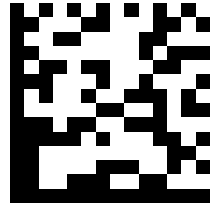




**APPLICATION FOR FOOD STAMPS, FINANCIAL
ASSISTANCE, CHILD CARE, AND MEDICAL ASSISTANCE**
Esta solicitud también se encuentra disponible en Español



Case #: _____

D10713001980116

For faster automated service, you can apply online at jobs.utah.gov

Your Information:

1. Fill out the following information for the person requesting benefits.

Name: _____
First Middle Last

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone #: _____ Birth Date: _____ Social Security #: _____
(optional)

Email Address: _____

Signature: _____

2. Do you have a Utah Horizon card? ☐ Yes ☐ No

Check The Services You Are Applying For:

☐ Food Stamps ☐ Cash/Financial Assistance ☐ Child Care ☐ Medical

Has anyone in your household received medical services in the past 3 months? ☐ Yes ☐ No

If yes, who? _____ For which month(s)? _____

If you want to apply for unemployment benefits, log on to jobs.utah.gov or call (888) 848-0688.

Your Rights:

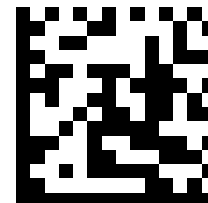
- **IF YOU NEED HELP FILLING OUT THIS APPLICATION, WE ARE HAPPY TO HELP.**
- **YOU HAVE THE RIGHT TO AN INTERPRETER AT NO CHARGE.**
- Food Stamps and Medical:
 - You can turn in an incomplete application with only your name, address, and signature, however, before we can determine your eligibility for benefits, all questions will need to be answered.
 - We will issue your assistance based on the date we receive your application. If your application is received outside business hours (Monday through Friday 8:00 am to 5:00 pm), it will be effective the following business day.
- Financial and Child Care:
 - In addition to your name, address, and signature, you **MUST** complete questions 5-25 in order to file a Financial application.
 - In addition to your name, address, and signature, you **MUST** complete questions 5-12 AND 23-27 in order to file a Child Care application.
 - If you **DO NOT** complete all of the required questions for Financial or Child Care, the application for Financial and/or Child Care will be considered incomplete and no action will be taken.
 - If eligible for Financial and/or Child Care, benefits will begin the date that we receive the completed application.
 - For Child Care it is not mandatory for you to give your Social Security number or the Social Security numbers of the dependents in your household. If you choose not to give this information, your child care benefits will not be withheld or delayed if you meet all eligibility criteria.

Food Stamp, Financial and Medicaid Information for Immigrants:

- You can apply for and receive Food Stamp, Financial and Medicaid benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant

parents may apply for Food Stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.

- You do not have to provide immigration status information, Social Security numbers, or documents for any family members who are not eligible for Food Stamp benefits because of immigrant status and who are not asking for Food Stamp benefits. Family members who are not eligible for Food Stamp, Financial or Medicaid benefits will still need to answer other questions about their name, relationship, income, assets, etc.
- Using Food Stamp, Medical and Financial benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.
- Use of Medicaid benefits by you or your family members should not affect your ability to apply for permanent resident status unless you use Medicaid to pay for long-term care (nursing home or other institutionalized care). Use of Medicaid benefits will not affect your ability to apply for citizenship unless you committed fraud in getting those services.



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3. Answer the following questions to help us decide if you can receive Food Stamps within seven (7) calendar days:

- Are you a migrant or seasonal farm worker? ☐ Yes ☐ No
- What is your household's monthly income before taxes (including unearned income such as child support, Social Security, Unemployment, etc.)?\$ _____
- How much money do you have in cash and in the bank and/or credit union?\$ _____
- How much are your monthly housing costs (mortgage, rent)?\$ _____
- Place a check mark by all of the utility costs you are responsible to pay. ☐ Heat ☐ Cooling (air conditioner, evaporative cooler) ☐ Electric (fan) ☐ Water/Sewer ☐ Garbage ☐ Telephone

Have you received a HEAT payment at your current address? ☐ Yes ☐ No

The following households are entitled to expedited services:

- Households whose combined monthly gross income and liquid resources are less than the household's monthly utilities and rent or mortgage.
- Some migrant and seasonal farm worker households.
- Households with less than \$150 in monthly gross income and whose liquid resources (such as cash, savings, checking accounts) are no more than \$100.

Let us know if you disagree with the decision made on your case about expedited food stamps and a meeting will be scheduled for you within two (2) working days.

4. What is the primary language spoken in your home? _____

5. Starting with yourself, list everyone who is living with you and applying for benefits with you:

Name	*Social Security #	Birth Date and Age	*U.S. Citizen Yes/No	Relationship	Student Yes/No	Ethnicity **see below	Race ***see below	Sex	****Marital Status
				Self					

*Social Security Number and citizenship information are only needed for the people applying for benefits.

