



DELAWARE HEALTH AND SOCIAL SERVICES

Program Information and Rights and Responsibilities

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**Information for Cash Assistance, Child Care Assistance,
Food Supplement Program, and Medical Assistance**

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**Information for Cash Assistance, Child Care Assistance,
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**Welcome to the State of Delaware's
Department of Health and Social Services (DHSS)
Division of Social Services (DSS)
Division of Medicaid and Medical Assistance (DMMA)**

This document will give you an overview of DSS and DMMA programs and explain your rights and responsibilities as they apply to Cash Assistance, Child Care Assistance, the Food Supplement Program, and Medical Assistance.

You will see program symbols in the headings in this booklet. These symbols will help you identify each program.

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

Important Phone Numbers

| | |
|-------------------------------|---|
| Delaware Help Line | 1-800-560-3372 or 2-1-1 Text: 302-231-1464 |
| 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 (1-800-633-4227) |
| LogistiCare Transportation | 1-866-412-3778 (Reservations) 1-866-896-7211 (Where's My Ride) |

For more information, please visit our website at: www.dhss.delaware.gov



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 the Division of Family Services do not pay a fee.

Child Care Assistance eligibility requirements:

- The family meets the income limit for their household size.
- The parent or caretaker is:
 - Employed,
 - Participating in a DSS employment and training program,
 - Participating in an approved educational program, or
 - The parent has a special need.



Food Supplement Program (FSP)

The Food Supplement Program (FSP) enables families to add to their food budgets.

Food Benefit eligibility requirements:

- The household meets the maximum gross monthly income limit based on their household size.
- Persons living and eating together are counted in the assistance group.
- Age and relationships in the home are considered.

Allowable FSP deductions may include:

- A 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 for people receiving certain disability payments.



General Assistance (GA)

General Assistance (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 eligibility requirements:

- The individual is 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, or
 - A high school student over 18 who will graduate within two years.
- The GA resource limit is \$1,000.



Medical Assistance Programs

Medicaid Program

Medicaid provides different levels of medical coverage to certain low-income and/or medically needy Delaware residents. Eligibility is based on income, household size, age, and citizenship status. Each Medicaid program has specific requirements, so there may be other general, financial, and technical requirements that must be met to be eligible. Adult Medicaid recipients may be charged a small co-pay for prescription drugs.

Medicaid benefits may include:

- Prescription drugs,
- Physician services,
- Hospital care (inpatient and outpatient),
- Lab work,
- Durable medical equipment,
- Physical, occupational, and speech/language therapy,
- Home health care,
- X-rays,
- Non-Emergency Medical Transportation (NEMT) services,
- Routine dental care for individuals under age 21,
- Routine eye care and eyeglasses for individuals under age 21,
- Behavioral health services.

Delaware Healthy Children Program (DHCP)

The Delaware Healthy Children Program (DHCP) provides health insurance to uninsured children who do not meet financial eligibility requirements for the Medicaid program. Families meeting DHCP eligibility guidelines must pay a monthly premium of \$15 or \$25 per family (based on income) and must be enrolled in a Managed Care Organization (MCO) to receive coverage.

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 to receive coverage of emergency services and labor and delivery only.

Chronic Renal Disease Program (CRDP)

The Chronic Renal Disease Program (CRDP) provides a limited package of services for individuals diagnosed with end-stage renal disease who meet program eligibility guidelines.

CRDP eligibility requirements:

- The individual must be a resident of the State of Delaware and a U.S. citizen or lawfully admitted alien.
- The individual must be diagnosed with end-stage renal disease (ESRD), be receiving dialysis, or have had a renal transplant.
- The individual must also:
 - Meet program income limits (300% of the federal poverty level),
 - Enroll in a Medicare Part D plan (if eligible),
 - Apply for the Low-Income Subsidy (LIS) (if eligible).

Services include:

- Medications,
- Nutritional supplements,
- Payment of Medicare Part D costs,
- Transportation to and from the dialysis unit, transplant hospital, or in exceptional cases, related medical appointments.

