



YOUR RIGHTS AND RESPONSIBILITIES

Read these pages before you sign your name. A copy of this information will be given to you.

YOU HAVE THE RIGHT TO:

- Apply for assistance and to have a determination of your eligibility made without regard to race, color, sex, age, disability, religion, national origin, or political belief. (If you have a disability that limits you in a major life activity, please tell us so we can make reasonable accommodations to help you.)
- Turn in your request for assistance the same day you get it. You may turn in your request in person, through someone else, through the mail or by fax. You may turn in an incomplete request, as long as it has your name and address, and is signed by you or another responsible member of your household or someone acting for you who does not live with you.
- Be interviewed and notified of your eligibility to receive food stamps within 30 days from the date you turn in a signed request for assistance and be notified of your eligibility for other programs within 45 days (90 days for Medicaid where disability is a factor).
- Have the economic self-sufficiency specialist or someone else help you fill out eligibility forms. Let us know if you need assistance obtaining information needed to determine eligibility.
- Receive, or have someone receive on your behalf, the benefits for which you are eligible and be notified promptly of any action taken on your application or change in benefits.
- Be informed of other available programs of the Department of Children and Families.
- Request a fair hearing within 90 days of the decision made by the Department of Children and Families.
- Have the information about you or your household collected by the Department or contracted provider treated confidentially in accordance with federal and state laws.
- Name the adult parent of children or someone acting in the role of parent as the payee of your food stamp assistance group. If all adults cannot agree on the payee, the economic self-sufficiency specialist will name the person who earns the most money as payee. If there are no children in your assistance group, then the payee must be the primary wage earner.

YOU HAVE THE RESPONSIBILITY TO:

(NOTE: You have these same responsibilities if you are applying on behalf of someone else.)

- Give complete, correct and written proof of information to your economic self-sufficiency specialist, as requested, within the time limits given, in order to determine your eligibility for assistance.
 - Use your temporary cash assistance benefits to the best benefit of the children in the assistance group. Florida law says that anyone who uses the money given for the support of a child or children for some other reason can be fined, sent to jail, or both.
 - Declare the citizenship or non-citizenship status of your family members who are applying for assistance by signing the request for assistance. You must provide the department documentation from the Bureau of Citizenship and Immigration Services (BCIS), for all persons who are not U. S. citizens for whom assistance is being requested. This information may be subject to verification by BCIS. Information received from BCIS may affect your eligibility and level of benefits. Documentation of BCIS status is not required for individuals for whom assistance is not being requested.
 - File for any payments or benefits from other sources if this application, or other information, indicates that you may be eligible for such payments or benefits. (This does not apply to food stamps.)
 - Assign your rights to child support and cooperate in establishing paternity and obtaining support for the children who are in your care and who have an absent parent, unless good cause can be shown for not doing so. (For temporary cash assistance you must assign your rights to the state. The assignment of rights does not apply to the Food Stamp program.)
 - Assign your rights to third party benefits and cooperate in reporting any insurance or other health plan, which covers medical costs for you or a member of your family, for whom assistance is being requested unless good cause can be shown. (This requirement applies to all applicants and recipients of temporary cash assistance, RAP or Medicaid.)
 - Participate in the work activities in accordance with program requirements of the Food Stamp, Temporary Cash Assistance and RAP employment and training programs, including registering for employment, unless your economic self-sufficiency specialist has told you that you do not have to do so.
 - If a child in your assistance group is expected to be out of the household for 30 days or more, you must report this information in 5 calendar days. It is best to contact your economic self-sufficiency specialist if you are unsure whether or not a change should be reported.
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- The following households must report changes in household circumstances immediately, but no later than 10 days.
 - Households receiving Medicaid or Temporary Cash Assistance; and,
 - Food stamp households comprised of elderly or disabled members without earned income; and,

(continued on next page)

- Food stamp households with benefit periods less than six months.

All other food stamp households are only required to report a change (within the first 10 days of the month following the month of change) when the household's monthly gross income exceeds the food stamp gross income limit for the household size.