**Ethnicity

H = Hispanic or Latino
N = Not Hispanic or Latino

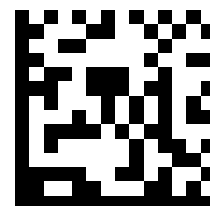
***Race

AI = American Indian or Alaska Native
AS = Asian
BL = Black or African American
PI = Native Hawaiian or other Pacific Islander
WH = White

****Marital Status is not required for Food Stamps.

6. Is there anyone else living with you who is not applying for benefits? ☐ Yes ☐ No
If yes, list below:

Name:	Relationship to You:	Purchase and Prepare food with this person?
_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No



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7. If you or someone applying with you is not a US Citizen, does he or she have an Alien Registration Number? ☐ Yes ☐ No
If yes, complete this section:

Name	Alien Registration Number	Date of Entry

8. Are you and everyone applying with you Utah residents? ☐ Yes ☐ No

9. Are you or anyone applying with you living in one of these institutions? ☐ Yes ☐ No

If yes, check which living arrangement applies:

- ☐ Hospital ☐ Shelter ☐ Drug/Rehab Center
☐ Group Home ☐ Nursing Home ☐ Jail-If yes, on work release? ☐ Yes ☐ No

If yes, who? _____ Name of institution _____

10. Are you or anyone applying with you pregnant or have been pregnant within the past 3 months? ☐ Yes ☐ No

If yes, please list their name: _____ Due date: _____ (if still pregnant)

Has she smoked or used tobacco in the past 6 months? ☐ Yes ☐ No

(This question is for survey purposes only and does not affect eligibility.)

11. Is anyone in the household disabled? ☐ Yes ☐ No

If yes, who? _____

Is the disability permanent or temporary? _____ If temporary, how long is it expected to last? _____

If the disabled person is the parent(s), are they able to care for their children? ☐ Yes ☐ No

If the disabled person is a child, does that child have a special need for child care? ☐ Yes ☐ No

12. Have you or any member of your household been disqualified in any state from the following programs for a program violation:

Food Stamp Program? ☐ Yes ☐ No

TANF (Financial) Program? ☐ Yes ☐ No

Child Care Program? ☐ Yes ☐ No

13. Have you or anyone applying with you ever applied for/received Food Stamp, Financial or Medical benefits? ☐ Yes ☐ No

Name	Type of Assistance	Where?	When?

Questions 14-18 apply only to Financial Assistance and MUST be completed, if applying for Financial Assistance.

14. Do you have rent that is subsidized by any federal, state, or local government agency, including a private social service agency? ☐ Yes ☐ No

If yes, please indicate one of the two answers below:

☐ Public Housing Agency

☐ Other Agency

15. Are adults or children in your household attending school? ☐ Yes ☐ No

School Information:

Name of Student	School Type / School District / School Name	Full Time or Part Time?	Expected High School Graduation Date

If children in the household are Home Schooled, has the school district approved the Home School? ☐ Yes ☐ No

16. Has anyone in your household applied for, received, or been denied Social Security income, Veterans Benefits, Unemployment or Worker's Compensation? ☐ Yes ☐ No

If yes, explain: _____

17. This question applies only to Financial Assistance and MUST be completed if you have a child in the home. Are you willing to cooperate with the Office of Recovery Services (ORS) regarding establishment or collection of Child Support from an absent parent? ☐ Yes ☐ No

If yes, please list the name of the absent parent and the name of the child(ren) of the absent parent who are in the household.

Absent Parent Name: _____ Child(ren) of Absent Parent: _____

Absent Parent Name: _____ Child(ren) of Absent Parent: _____

18. Are you or anyone applying with you a fleeing felon? ☐ Yes ☐ No

If yes, who? _____

19. Answering this question is not required for Food Stamps. Are you or anyone applying with you a veteran? ☐ Yes ☐ No

20. Do you or anyone applying with you have any of the following financial assets? ☐ Yes ☐ No

If yes, mark all that apply:

Checking Account: \$ _____ Savings or Credit Union Account: \$ _____

☐ IRA * ☐ Stocks ☐ Trust Funds

☐ 401-K * ☐ Annuities ☐ Time Certificates

☐ Other Retirement ☐ Money Market Funds ☐ Other: _____

☐ Bonds

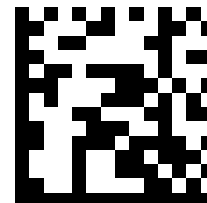
*Not Required for Food Stamps

Have you sold, traded or given away any assets listed above in the last 3 months? ☐ Yes ☐ No

21. Do you or anyone applying with you have any vehicles? ☐ Yes ☐ No

If yes, list all vehicles owned by you or anyone applying with you. Some examples of vehicles are cars, trucks, boats or water craft, motorcycles, snowmobiles, motor homes, ATV's, etc.

Registered Owner(s)	Type	Make	Year	Licensed Y/N	State	Amount Owed	Vehicle Use

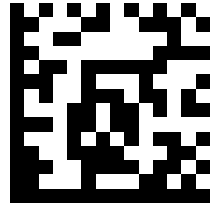


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22. Do you or anyone applying with you have any of the following assets? ☐ Yes ☐ No

If yes, mark all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Campers | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Rental or Investment Property | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Burial Plans/Funds | <input type="checkbox"/> Land | <input type="checkbox"/> Mineral or Timber Rights |
| <input type="checkbox"/> Cemetery Plots | <input type="checkbox"/> Life Estate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Time Shares | <input type="checkbox"/> Trailers | |



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23. Do you or anyone applying with you have any of the following unearned income? ☐ Yes ☐ No

If yes, mark all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Social Security: \$ _____ | <input type="checkbox"/> Child Support: \$ _____ | <input type="checkbox"/> Lump Sum Payments: \$ _____ |
| <input type="checkbox"/> SSI: \$ _____ | <input type="checkbox"/> Alimony: \$ _____ | <input type="checkbox"/> Cash Contribution: \$ _____ |
| <input type="checkbox"/> Unemployment Benefits: \$ _____ | <input type="checkbox"/> Veterans' Benefits: \$ _____ | <input type="checkbox"/> Inheritances: \$ _____ |
| <input type="checkbox"/> Workers' Compensation: \$ _____ | <input type="checkbox"/> School Financial Aid: \$ _____ | <input type="checkbox"/> Tribal Payment: \$ _____ |
| <input type="checkbox"/> Retirement: \$ _____ | <input type="checkbox"/> Settlements: \$ _____ | <input type="checkbox"/> Other: _____ \$ _____ |