Medicare Supplemental Programs

Qualified Medicare Beneficiary (QMB) Program

The Qualified Medicare Beneficiary (QMB) Program pays Medicare Parts A and B premiums, co-pays, and deductibles. It does not pay for prescriptions or non-emergency medical transportation.

QMB eligibility requirements:

- The individual is entitled to Medicare Part A.
- The individual must have countable income below 100% of the federal poverty level.

Specified Low-Income Medicare Beneficiary (SLMB) Program

The Specified Low-Income Medicare Beneficiary (SLMB) Program pays the Medicare Part B premium only. SLMB may pay up to three months of retroactive premium payments if the individual is eligible for Part B during those months.

SLMB eligibility requirements:

- The individual is entitled to Medicare Part A.
- The individual must have countable income below 120% of the federal poverty level.

Qualifying Individual 1 (QI-1) Program

The Qualifying Individual 1 (QI-1) Program pays the Medicare Part B premium only. QI-1 may pay up to three months of retroactive premium payments if the individual is eligible for Part B during those months.

QI-1 eligibility requirements:

- The individual is entitled to Medicare Part A.
- The individual must have countable income below 135% of the federal poverty level.

Long Term Care Medicaid Programs

Long Term Care Community Services (LTCCS) Program

The Long Term Care Community Services (LTCCS) Program provides individuals who qualify for the Medicaid Nursing Facility Program with an alternative to nursing facility care. The LTCCS Program allows an individual to remain in his or her own home or to reside in an assisted living facility, comfortably and safely, by providing special community-based services.

LTCCS eligibility requirements:

- The individual must have countable income below 250% of the Supplemental Security Income (SSI) Standard.
- The individual must have countable resources below \$2,000 for an individual or \$3,000 for a married couple (certain resources may be excluded).
- The individual must meet the medical level of care (LOC) for LTCCS.

Services include, but are not limited to, the following:

- All regular Medicaid services,
- Case management,
- Attendant care services,
- Adult day services,
- Day habilitation,
- Respite care,

- Support for self-directed attendant care services,
- Independent Activities of Daily Living (IADL) services,
- Personal Emergency Response System (PERS),
- Specialized medical equipment and supplies not covered under the Medicaid State Plan,
- Cognitive services,
- Assisted living,
- Minor home modifications,
- Home-delivered meals,
- Mental health services,
- Nutritional supplements for individuals diagnosed with AIDS/HIV that are not covered under the Medicaid State Plan.

Contact the DMMA Central Intake Unit at 1-866-940-8963 for more information.

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

The Program of All-Inclusive Care for the Elderly (PACE) 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 that are necessary to keep individuals in the community, if those services are part of the care plan developed by the PACE health care team.

PACE eligibility requirements:

- The individual must have countable income below 250% of the Supplemental Security Income (SSI) Standard.
- The individual must have countable resources below \$2,000 for an individual or \$3,000 for a married couple (certain resources may be excluded).
- The individual must meet the medical level of care (LOC) for a nursing facility.
- The individual lives within the specified PACE service area.
- The individual is 55 years of age or older.

Services include, but are not limited to, the following:

- 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 and x-ray services,
- Social work counseling,
- Transportation.

Contact the DMMA Central Intake Unit at 1-866-940-8963 for more information.

Lifespan Waiver Program

The Lifespan Waiver 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. These individuals may live on their own or at home with family.

Lifespan Waiver eligibility requirements:

- The individual is active with DDDS.
- The individual must have countable income below 250% of the Supplemental Security Income (SSI) Standard.
- The individual must have countable resources below \$2,000 for an individual or \$3,000 for a married couple (certain resources may be excluded).
- The individual meets the DDDS medical level of care (LOC).

Services include:

- All Medicaid services,
- Personal care,
- Case management and person-centered planning,
- Residential habilitation services,
- Prevocational services,
- Supported employment services,
- Day habilitation services,
- Clinical consultation services (nursing and behavioral),
- Community transition services,
- Home or vehicle accessibility adaptations,
- Specialized medical equipment and supplies not otherwise covered by Medicaid,
- Supported living,
- Respite services,
- Clinical support.

