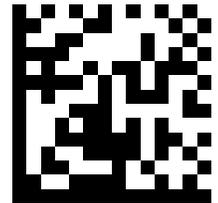


- You do not have to provide immigration status information, Social Security Numbers, or documents for any family members who are not eligible for Food Stamp benefits because of immigrant status and who are not asking for Food Stamp benefits. Family members who are not eligible for Food Stamp, Financial 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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Expedited Food Stamp Information

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
- Households with less than \$150 in monthly gross income and whose liquid resources (cash, savings, checking accounts, etc.) are no more than \$100
- Some migrant and seasonal farm worker households

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.

HOUSEHOLD AND GENERAL INFORMATION

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

Name	Social Security # ¹	Birth Date	U.S. Citizen ¹ Yes/No	Gender M / F	Relationship	Utah Resident Yes/No	Ethnicity ²	Race ³	Marital Status ⁴
					Self				

¹ Social Security Number and citizenship information are only needed for the people applying for benefits.
² Ethnicity: H = Hispanic or Latino, N = Not Hispanic or Latino
³ Race: AI = American Indian or Alaska Native, AS = Asian, BL = Black or African American, PI = Native Hawaiian or other Pacific Islander, WH = White
⁴ Marital Status is not required for Food Stamps

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

Name:	Relationship to You:	Do 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

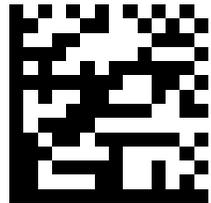
5. Has anyone moved into your home in the past three months? Yes No

Name: _____ Date entered the home: _____

Name: _____ Date entered the home: _____

6. Does anyone in your household have an Alien Registration Number? Yes No
If yes, complete all columns:

Name	Alien Registration Number	Date of Entry



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7. Is anyone in your household living in an institution? Yes No

If yes, check which applies:

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

Who? _____ Name of institution _____ Date entered the institution: _____

8. Answering this question is not required for Food Stamps:

Is anyone in your household 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)

9. Does anyone in your household have a disability? Yes No

If yes, who? _____ Start date of disability: _____

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

Disability/Incapacity Determined By:

- SSA Disability Recipient SSI Recipient (VA) Veterans Affairs Medical Statement
 Railroad Retirement Board State Medical Disability Office Other _____

If the disabled person is the parent(s), is he/she 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

10. Has anyone in your household ever applied for or received Food Stamp, Financial or Medical benefits? Yes No

Name	Type of Assistance	Where?	When?

11. Is anyone in your household attending school? Yes No

If yes, complete all columns:

Name of Student	School Name / Type	Full Time / Part Time	Expected Graduation Date (If Over 16 Years Old)

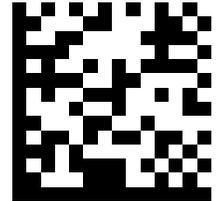
12. This question is not required for Food Stamps:

Is anyone in your household a Veteran? Yes No

13. This question is not required for Food Stamps:

Has anyone in your household applied for, received, or been denied Social Security income, Veterans Benefits, Unemployment or Workers' Compensation? Yes No

If yes, explain: _____



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14. This question is not required for Medical Assistance:

Is anyone in your household a fleeing felon? (Hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation) Yes No

If yes, who? _____

INCOME

15. Does anyone in your household have earned income? Yes No

If yes, complete all columns:

Employed Person	Employer Name	Date of Hire	Hours Worked Weekly	Pay Rate Before Taxes (Ex: \$900/mo, \$8/hr)	Additional Income (Ex: Tips, Bonus, Commission)	How Often Paid (Ex: weekly, monthly)

16. Is anyone in your household self-employed? Yes No

If yes, complete all columns:

Self -Employed Person	Company Name	Business Start Date	% Owned	Type of Business (Ex: LLC, S-Corp, 1099, etc.)	Hours Worked Monthly	Gross Monthly Income

Are there any self-employment expenses? Yes No

17. Does anyone in your household expect any changes in earnings or in the number of hours worked? Yes No

If yes, explain: _____

18. Has anyone in your household left a job or reduced work hours in the last 30 days? Yes No

If yes, complete the following information:

If left a job:

Name: _____ Name of employer: _____

Last day worked: _____ Date of last pay check: _____

Reason the job ended: _____

If reduced work hours:

Name: _____ Name of employer: _____

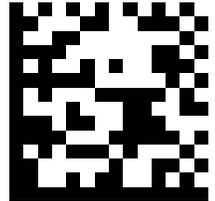
Hours reduced from: _____ to: _____ Date of pay check with reduced hours: _____