24. Have you or anyone applying with you left a job or reduced work hours in the last 30 days? ☐ Yes ☐ No

If yes, complete this information:

If you have left a job:

Name: _____ Name of employer? _____
What was last day worked? _____ Date of last pay check? _____

If you have reduced your work hours:

Name: _____ Name of employer? _____
Hours reduced from: _____ to: _____ Date of pay check with reduced hours? _____

25. Do you or anyone applying with you have earned income? ☐ Yes ☐ No

If yes, provide information below:

Employed Person	Employer Name	Pay Rate Before Taxes (\$900/mo, \$6/hr)	Tips, Bonus, Commission	Hours Worked Weekly	How Often Paid (weekly, monthly)

Do you expect any changes in earnings or in the number of hours worked? ☐ Yes ☐ No

If yes, explain: _____

If someone listed above is Self-Employed, please provide information below:

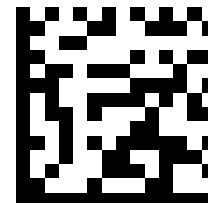
Self -Employed Person	Company Name	How long have you been self-employed?	Type of business (LLC, S-Corp, 1099, etc.)

Questions 26-27 apply only to Child Care Assistance and MUST be completed if applying for Child Care Assistance.

26. What is your work schedule? If your schedule varies, please enter the days and hours for your most recent work schedule (Example: 8:00 AM to 5:00 PM).

Name	Employer	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Does your child(ren) need care on ALL days worked? ☐ Yes ☐ No
 If no, what days does your child(ren) need care? _____



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Are you in school or training? ☐ Yes ☐ No
 What is your school/training schedule? _____

Name	School	Type of degree or certificate	Expected Graduation Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Does your child(ren) need care on ALL days attending training? ☐ Yes ☐ No
 If no, what days does your child(ren) need care? _____

27. Do you have a Child Care provider? ☐ Yes ☐ No
 If yes, list name of provider: _____
 Is your Child Care provider related to your child(ren)? ☐ Yes ☐ No
 If yes, list relation to child(ren): _____

28. Do you or anyone applying with you have any of the following expenses? ☐ Yes ☐ No
 If yes, complete all that apply:
 (Expenses must be reported and some expenses must be verified by your household to receive a deduction.)

<input type="checkbox"/> Child Support (including court ordered):	\$ _____	<input type="checkbox"/> Child Care:	\$ _____
<input type="checkbox"/> Alimony:*	\$ _____	<input type="checkbox"/> Medical Expenses:	\$ _____
<input type="checkbox"/> Health Insurance:	\$ _____	<input type="checkbox"/> Expenses for disabled person to work:	\$ _____

*Not Required for Food Stamps

Does anyone not living with you or not included in your household pay any portion of expenses listed above? ☐ Yes ☐ No
 If yes, who? _____ For which expense? _____ How much? _____

29. List housing expenses for you or anyone applying with you:

Rent: \$ _____ Mortgage: \$ _____ 2nd Mortgage: \$ _____ Lot Space: \$ _____
 Taxes (yearly amount): \$ _____ Insurance (yearly amount): \$ _____ Other: \$ _____

Does anyone not living with you or not included in your household pay any portion of expenses listed above? ☐ Yes ☐ No
 If yes, who and how much? _____

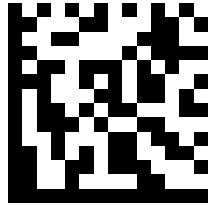
30. Do you have any of the following expenses that are separate from your rent and/or mortgage? ☐ Yes ☐ No
 If yes, mark all that apply:

<input type="checkbox"/> Heat	<input type="checkbox"/> Electric (fan)	<input type="checkbox"/> Garbage
<input type="checkbox"/> Cooling (air conditioner, evaporative cooler)	<input type="checkbox"/> Water/ Sewer	<input type="checkbox"/> Telephone

31. If you or anyone in your home is 60 or older, or disabled, please check the boxes below if they have any of the following medical expenses:

<input type="checkbox"/> Prescriptions	<input type="checkbox"/> Health Insurance Premiums
<input type="checkbox"/> Over the Counter Prescriptions/Medical Supplies	<input type="checkbox"/> Travel costs to Doctor/Hospital (mileage and lodging)
<input type="checkbox"/> Dental Bills	<input type="checkbox"/> Eye Glasses or Hearing Aids
<input type="checkbox"/> Medical Costs/Office Visits/Hospital Bills	<input type="checkbox"/> Service Animal Expenses
<input type="checkbox"/> Other: _____	<input type="checkbox"/> None

32. Does someone have legal power of attorney for you or anyone applying with you? ☐ Yes ☐ No
If yes, who? _____



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Complete the following section if you are applying for Food Stamp Assistance.