Contact the Division of Developmental Disabilities Services at 1-866-552-5758 for more information.

Nursing Facility Program

The Nursing Facility Program assists in the payment of nursing home care in Delaware Medicaid approved facilities.

Nursing Facility Program eligibility requirements:

- The individual must have countable income below 250% of the Supplemental Security Income (SSI) Standard.
- The individual must have countable resources below \$2,000 for an individual or \$3,000 for a married couple (certain resources may be excluded).
- The individual must meet the medical level of care (LOC) for nursing home services.

Services include, but are not limited to, the following:

- All regular Medicaid services,
- Case management,
- Nursing facility services,
- Respite care,
- Specialized medical equipment and supplies not covered under the Medicaid State Plan,
- Assistance in paying room and board at a nursing facility.

Contact the DMMA Central Intake Unit at 1-866-940-8963 for more information.

30-Day Hospital Acute Care Program

The 30-Day Hospital Acute Care Program assists individuals in a licensed and certified Title XIX Acute Care or Rehabilitation Medical Facility for at least 30 consecutive days.

30-Day Hospital Acute Care Program eligibility requirements:

- The individual must have countable income below 100% of the Supplemental Security Income (SSI) Standard or, if being discharged to a nursing home directly from a hospital or rehabilitation facility, must have countable income below 250% of the SSI Standard.
- The individual must have countable resources below \$2,000 for an individual or \$3,000 for a married couple (certain resources may be excluded).
- The individual is hospitalized for 30 consecutive days or is receiving services in an approved rehabilitation center for 30 consecutive days.

Services include, but are not limited to, the following:

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

Contact the DMMA Central Intake Unit at 1-866-940-8963 for more information.

Children's Community Alternative Disability Program (CCADP)

The Children's Community Alternative Disability Program (CCADP) is a Medicaid program for children with severe disabilities who would otherwise qualify to be cared for in an institutional setting. This program provides medical coverage for children 18 years of age or younger without consideration of parental income or resources.

CCADP eligibility requirements:

- The child must be 18 years of age or younger.
- The child must have countable income below 250% of the Supplemental Security Income (SSI) Standard.
- The child must have countable resources below \$2,000.
- The child's profile must be consistent with the level of care (LOC) of a hospital, Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or Intermediate Care Facility Institution for Mental Disease (ICF/IMD).
- The child must meet SSI medical disability standards.
- It is appropriate to provide a comparable level of care in an alternative setting.
- The estimated Medicaid cost of care in the alternative setting is no higher than the estimated cost of the comparable facility-based level of care.

Contact the DMMA Central Intake Unit at 1-866-940-8963 for more information.



Refugee Cash Assistance (RCA)

Refugee Cash Assistance (RCA) is provided to needy refugees who do not have related minor children in the home. The 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)

Temporary Assistance for Needy Families (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 eligibility requirements:

- An adult is caring for a minor child(ren).
- The family is financially eligible.
- The TANF resource limit is \$10,000.

Your Rights

Privacy Act and Social Security Numbers

Federal laws require the collection of information on your application, including Social Security Numbers (SSNs). Providing this information, including SSNs, 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 SSNs for all household members you are applying for Cash Assistance, Food Benefits, and Medical Assistance. The Division of Social Services (DSS) and the Division of Medicaid & Medical Assistance (DMMA) 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 only.

DSS and DMMA will use the SSNs to determine initial and ongoing eligibility, check the identity and citizenship of household members, and prevent duplicate participation. DSS and DMMA will also use the SSNs to check information you give 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 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 and federal agencies, as well as private collection agencies, for claims collections. DSS and DMMA 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 Assistance, and Food Supplement Program Appeal and Fair Hearing Rights

Understand that you, or your representative, may appeal to the Delaware Department of Health and Social Services (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 DSS or DMMA, or if you feel that you have been discriminated against because of race, color, ethnicity, sex, sexual orientation, gender identity, religious creed, national origin, physical or mental disability, political beliefs, retaliation, limited English proficiency (LEP), and/or age. As part of the appeal process, you have a right to a fair hearing and you may be represented at a hearing by an attorney or any other person you choose. 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.

