requirements

Employment and Training/work

Child under 16 not attending school

Child 16 and over not attending school

CMR requirements

Sanctions

The TANF case closes for at least one full month. For a TANF case to reopen, the TANF recipient must complete 4 consecutive weeks or full participation with the Employment and Training vendors.

A \$50.00 successive sanction for the teen not attending school when the parent does not work with the school to ensure school attendance.

The removal of the teen from the grant and the reduction in household size.

An initial \$50.00 reduction in the TANF grants if the participant has not complied, an additional reduction each month until compliance occurs.

- If you are a single parent with a child under the age of six, and you are unable to find needed child care, DSS will not sanction you for failure to participate in employment and training activities. In order to make a claim that you are unable to find needed child care, you have to notify your worker within ten days of your being unable to find care or within ten days of the time DSS told you that you must participate in work.

Reporting Requirements—For Cash Assistance

You agree to report **immediately** to the local DHSS office any change in circumstances that may affect your continuing eligibility for assistance or the amount of assistance you are eligible to receive.

For Food Supplement Program

Any member of your household who breaks a Food Supplement Program rule on purpose will not be able to get Food Benefits for:

- One year for the first offense
- Two years for the second offense
- Permanently for the third offense

The Court can also order an individual off the program for an additional 18 months. The Court can fine the individual up to \$250,000, send the individual to jail for up to 20 years, or both. **Under other Federal laws, additional criminal or civil action may be taken against the individual.**

If any member of your household is:

- Found guilty by a court (Federal, State, or local) of selling or purchasing controlled substances with Food Benefits, the individual will not be able to get Food Benefits for two years for the first time. The second time, he/she will **never** get Food Benefits again.
- Ever found guilty by a court of selling or purchasing firearms, ammunition, or explosives with Food Benefits, even for the first time, he/she will **never** get Food Benefits again.
- Found guilty of misrepresenting their identity or place of residence in order to get multiple Food Benefits for the same month, the individual will not be able to get Food Benefits for a 10 year period.
- Fleeing to avoid prosecution, or custody or confinement after a conviction, under the law of any state for a crime, or attempt to commit a crime, that is a felony, or violating a condition of probation or parole imposed under a Federal or State law, the individual will not be able to get Food Benefits.
- Found guilty by a court (Federal, State or local) of having trafficked Food Benefits in the amount of \$500 or more, even for the first time, he/she will **never** get Food Benefits again.

Trafficking is defined as follows:

- The buying, selling, stealing, or otherwise effecting an exchange of SNAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINs), or by manual voucher and signature, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone;
- Attempting to buy, sell, steal, or otherwise affect an exchange of SNAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINs), or by manual voucher and signatures, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone.
- The exchange of firearms, ammunition, explosives, or controlled substances, as defined in section 802 of title 21, United States Code, for SNAP benefits;

- Purchasing a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount;
- Purchasing a product with SNAP benefits with the intent of obtaining cash, or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food; or
- Intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.

Food Supplement Employment and Training

Delaware administers a statewide voluntary Employment and Training Program for Food Supplement only recipients. If you receive Food Supplement and **Do Not Receive TANF** you are not mandatory to participate with employment and training but you can volunteer to participate.

Food Supplement Job Quit:

- Individuals that quit a job without good cause, or reduce work hours to less than 30 hours a week within the 30-day period before the date of application will be denied food supplement. The periods of ineligibility are as follows:
 - One month. for the first offense
 - Three months for the second offense
 - Six months for the third offense

Individuals that quit a job without good cause while receiving food benefit will have their food supplement closed. The periods of ineligibility are as follows:

- One month for the first offense
- Three months for the second offense
- Six months for the third offense

For voluntary quit sanctions, the individual can receive Food Supplement again after the minimum sanction periods are served.

WORK REQUIREMENTS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS

- Individuals 18 to 50 years of age are ineligible to receive Food Benefits if they received Food Benefits for at least three months in a 36 month period while they

did not either work an average of at least 80 hours in a 30-day period, participate in a work program at least 20 hours per week, participate in and comply in a work supplementation program, or participate in a workfare program, unless the individual is otherwise exempt

Riverside Rule

If you or a member of your family fails to perform an action required under a cash assistance program (GA, RCA, TANF) or commits fraud, that reduces or closes your grant, we will continue to count the amount you were getting in your food benefit case. You will not get an increase in food benefits when do not comply with cash assistance rules or commit fraud.

The following conditions apply:

1. The rule applies to individuals who fail to perform a required action while receiving assistance.
2. The rule does not apply to individuals who fail to perform a required action at the time the individual initially applies for assistance.
3. The rule applies to individuals who fail to perform a required action during an application for continued benefits as long as there is no break in participation.
4. The individual must be certified for food benefits at the time of the failure to perform a required action for this rule to apply.
5. The rule applies for the duration of the reduction in the assistance and cannot continue beyond the sanction of the assistance program.
6. When the TANF case closes, the food benefit sanction will remain in place for one year or until the individual is no longer eligible for TANF because the family makes too much money or meets one of the TANF E & T exemptions per 3006.1.

Reporting and Verifying Expenses

Failure to report or verify any of the following expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expenses:

- Shelter (rent/mortgage/lot) expenses
- Homeowner's insurance
- Real estate taxes
- Utility expenses (gas/electric/oil)
- Water and sewage expenses
- Garbage expenses
- Phone expenses
- Medical expenses
- Dependent care expenses
- Child support expenses paid to children who do not live with you

Reporting Requirements—For Food Supplement Program

Simplified Reporting Requirements

- Households are required to report only income changes when the monthly income exceeds 130% of the poverty income guideline for the household size that existed at the time of certification or recertification.
- When a household's monthly income exceeds the 130% of the poverty income guideline, the household is required to report that change within ten days after the end of the month that the household determines the income is over the 130% amount.
- Additional reporting requirement for ABAWD individuals. Adults living in a home without any minor children, who are getting food benefits because they are working over 20 hours a week, must report when they start working less than 20 hours per week.

Certified households must report changes in circumstances by the 10th day of the month following the month of the change.

An applying household must report all changes related to its food benefit eligibility and benefits at the certification interview.

General Information

Requirements for Alien Registration Card

For each applicant who is not a U.S. citizen you will need to show either documentation from the U. S. Citizenship and Immigration Service (USCIS) or other documents DHSS determines are proof of your immigration status. Alien status may be subject to verification with USCIS, which may require submission of certain information from this application form to USCIS. Information received from USCIS may affect your household's eligibility and level of benefits.

For Medical Assistance this will not affect any public charge determination or lead to deportation proceedings. Non-lawful aliens are not required to show proof of alien status.