33. Are you responsible to care for a person with a disability for 20 hours or more per week? ☐ Yes ☐ No
If yes, who? _____
34. Are you participating in a drug/alcohol treatment program other than AA? ☐ Yes ☐ No
If yes, which program? _____
35. Are you participating in refugee employment services that have a case management and employment planning process? ☐ Yes ☐ No
36. Do you have a high school diploma or GED? ☐ Yes ☐ No
37. Have you been unemployed for 6 months or less? ☐ Yes ☐ No
38. Have you been temporarily laid off from your current job? ☐ Yes ☐ No
If yes, explain: _____
39. Are you homeless or do not have a fixed address? ☐ Yes ☐ No
40. Are you currently on probation or parole, and are required to complete court ordered activities (examples: work release or drug court)? ☐ Yes ☐ No
If yes, what activities are you required to complete? _____
41. Are you participating in a partner program which is case managed such as Vocational Rehabilitation, involved in a Title V program such as Older American programs, Easter Seals, or Forestry Program, or are you participating in a Choose to Work program? ☐ Yes ☐ No
If yes, which program? _____
42. Are you responsible for the care of a child under 6? ☐ Yes ☐ No
If yes, who? _____
43. Are you currently experiencing domestic violence issues? ☐ Yes ☐ No
If yes, explain: _____
44. Are you currently experiencing child care issues? ☐ Yes ☐ No
If yes, explain: _____
45. Are you currently unable to access any type of public or private transportation? ☐ Yes ☐ No
If yes, explain: _____
46. Do you currently live more than 35 miles from a DWS employment center? ☐ Yes ☐ No
47. Are you or is any household member participating in the Food Stamp Program in another place? ☐ Yes ☐ No
If yes, who and where? _____
48. Is anyone a boarder (renting a room from you and you are providing food)? ☐ Yes ☐ No
If yes, explain: _____
49. Is anyone a foster child or foster adult? ☐ Yes ☐ No
If yes, who? _____

50. Is any member on strike? ☐ Yes ☐ No

If yes, who?

51. Have you or any member of your household been convicted of a felony under Federal or State law for possession, use or distribution of a controlled drug substance (felony drug conviction) after August 22, 1996? ☐ Yes ☐ No

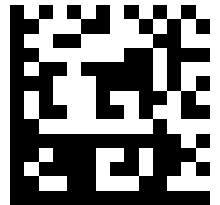
52. Have you or any member of your household been convicted of fraudulently receiving duplicate Food Stamp benefits in any State after September 22, 1996? ☐ Yes ☐ No

53. Have you or any member of your household been convicted of buying or selling Food Stamp benefits over \$500 after September 22, 1996? ☐ Yes ☐ No

54. Have you or any member of your household been convicted of trading Food Stamp benefits for guns, ammunitions, or explosives after September 22, 1996? ☐ Yes ☐ No

55. Have you or any member of your household had been convicted of trading Food Stamp benefits for drugs after September 22, 1996? ☐ Yes ☐ No

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Complete the following section if you are applying for Medical Assistance.

Health Insurance Information

56. Is anyone in your household enrolled or eligible for COBRA coverage or continued health insurance through an employer? ☐ Yes ☐ No

57. Does anyone in your household currently have health insurance (including VA Health Care System benefits), have insurance available but not enrolled, or has had insurance in the past 6 months? ☐ Yes ☐ No
If yes, please complete the chart below. (Do not list Medicaid, Medicare, CHIP or PCN)

<input type="checkbox"/> Enrolled	Name(s) of individual(s) covered:		
<input type="checkbox"/> Not Enrolled, but available	Name of insurance company:	Phone #:	
<input type="checkbox"/> Ended	Address of insurance company:	Group #:	
Date Ended:	Policyholder name:	Policy #:	
	Policyholder birth date:	Policyholder SS#:	
	If insurance is through an employer, list employer's name and phone #:		
	Premium cost: \$	Date due:	How often:

58. Has anyone in your household been injured in an accident or been a victim of assault in the last 12 months? ☐ Yes ☐ No

59. Is someone outside of your household required to pay for medical services? ☐ Yes ☐ No

60. If you answered yes to questions 58 or 59, please fill out the following information:

What type of incident?

☐ Automobile ☐ Assault ☐ Work-Related ☐ Slip/Fall ☐ Dog Bite

☐ Medical Malpractice ☐ Other, Please Explain:

Name of person(s) injured: Who is responsible?

Date of incident: Was a police report filed? ☐ Yes ☐ No

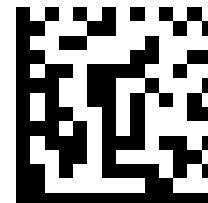
Police Department: Police Report #:

Name of Attorney: Phone #:

61. Does anyone in your household have a major medical need? ☐ Yes ☐ No
(This includes pregnancy/cancer/kidney disease, etc.)

If yes, who: _____

What is the medical need? _____



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I (print name) _____, read or had read to me the statements on the following pages, Rights and Responsibilities and understand those statements.

Under penalty of perjury, I certify that the information/answers I have given on this application are complete and correct to the best of my knowledge. I also certify that the citizenship and alien status information I provided is correct. I understand I can be penalized by law if I commit perjury by purposely giving false information on this application or fail to report changes. I am the person represented by the signature on this document.

Your Social Security Number and all other information you give will be subject to verification by federal, state, and local agencies. The collection of this information is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act). By signing this application, you are authorizing a release of information to conduct computer matches, program reviews, and audits with U.S. Citizenship and Immigration Services (formerly INS), coordination of services and other federal and state agencies. The submitted information received from USCIS may affect the household's eligibility and level of benefits. Your Social Security Number may be disclosed to other Federal and State agencies for official examination, law enforcement officials for the purpose of apprehending persons fleeing to avoid the law, and private claims collection agencies. This also includes inquiries to any other organizations or individuals who may have eligibility information regarding you and other household members.