Medical Assistance Appeal and Fair Hearing Rights

You have the right to ask for a hearing over a decision or failure to act which affects your Medicaid benefits or that you feel is unfair or incorrect. You have 90 days from the date of a DMMA 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

This institution is prohibited from discriminating against any person on the basis of race, color, ethnicity, sex, sexual orientation, gender identity, religious creed, national origin, physical or mental disability, political beliefs, retaliation, limited English proficiency (LEP), and/or age.

A complaint of discrimination must be made in writing within 180 days of the alleged discriminatory act. Complaints involving the Food Supplement Program are also accepted verbally.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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, audiotope, 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.

This institution is an equal opportunity provider.

Disclosure of Information

For All Programs

All information and documentation gathered for determining your Cash Assistance, Child Care Assistance, Food Supplement Program, and Medical Assistance eligibility, or for other program related use, 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.

Disclosure of information concerning your Cash Assistance, Child Care Assistance, Food Supplement Program, and Medical Assistance eligibility to anyone not authorized to receive the information is a violation of state and federal law. The failure of any authorized source to safeguard the confidential nature of your information may result in legal action.

We will keep your eligibility information confidential, unless you give specific written consent to release information to other persons or sources.

For the Cash Assistance and Food Supplement Programs

If a law enforcement officer on official duty provides the recipient's name and informs DSS 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,

DHSS shall make available:

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

Your Responsibilities

Cooperation with Special Reviews

You must cooperate fully with all state and federal personnel in any special review of your case. Refusal to cooperate can result in your Cash Assistance, Child Care Assistance, or Food Benefit case being closed; this does not apply to Medical Assistance.

Application for Other Benefits for Cash Assistance 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 are required to repay DHSS any assistance benefits or medical services received that are 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 Cash Assistance or Food Supplement Program benefits, as established by the DSS 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. Collecting from active or stale EBT accounts;
7. Withholding of unemployment compensation benefits; or
8. Withholding or reducing federal payments which include the following:
 - a. Income tax refunds;
 - b. Federal salary pay, including military pay;
 - c. Federal retirement pay, including military retirement pay;
 - d. Contractor and 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.

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

Requirements for Alien Registration Cards

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 your application form to USCIS. Information received from USCIS may affect your household's eligibility and level of benefits. This will not affect any public charge determination or lead to deportation proceedings.

For Medical Assistance, non-lawful aliens are not required to show proof of alien status.

For Child Care Assistance, this only affects the child(ren) that will be receiving child care.

Cash Assistance Responsibilities

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

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

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, 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.

TANF Family Cap

Family cap children are born more than 10 calendar months after the date of application for TANF and they are not included in the amount of the TANF check. Family cap children are considered TANF recipients. This includes assigning child support rights to the State and cooperating with the Contract of Mutual Responsibility.

Cooperation with Child Support Services

TANF clients are required to cooperate with the Division of Child Support Services (DCSS) as a condition of eligibility. This requirement extends to families with both parents in the home (intact families).

TANF Job Quit Penalty

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.

TANF Sanctions

When a sanction is incurred, the TANF case will be closed. For a TANF case to reopen, the TANF recipient must complete four consecutive weeks of full participation with the employment and training vendors.

| TANF Requirements | TANF Sanctions for Non-Compliance |
|--|--|
| <ul style="list-style-type: none"> • Comply with employment and training activities/work • Cooperate with Child Support Services | The TANF case is closed. |
| <ul style="list-style-type: none"> • Keep children’s immunizations up to date • Complete the parenting education class • Ensure satisfactory school attendance for children under 16 • Get family planning information • Comply with Bridge assessment/treatment • Comply with DVR/TWP | An initial \$50.00 reduction in the TANF check is applied if the participant has not complied with the requirement; there is an additional reduction each month until compliance occurs. |
| <ul style="list-style-type: none"> • Ensure satisfactory school attendance for children 16 & older • No additional children born after the initial CMR is signed • No children born to teen parents | The child is removed or not added to the TANF grant. |

If you are a single parent with a child under the age of 6, 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 case worker within 10 days of your being unable to find care or within 10 days of the time DSS told you that you must participate in work.