- Ensure that your school age child (age 6 to 18) attends school. If your child is identified as truant or a drop out, that child will be removed from your temporary cash assistance benefits, unless the child has a good cause for missing school. (This applies to temporary cash assistance only.)
- Have a conference with a school official for each school age child (age 6 to 18) during each semester to talk about the child's schoolwork progress or problems at school. If you do not have a good reason for not holding this school conference, you will be removed from the temporary cash assistance benefits. (This applies to temporary cash assistance only.)
- Have your preschool age children immunizations up-to-date. (This applies to temporary cash assistance only.)
- Completely fill out a periodic report form and return it with the necessary supporting documents by the deadline. (This applies to family related Medicaid only.)
- Cooperate fully with state and federal officials when they review your case and answer all questions if you are able.
- Repay the department for any benefits received for which you are not eligible. The benefits owed can be deducted from monthly cash assistance payments or food stamp allotment until the entire amount is paid back. If a Medicaid overpayment occurs, you will be required to personally repay the amount.
- Give us the Social Security Number (SSN), or apply for a SSN, for all household members for whom assistance is requested. This is a condition of eligibility for the Temporary Cash Assistance, Food Stamp, and Medicaid programs. You are not required to apply for or provide a SSN for any household members for whom assistance is not being requested. However, you may be required to provide income and asset information about these individuals in order to determine the eligibility of the household members for whom assistance is requested.

THE DEPARTMENT OF CHILDREN AND FAMILIES HAS THE RIGHT TO:

- Contact person(s) necessary to determine eligibility for assistance for you or the person for whom you are applying or receiving assistance.
- Use computer matches with other government agency systems to verify the amount of income and assets available to applicants and recipients.

THE AGENCY FOR HEALTH CARE ADMINISTRATION HAS THE RIGHT TO:

- Release medical and Medicaid benefit information about recipients to an insurance company or other health care carrier or party disbursing health care payments in order to bill for health care received. (This does not apply to the Food Stamp or Temporary Cash Assistance programs.)
- File a claim with insurance companies or other health carriers to collect any moneys available from other sources for medical expenses. (This does not apply to the Food Stamp or Temporary Cash Assistance programs.)
- Obtain and review copies of all medical and financial records and related information about Medicaid funded health care expenses. (This does not apply to the Food Stamp program.)
- Be reimbursed for Medicaid payments made on the recipient's behalf relating to an incident, when the recipient is receiving proceeds from a judgment, award, settlement, insurance or other payment from a liable third party. The recipient, the recipient's attorney or insurance company must notify the Agency for Health Care Administration regarding any potential third party recoveries.
- File a claim against an individual's estate. For all recipients age 55 or older, the acceptance of Medicaid creates a debt to the Agency for Health Care Administration for the amount paid by Medicaid on the recipient's behalf. The Agency may seek reimbursement of the debt by filing a statement of claim against the estate of the deceased Medicaid recipient. The personal representative of the estate must inform the Agency for Health Care Administration, Estate Recovery Unit, at the time probate is initiated.

FLORIDA FRAUD LAW INFORMATION

Any person (including the designated or authorized representative) who knowingly does not tell the truth, hides information, pretends to be someone else, does not give all the information needed about themselves, the person(s) they are applying for, or other people in their home or does anything else unlawful in order to get state or federal public assistance benefits is guilty of a crime and will be punished as state or federal law allows. Further, any person including the designated/authorized representative who knowingly does not report a change in circumstances in order to continue to receive such aid or benefits which they should not get or more benefits than they should get is guilty of a crime and will be punished as state or federal law allows. Any person who purposely helps another person to do any of the above acts is guilty of a crime, and will be punished as federal and state law allows. This information is located in Florida Statutes Chapter 414.39. You can get more information about this law in the local public assistance office.

I HAVE READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES AND PENALTIES.

Signature of Applicant/Recipient/Authorized Representative

Date