Signature (check one)

☐ Applicant ☐ Authorized Representative

Date _____

Birth Date of Authorized Representative (Food Stamps only) _____

You may choose an authorized representative to act on your behalf to assist you in the application, review, and/or change reporting process. Your designated authorized representative may assist you in obtaining and using your Food Stamp benefits. You may need to sign an additional Release of Information form to complete this process.

I would like to have an authorized representative: ☐ Yes ☐ No

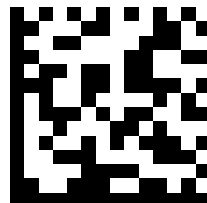
Name(s) of authorized representative: _____

Phone Number: _____ Address: _____

Voter Registration Information

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

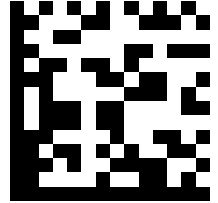
- IF YOU DO NOT CHECK EITHER OF THESE BOXES, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.
- If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided.
- If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Lt. Governor, State of Utah, 203 State Capitol Building, Salt Lake City, UT, 84114.



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Important Application and Program Information



D10713001981116

General Information

Application Processing

A decision about the program(s) you applied for will be made no later than 30 days from the date of application. Some medical benefit decisions may take longer.

Managing Your Application

You can manage your case information by using *myCase* at jobs.utah.gov.

- *myCase* can help answer questions about your case, you can access forms, view your notices, and keep track of your application.

You can send us your verifications by:

- Fax - 877-313-4717
- Mail - PO Box 143245, SLC, UT 84114-3245
- Drop off at your local office

If you need to contact us by phone toll free 1-866-435-7414 or Salt Lake Valley 801-526-0950

Interviews

Each program has different interviewing requirements. If you are required to complete an interview, we will notify you by letter.

Paperwork and Verifications

To prevent delays in processing your case, turn in ALL requested verifications as soon as possible.

- Paperwork is imaged within 48 hours after it is received and usually processed within 14 days in the order received.
- Your *myCase* account will show what verifications we have received and what is still missing. You can also use *myCase* to view decisions made on programs you have applied for.
- Ensure your case number is included on each page you provide.
- Your benefits may be prorated if the items and forms are not returned by the 30th day following the date of application.

If You Are Approved

You will receive your Financial, Food Stamp, and/or Child Care benefits on a Horizon Card.

For Medical Assistance, you will receive a medical card in the mail monthly.

Horizon Card EBT Basic Instructions

- Call the Horizon Card Helpdesk to activate your card and select your personal identification number (PIN). This telephone number will be located on the back of your card.
- Keep your Horizon Card even if your case closes. This will save you time if you apply again for benefits in the future, as you won't need a new card mailed to you.
- If you are homeless or have no mailing address, your card will be sent to a post office near you marked for General Delivery.
- Keep your PIN secret and do not write it down on the card or card sleeve. Without the PIN, nobody else can use your card.
 - If you give the card and PIN to anyone, you will be responsible for any withdrawals made from the card.
 - If you lose the card or if it is stolen, report it immediately.

The Horizon EBT Card Helpdesk is available 24 hours a day, 7 days a week.

Call the Helpdesk at (800) 997-4444 if:

- You need to check your balance.
- You need a replacement card because the card has been lost, stolen or is no longer working.
 - The replacement card will be mailed to you.
- You need to change your PIN number for any reason.
- You have questions on how to use your card.
- The ATM does not give you the correct amount.

If you are eligible for Expedited Food Stamps and have not received your card within 7 days of your application, contact your local employment center. In all other cases where you did not receive your card, or if you did not receive your card due to an address change, call 801-526-0950 or 1-866-453-7414.

Our Programs

Financial, Medical, Child Care, and Food Stamp are temporary programs to assist you as you work towards increasing your family's income through employment, child support, and/or disability payments. DWS offers a wide range of employment preparation services in our offices to help as you look for work, including job referrals, workshops, mock interviews, resumes, Work Readiness Evaluations, and other services with a skilled DWS Employment Counselor. For more information on the services available or to connect with an Employment Counselor, contact your local DWS employment center.

Food Stamp Program

When Food Stamps are Available

Food Stamp benefits are automatically added to your Food Stamp EBT account if your application is approved.

For every month that you receive Food Stamp benefits, your benefits will be automatically deposited into your EBT account based on the first letter of your last name. Food Stamp benefits will be available on your assigned day even if it's a holiday or weekend.

<u>Last Name Starts With</u>	<u>Date Available</u>
A - G	5th
H - O	11th
P - Z	15th

Using your EBT Card for Food Stamps

You can use your EBT card like a debit card at most stores that sell food.

- Once the cashier has totaled the items you can buy with the EBT card, you will pass your EBT card through a point-of-sale (POS) machine in the checkout line and enter your PIN.
- The cost of the items you buy will be subtracted from the amount in your Food Stamp EBT account.
- Sales tax cannot be charged on items bought with Food Stamp benefits.

Keep your receipt to show the amount of your purchase and the amount of money left in your EBT account and for your records in case there are questions or problems with your account.

Households **CAN** use Food Stamps to buy:

- Unprepared food
- Breads and cereals
- Fruits and vegetables
- Meats, fish and poultry
- Dairy products
- Plants and seeds to grow food

Households **CANNOT** use Food Stamps to buy:

- Prepared items (Hot foods and food that can be eaten in the store)
- Beer, wine, liquor, cigarettes or tobacco
- Nonfood items:
- Pet food
- Soap
- Paper products
- Cleaning supplies
- Vitamins and medicines
- Personal hygiene items such as shampoo, deodorant, toothpaste, cosmetics

Reporting Changes

- For Food Stamps, you must report changes in your income within 10 days of the change if it exceeds the income limit.