Child Care Assistance Responsibilities

If you are unable to find child care because of one of the reasons listed below, you must tell your case worker.

- Appropriate child care was not available within a reasonable distance of one hour from either your home or your job site; or
- You were unable to find appropriate and affordable care.

Your case worker will review this matter with you. You must be able to show that you have a problem finding care (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, the following rules apply:

- 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 case worker will advise you if you have to pay a fee and the amount of your 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 10 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), and your child(ren)'s other parent living in your household, if applicable.

Some of the changes you must report are: getting a job, losing a job, changing jobs, taking a second job, or no longer working at a second job; receiving child support; receiving VA benefits; enrolling in or completing an education or training class; no longer needing special needs child care; changes to marital status, family size, or 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 you authorize DSS personnel to verify any statement you make regarding your application for Child Care Assistance.
 - If you plan to change your child care provider within the authorization period indicated, you will notify your case worker at least 5 days before moving your child(ren) so that a new authorization can be processed.
 - You will notify your current provider of your intent to move your child(ren) at least 5 care days before moving your child(ren). You will 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.
- 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.

Food Supplement Program Responsibilities

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

Do not give false information, or hide information, to get or continue to get Food Benefits. Do not trade or sell Food Benefits or Electronic Benefit Transfer (EBT) cards or any authorization document. Do not alter EBT cards to get Food Benefits you are not entitled to receive. Do not use someone else's Food Benefits or EBT card for your household. Do not use Food Benefits to buy ineligible items, such as alcoholic drinks and tobacco.

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, and 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, the individual will never get Food Benefits again.
- Found guilty by a court of selling or purchasing firearms, ammunition, or explosives with Food Benefits, even for the first time, the individual 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, 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 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, the individual will never get Food Benefits again.

Trafficking is defined as follows:

- The buying, selling, stealing, or otherwise affecting an exchange of Food 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 Food 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 Food Benefits;
- Purchasing a product with Food 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 Food 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 Food Benefits in exchange for cash or consideration other than eligible food; or
- Intentionally purchasing products originally purchased with Food Benefits in exchange for cash or consideration other than eligible food.

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

Food Benefits are issued on an EBT card. Once your benefits are approved, your EBT card will be mailed to you. You must call Conduent Customer Service at 1-800-526-9099 to select your Personal Identification Number (PIN). You must keep your PIN private. 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 IMMEDIATELY CALL Conduent's toll-free Customer Service number at 1-800-526-9099. If you fail to call this number immediately to freeze your account so that no one can use your benefits, any missing benefits will not be replaced. The Customer Service number is available 24 hours a day, 7 days a week.

Food Supplement Program Employment and Training

Delaware administers a statewide voluntary Employment and Training Program for Food Benefit only recipients. If you receive Food Benefits and do not receive TANF, you are not mandatory to participate with employment and training, but you can volunteer to participate.

Work Requirements for Able-Bodied Adults Without Dependents

Adults who are 18 to 50 years of age and living in a home without any minor children 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.

Food Supplement Program Job Quit Penalty

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 Benefits. The periods of ineligibility are: one month for the first offense, three months for the second offense, and six months for the third offense.

Individuals that quit a job without good cause while receiving Food Benefits will have their Food Benefits case closed. The periods of ineligibility are: one month for the first offense, three months for the second offense, and six months for the third offense.

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

Riverside Rule

If you, or a member of your family, fail to perform an action required under a Cash Assistance Program (GA, RCA, TANF) or commit fraud that reduces or closes your grant, DSS will continue to count the Cash Assistance amount you were getting in your Food Benefit case. You will not get an increase in Food Benefits when you do not comply with Cash Assistance rules or commit fraud.