Reason hours reduced: _____

19. Does anyone in your household have educational income? Yes No

If yes, complete all columns:

	Type	Amount Received \$	Number of Months Intended to Cover	Date Income Started
<input type="checkbox"/>	Educational Loan			
<input type="checkbox"/>	BEOG (Pell Grant)			
<input type="checkbox"/>	Scholarship			
<input type="checkbox"/>	Stafford Loan			
<input type="checkbox"/>	Grant			
<input type="checkbox"/>	SEOG-Supplemental Educational Opportunity Grants			
<input type="checkbox"/>	Work Study			
<input type="checkbox"/>	Other:			



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Are there any educational expenses? Yes No

If yes, complete all columns. Some examples of educational expenses are tuition, books, mandatory fees, transportation or the rental or purchase of equipment, materials and supplies.

Type	Amount	Who Pays This	How Often Paid	Date Expense Started

20. Does anyone in your household have any of the following types of income? Yes No

If yes, complete all columns:

	Type	Amount	How Often Paid (Ex: weekly, monthly)	Date Income Started
<input type="checkbox"/>	Social Security			
<input type="checkbox"/>	SSI			
<input type="checkbox"/>	Child Support received directly from parent or another state			
<input type="checkbox"/>	Child Support received through ORS			
<input type="checkbox"/>	Unemployment State:			
<input type="checkbox"/>	Money Received from family, friends or church From who:			
<input type="checkbox"/>	Retirement / Pension			
<input type="checkbox"/>	Alimony			
<input type="checkbox"/>	Veteran's Benefits			
<input type="checkbox"/>	Workers Compensation			
<input type="checkbox"/>	Tribal Income			
<input type="checkbox"/>	Lump Sum Payments			
<input type="checkbox"/>	Other income (Ex: Adoption, Rental Income, Mineral Rights, etc.): _____ _____			

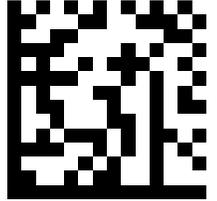
Other than taxes, are any deductions being withheld from anyone's income listed? Yes No

If yes, complete the following information:

Name: _____ Type of deduction? _____ Deduction amount: \$ _____

Name: _____ Type of deduction? _____ Deduction amount: \$ _____

ASSETS



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21. Does anyone in your household have cash on hand? Yes No
 If yes, who? _____ Amount: \$ _____

22. Does anyone in your household have financial accounts? Yes No
 If yes, list all accounts owned by you or anyone applying with you. Some examples of financial accounts are Checking, Savings, 401K*, IRA*, Annuities, Money Market, Stocks/Bonds/Mutual Funds, etc.
 * Not Required for Food Stamps

Type	Account Owner(s)	Bank Name	Date Opened

23. Does anyone in your household have any vehicles? Yes No
 If yes, list all vehicles. Some examples of vehicles are cars, trucks, boats or water craft, motorcycles, snowmobiles, motor homes, ATV's, etc.

Registered Owner(s)	Make	Model	Year	Licensed Y/N	State	Amount Owed	Vehicle Use	Date of Purchase

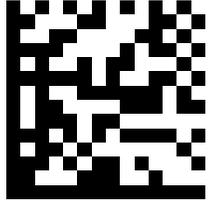
24. Does anyone in your household have any of the following property assets? Yes No
 If yes, complete all columns:

Type	Who Owns This	Fair Market Value	Amount Owed	Date Acquired
<input type="checkbox"/> Home you live in				
<input type="checkbox"/> Land				
<input type="checkbox"/> Rental Home				
<input type="checkbox"/> Vacation Home/Time Share				
<input type="checkbox"/> Equipment/Tools				
<input type="checkbox"/> Machinery				
<input type="checkbox"/> Trailers				
<input type="checkbox"/> Livestock				
<input type="checkbox"/> Mineral/Other Rights				
<input type="checkbox"/> Other:				

25. Does anyone in your household have any of the following other assets? Yes No
 Mark all that apply: Life Insurance Trust Burial plot Burial Plan/Contract
 If yes, who? _____

26. Has anyone in your household sold, traded or given away any assets in the last three months? Yes No
 If yes, explain: _____

EXPENSES



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27. Does anyone in your household pay alimony, child support or daycare expenses? Yes No

If yes, complete all columns:

	Type	Person Paying This	Who For	Amount Paid	How Often Paid	Date This Started
<input type="checkbox"/>	Alimony* <i>*Not required for Food Stamps</i>					
<input type="checkbox"/>	Child Support Court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/>	Daycare					