Participation in Food Stamp employment & training Activities

Once you are approved, you may be required to participate in employment and training activities to keep getting Food Stamp benefits.

Activities may include:

- Registering for work
- Meeting with an Employment Counselor
- Completing job search activities

If you are required to participate in additional activities, we will send you a notice.

Financial Programs

Financial Information

Financial assistance programs are temporary cash assistance aimed towards increasing income by focusing on employment, child support and/or disability payments.

All financial programs have time limits for the length of time you can receive benefits from the program.

- The time limits will vary depending on the program type.

Financial Participation

You **WILL** be required to participate in employment activities. You will need to meet with an Employment Counselor in creating an employment plan and goals that will help increase your household income.

- The employment plan will be based on your individual needs and goals.
- If you have children, you may be eligible for help to pay for child care while you participate in employment activities.
- A notice will be sent to you explaining how to contact an employment counselor.

You **WILL** be required to apply for all other financial benefits that you might be eligible for, such as:

- Social Security benefits
- Unemployment Compensation
- Veteran's benefits
- Workman's Compensation
- Insurance settlements
- Financial assistance programs from American Indian Tribes

How To Use Your Financial Benefits

For ALL financial programs, participation is required before payment is authorized.

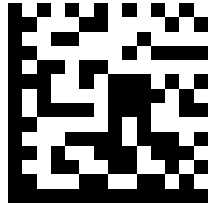
- Most financial benefits are available on the first of the month.
- Payments for some programs are issued on the 5th and 20th of the month. Your Employment Counselor will let you know when you will receive your benefits.

Purchasing Items

You may use your card to buy the things you need at stores that accept EBT cards.

You can also withdraw your cash benefits at most ATM's and store point-of-sale (POS) machines.

- A small transaction fee may be charged to your account.
- Stores may limit the amount of cash you can get back with a purchase.



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Financial – Families with Children

You will be required to provide verification of your relationship to other family members in your home. Children between the ages of 6 and 18 are required to attend school full time.

- Children between the ages of 16 and 18 who are not in school must participate with an Employment Counselor.

Family Programs & Child Support

Child Support is an important element in increasing your family's income. When families receive adequate child support, they move further toward self-support.

- If you do receive child support for a child in your home, you will be required to turn your child support over to the State of Utah through the Office of Recovery Services.
- If you do not receive child support for a child in the home, you will be required to cooperate with the Office of Recovery Services to establish and collect child support from an absent parent.

Financial – Without Children

General Assistance Program

You may be considered for this program if you have a medical impairment that prevents working in any occupation for 60 days or longer from the date of the application.

- DWS will provide you with a medical form to be completed by a doctor or licensed health care professional.

Refugee Cash Assistance

If you are not a U.S. Citizen but you have an immigration status of refugee or asylee and you received this status within the last 8 months, you may be eligible for this program.

- You will be required to provide verification of your immigration status.

Child Care Programs

Child Care Information

Child Care assistance is a subsidy program that helps parents pay a provider for watching their children while the parent is at work or in school.

You are responsible to pay all costs charged by the provider. If the child care subsidy is less than the amount charged, you are responsible for the difference.

Once approved for child care, the payment will be available to pay your provider at the beginning of each month.

Selecting a Child Care Provider

You have the right to select the type of child care provider which best meets your family needs.

- Go to careaboutchildcare.utah.gov to search online for providers in your area and learn more about child care and what to look for in a child care setting.
- You may also contact your local Child Care Resource & Referral (CCR&R) agency for help finding a provider.
 - Call the Child Care Professional Development Institute toll free at 855-531-2468 to find a CCR&R near you.

If you select an unlicensed provider such as a relative:

- Your provider and their household members age 12 and older must pass a criminal background check completed by DWS.
- If you select a provider who is not related, lives with you, or does not meet the relationship definition an exemption will need to be granted by a DWS Specialist.

Provider Payments

Payments to your provider will depend on what type of provider you select.

- If you select a **licensed provider**, the money will be deposited into a child care account on your Utah Horizon EBT Card. You can swipe the card at their point of sale machine or transfer funds to them over the phone.
 - For phone transfers, you will need to ask them for their EBT Merchant ID number, call the toll free number on the back of your EBT card, and follow the prompts to make a child care provider payment transfer.
 - For step by step instructions go to Transferring Child Care Benefits with Interactive Voice Response (IVR) located at jobs.utah.gov/customereducation/services/childcare.html.
- If you select a **family member, friend or neighbor** as your provider, you will receive a two-party check as payment.

Required Documents

After you have selected a child care provider you will need to complete and return the following child care forms:

- **Licensed Providers:** Form 980– Child Care Subsidy Worksheet
- **Family, friend & neighbor:** Form 980 – Child Care Subsidy Worksheet and Form PRO1– License Exempt Provider Registration

These forms will be mailed to you and are located in *myCase* to print at any time.

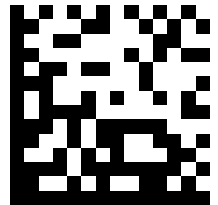
Other Information

UTA Discount Bus Passes

You can use the cash value on your Horizon Card to purchase a discounted adult monthly pass.

- Available for use on the UTA system anywhere between Payson and Brigham City.
- The pass is good for unlimited travel on local buses and TRAX for one calendar month.
 - This discounted fare applies to passengers ages 18-64.
- Two children ages 5 and younger may accompany the adult passenger with a monthly pass.
- Additional fare will be required on express and premium services.