The following conditions apply:

- The rule applies to individuals who fail to perform a required action while receiving assistance.
- The rule does not apply to individuals who fail to perform a required action at the time the individual initially applies for assistance.
- 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.
- The individual must be certified for Food Benefits at the time of the failure to perform a required action for this rule to apply.
- The rule applies for the duration of the reduction in the assistance and cannot continue beyond the sanction of the assistance program.
- When the Cash Assistance case closes, the Food Benefit sanction will remain in place for one year or until the individual is no longer eligible for Cash Assistance because the household makes too much money or meets one of the TANF employment and training exemptions per DSSM 3006.1.

Reporting and Verifying Expenses

Failure to report 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, and
- Court-ordered child support expenses paid to children who do not live with you.

Simplified Reporting Requirements (for all households except elderly or disabled households with no earned income)

Households are required to report only income changes when their monthly income exceeds 130% of the poverty income guideline for their household size at the time of certification and recertification.

When a household's monthly income exceeds 130% of the poverty income guideline, the household is required to report that change within 10 days after the end of the month that the household determines the income is over the 130% amount.

Additional reporting requirement for Able-Bodied Adults Without Dependents: adults living in a home without any minor children, who are getting Food Benefits because they

are working over 20 hours per week, must report when they start working less than 20 hours per week.

Change Reporting Requirements (for elderly or disabled households with no earned income)

You must report:

- A change in the amount of your gross unearned income of more than \$50, except changes in your public assistance grants. Changes reported in person or by telephone are to be acted upon in the same manner as those reported on the change report form;
- A change in your source of income, including starting or stopping a job or changing jobs, if the change in employment causes a change in income;
- All changes in household composition, such as the addition or loss of a household member;
- Changes in residence and the resulting changes in shelter and/or utility costs;
- The acquisition of a licensed vehicle not fully excludable under DSSM 9051 (for non-categorically eligible households);
- When cash on hand, stocks, bonds, and money in your bank account or savings institution reach or exceed a total of \$2,000 (for non-categorically eligible households); and
- Changes in your legal obligation to pay child support.

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

For reportable changes of new employment or income, households must report the change within 10 days of the date the household receives its first paycheck/payment.

An applying household must report all changes related to its Food Benefit eligibility and benefits at the certification interview. The household must report changes that occur after the interview, but before the date of the notice of eligibility, within 10 days of the date of the notice.

Head of Household Designation

Households with adult parents or caretakers of children have the option of selecting their head of household.

- 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 your household composition changes.

Medical Assistance Program Responsibilities

- 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 (SSN) for each person applying, and it will be used to check records with other government agencies. DHSS also asks me to give the SSN of anyone whose income is used to determine my eligibility. Non-lawful aliens are not required to give a SSN.
- I understand that this application will be considered without regard to race, color, ethnicity, sex, sexual orientation, gender identity, religious creed, national origin, physical or mental disability, political beliefs, retaliation, limited English proficiency (LEP), and/or age.
- 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 a condition 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 Services (DCSS) 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 DCSS 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 or 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, 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, change in income, or if I move.
- The 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, if necessary.

Penalty Warnings

DSS will check the information you give to make sure your household is eligible for Cash Assistance and Food Benefits. Federal, state, and local officials will check the information you give to DSS. DSS will check the State Income and Eligibility Verification System (IEVS), other computer matching systems, program reviews, and audits. DSS 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 to DSS. If we find any information you give is incorrect, DSS may deny your Food Benefits and/or Cash Assistance. If you give false information on purpose, DSS may take legal action against you. You may also have to pay back the amount of benefits that you should not have received.

General Information

Right to a Written Notice

DSS and DMMA 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.

Right to an Application Copy

Upon request, DSS will provide all clients who apply for benefits with a paper copy of the information submitted for their records.

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 1-800-230-PLAN (7526). If you wish to get teen pregnancy prevention information, you may also call the Alliance for Adolescent Pregnancy Prevention at 302-428-6363. You can also call the Delaware Help Line at 1-800-560-3372 for the Public Health Family Planning clinic in your area.

Voter Registration

DSS provides the opportunity for every adult client to register to vote, change their political party affiliation, or update their address during any contact with DSS. You may request voter registration services at any time from your case worker.