To find out where you can buy a discounted bus pass with the cash value on your Horizon Card visit your *myCase* account and click on the UTA link.

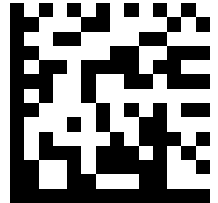


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Helpful Websites for Other Services

General

- Jobs.utah.gov: <http://jobs.utah.gov>
- 2-1-1 Information & Referral: <http://www.informationandreferral.org/> or <http://211ut.org/>
- Local Employment Center: <http://jobs.utah.gov/regions/ec.html>
- Unemployment Insurance: <https://jobs.utah.gov/ui/ContinuedClaims/UIAccountHome.aspx>
- Voter Registration: <https://secure.utah.gov/voterreg/index.html>
- Food Stamp, Financial and Child Care Policy :
http://jobs.utah.gov/infosource/eligibilitymanual/eligibility_manual.htm



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Food Assistance

- Food Stamps Brochure (#313): <http://www.fns.usda.gov/snap/outreach/Translations/English/313Brochure.pdf>
- WIC: <http://health.utah.gov/wic/>

Financial

- ORS/Child Support: www.ors.utah.gov
- Adoption Assistance: <http://jobs.utah.gov/customereducation/services/financialhelp/adoption/index.html>

Child Care

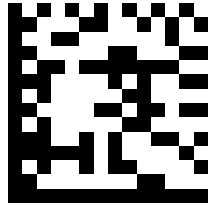
- Transferring Child Care Benefits with Interactive Voice Response (IVR):
http://jobs.utah.gov/customereducation/services/childcare/paying_provider.html
- Search for quality child care: <http://careaboutchildcare.utah.gov>

RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

- You have the right to be treated fairly and with courtesy, dignity, and respect.
- You have the right to an interpreter.
- We are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability in accordance with federal law, U.S. Department of Agriculture (USDA) policy, and U.S. Department of Health and Human Services (DHHS) policy.
 - Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.
 - In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. "To file a complaint of discrimination, write USDA, Director, Office of Adjudication 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
- Title VI of the Civil Rights Acts of 1964 allows us to ask for racial/ethnic information. You do not have to give us racial/ethnic information. If you do not want to give us this information, it will have no effect on your case. If you do not give us the information, the worker will enter an answer. This information is collected to ensure program benefits are issued without regard to race, color, or national origin.
- You have the right to apply or reapply any time for any of the assistance programs offered by the Department of Workforce Services (DWS). Applications for CHIP, the Primary Care Network Program (PCN), and UPP are only accepted during open enrollment periods.
- You have the right to know if your application was approved or denied and the reasons for the decision.
 - For Food Stamps - benefits must be available to eligible household members no later than 30 days from the date of application.
 - For Medicaid, Financial and Child Care assistance, a decision will be provided within 30 days. If a disability decision is required for Medicaid approval may take up to 90 days.
 - For PCN/UPP/CHIP a decision will be provided within 30 days.
 - Your application will be considered for all programs selected. You may receive separate approval and/or denial notices based on the individual program rules on your application.
- You have the right to know if your assistance is reduced or ended. For food stamp benefits, there is one important exception to this rule. You will not receive advance notice of a food stamp benefit decrease if approved for financial assistance.
- If you are in an institution and apply for Food Stamps and SSI at the same time, the filing date for Food Stamps will be the date of release from the institution.
- You have several options if you do not agree with the decisions made regarding your case, you may:
 - Talk to your worker to make sure you are not misunderstanding each other.
 - Talk to your worker's supervisor.
 - Call DWS Customer Relations at: 801-526-4390 or 800-331-4341.

- Request a Fair Hearing verbally or in writing with an impartial Hearing Officer. You must provide a written request for Fair Hearing for Medical assistance. You may choose to be represented at a Fair Hearing by legal counsel, a relative, friend, or other spokesperson.
- Free legal advice is available from Utah Legal Services. In Ogden call 801-394-9431, Salt Lake City 801-328-8891, or toll free at 800-662-2538. A referral for legal advice is available from Salt Lake Lawyer Referral at 801-531-9075.



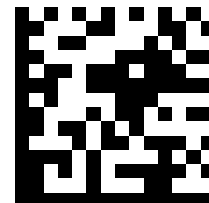
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- You have the right to privacy in your home. DWS may not enter your home without your permission or use coercion or force to enter your home. DWS may not visit you after working hours without an appointment.
- The Department of Workforce Services may contact you, or have someone contact you, about the effectiveness of services you received.
- You have the right to access your case record information.
- You have the right to receive information regarding registering to vote and may request help to complete the voter registration form.
- The information you provide on your application may be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- When your income has increased enough that you no longer get financial assistance, you may continue to get medical assistance, food stamps, and child care if you meet certain requirements. Ask your employment counselor for more information.

YOUR RESPONSIBILITIES

- Medical assistance (Medicaid, CHIP, UPP, PCN) recipients are automatically enrolled in the Utah Clinical Health Information Exchange (cHIE). For more information or to opt out of cHIE participation, visit www.mychie.org or contact your health care provider.
- You must report changes that affect your eligibility for assistance programs. Your worker will provide you specific information on changes you must report when your application is approved.
- You must provide the Social Security number of each household member requesting assistance, with the exception of Child Care, CHIP and Emergency Medicaid. If you do not have a number, you must provide proof of applying for a number. You can receive assistance while you are waiting to receive a number.
- You must cooperate with any review of your case by Quality Control and/or DWS.
- You must provide the information necessary to prove you are eligible for assistance. If you do not understand what is required, or if you cannot give the necessary information, please let your worker know.
- You must report to us if you are fleeing the law to avoid prosecution, being taken in to custody, or going to jail for a felony crime, or violating conditions of probation or parole.
- If you are approved for Financial Assistance, you will need to sign over to the Office of Recovery Services any child support, medical support, or alimony you would have received on behalf of your household during the time you are getting assistance. Child support and alimony will be used to offset the costs of providing financial assistance for your household.
- If you receive medical assistance, you must tell DWS, if you have health insurance. You may be required to enroll in a medical health plan.
- Parents have the responsibility to support their minor children until they are emancipated by turning age 18, married, or otherwise directed by court order. Parents who receive Financial, or Medical are required to cooperate with child and medical support orders and collections, unless you can provide good cause for not cooperating.
- If the Utah Department of Health (UDOH) pays for your medical care, you assign to it your rights to payments from any third party and to benefits for medical services. You will give to the UDOH any money you collect from an insurance policy, legal settlement or from someone required to pay for your medical expenses. You authorize payment directly to the UDOH or the Office of Recovery Services and will hold harmless any party making payment to them. You agree to cooperate with the State of Utah to pursue any third party responsible for medical expenses.
- You authorize any person or organization to release medical records or information about your health or the health of your dependents to the UDOH, Division of Health Care Financing or designee. The UDOH and the Department of Workforce Services may give health care providers information about your eligibility for medical assistance.
- In the event of my death and my spouse's death, the state has the right to recover from my estate all money spent to pay my medical bills if I receive PCN and/or Medicaid at any time while I am 55 years of age or older. The state does not have the right to recover from my estate those costs paid as a benefit of eligibility for a Medicare cost-sharing program (QMB, SLMB, or QI).
- You agree that the assistance you receive under any medical program is limited to that described in the Provider Manuals that the Utah Department of Health has written. You understand that the benefits you are eligible to receive may be changed without your knowledge or consent. You further agree to be responsible for any co-pays to providers at the time of medical service unless you are exempt from those co-pays.

- Children enrolled in Medicaid are automatically enrolled in the Utah Statewide Immunization Information System (USIIS). If you do not want your children enrolled in this system, you must call the USIIS HelpLine at 801-538-6872 or the Immunization Hotline at 1-800-275-0659.
- If you receive benefits for which you are not eligible, you must pay them back.
- If you choose a license-exempt child care provider, the state of Utah does not regulate or monitor the child care. We can give you more information about how to choose a quality child care provider.



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VERIFICATION OF INFORMATION

- For all those applying for benefits, your Social Security Number, as well as other information you give us, will be subject to verification using the State Income and Eligibility Verification System. DWS will ensure that your household is eligible for food stamps and other federal assistance programs through electronic matches. Computer matching, program reviews and audits will be conducted with DWS, Department of Homeland Security, Social Security Administration and Internal Revenue Service records. It also includes inquiries to banking and loan institutions and any other organizations or individuals who may have eligibility information regarding you and other household members. Your application may be denied and you could be subject to criminal prosecution if you intentionally provide false information. The submitted information received from USCIS may affect the household's eligibility and level of benefits.
- Computer matches will be completed when you apply and after you receive assistance. Your food stamp, financial, child care and medical benefits may be reduced, denied or terminated because of information from these sources. Information provided on your application will be verified using Federal, State, and Local resources. Your application for food stamps may be denied and/or you could be subject to criminal prosecution if you intentionally provide false information.

OBEY PROGRAM RULES

- All the members of your household must obey the program rules and provide complete and accurate information. Do not provide false information in order to receive benefits. Do not give Food Stamp benefits to anyone who has no right to use them or purchase ineligible items. Do not use other individuals' Food Stamp benefits unless you are the authorized representative.
- Do not trade or sell an EBT card. Do not use food stamp benefits to buy nonfood items, such as alcohol, cigarettes, or to pay on credit accounts. Using food stamp benefits to purchase food on credit could result in a disqualification.
- **If you break any of these rules, you may be disqualified from receiving Food Stamp benefits, Child Care or Financial Assistance.**
 - The first time you violate a rule, you may not be eligible for these benefits for 12 months.
 - The second rule violation may result in a 24 month disqualification.
 - The third time, you may be ineligible permanently for Food Stamp, Child Care or Financial program benefits. You may also be prosecuted under other laws.
 - There may also be a fine up to \$250,000 or a jail sentence up to 20 years.
 - The court may also order an additional 18 months of Food Stamp ineligibility if convicted of a felony or misdemeanor related to inappropriate use of Food Stamp benefits.
 - If a court of law finds you guilty of using or receiving benefits in a transaction involving the sale of a controlled substance, you will not be eligible for benefits for two years for the first offense, and permanently for the second offense.
 - If a court of law finds you guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.
 - If a court of law finds you guilty of having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.
 - If you are found to have made a fraudulent statement or representation with respect to the identity or place of residence in order to receive multiple food stamp benefits simultaneously, you will be ineligible to participate in the Program for a period of 10 years.
- Knowingly providing false information or fraudulent participation in any program may result in criminal or civil action and/or administrative claims.
- If you sell food you purchased with your Food Stamp benefits, you will be disqualified from the Food Stamp program for 12 months for the first offense, 24 months for the second offense, and permanently for any additional offenses.
- You will be disqualified for Food Stamps, Financial and Child Care programs for 10 years each for the first and second offenses if you make a fraudulent statement regarding your identity and residence to get multiple benefits. The third offense will result in permanent disqualification.

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.