Name of daycare provider: _____

I need child care so I can: Accept/Continue Employment Seek Employment
 Attend School Attend Training Other: _____

28. Is anyone in your household responsible to pay any of the following expenses? Yes No

If yes, complete all columns:

	Type	Amount Paid	Who pays this expense	Does this person live in your home? Yes/No	How often is this expense paid	Date This Started
<input type="checkbox"/>	Rent, Subsidized Rent, Rental Insurance					
<input type="checkbox"/>	Mortgage, Second Mortgage, Home Equity Loan, Property Taxes					
<input type="checkbox"/>	Home Owners Insurance, HOA, Condo Fees					
<input type="checkbox"/>	Trailer/Lot Space					

29. Is anyone in your household responsible to pay any of the following utility expenses separately from rent and/or mortgage? Yes No

If yes, mark all that apply:

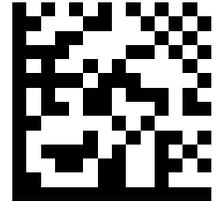
<input type="checkbox"/>	Gas or electricity for heating and/or cooling my home	<input type="checkbox"/>	I received HEAT assistance at my current address in the last 12 months
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	I am homeless. However, I pay some monthly heating/cooling expenses
<input type="checkbox"/>	Water, sewer, garbage		

30. Does anyone in your household who is at least 60 years old or disabled have any medical expenses? Yes No
 (Expenses must be reported and some expenses must be verified by your household to receive a deduction.)

If yes, complete all columns:

	Type	Who For	Person Paying This	Amount Paid	How Often Paid	Date This Started
<input type="checkbox"/>	Dental Care, Dentures					
<input type="checkbox"/>	Medical / Medicare Insurance					
<input type="checkbox"/>	Hearing Aids					
<input type="checkbox"/>	Home Health Care					
<input type="checkbox"/>	Hospitalization or Outpatient Care					
<input type="checkbox"/>	Medical Services					
<input type="checkbox"/>	Mental Health Services					
<input type="checkbox"/>	Nursing Home Care					
<input type="checkbox"/>	Prescription Drugs					
<input type="checkbox"/>	Prescription Eye Glasses					
<input type="checkbox"/>	Service Animal (Ex: Food, Veterinary bills, etc.)					
<input type="checkbox"/>	Other:					

FINANCIAL ASSISTANCE SECTION



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31. Has anyone in your household been disqualified in any state from the TANF (Financial) Program for a program violation? Yes No
 If yes, who? _____ State: _____

32. Are any children in your household home schooled? Yes No
 If yes, who? _____ Is this school district approved? Yes No

33. 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, select one: Public Housing Agency Other Agency

34. Do you have child(ren) living in the home? Yes No
 If yes, 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
 List the name of the absent parent(s) and the name of the child(ren) of the absent parent.
 Absent Parent Name: _____ Child(ren) of Absent Parent: _____
 Reason for Absence:
 Single Parent Adoption Divorced Separated Legally Separated
 Death Incarceration Other: _____

Absent Parent Name: _____ Child(ren) of Absent Parent: _____
 Reason for Absence:
 Single Parent Adoption Divorced Separated Legally Separated
 Death Incarceration Other: _____

CHILD CARE SECTION

35. Has anyone in your household been disqualified in any state from the Child Care Program for a program violation? Yes No
 If yes, who? _____ State: _____

36. Does anyone in your household pay any of the following expenses? Yes No
 If yes, complete all columns:

	Type	Person Paying This	Who For	Amount Paid	How Often Paid	Date This Started
<input type="checkbox"/>	Court Ordered Alimony					
<input type="checkbox"/>	Court Ordered Child Support					

37. List the parents' work schedule. Enter the days and hours for the most recent work schedule.
 (Ex: Mon 8:00 a.m. to 5:00 p.m.)

Name	Employer	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Is child care needed on ALL days worked? Yes No

If no, what day(s) is care needed? _____

38. Is any parent in school or training? Yes No
 If yes, list school/training schedule(s). (Ex: Mon 8:00 a.m. to 5:00 p.m.)

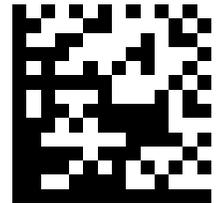
Name	School Name	Type of degree or certificate	Sun	Mon	Tue	Wed	Thu	Fri	Sat

Is child care needed on ALL days attending training? Yes No

If no, what day(s) is care needed? _____

39. Do you have a Child Care provider? Yes No

Name of Provider	Is this Child Care provider related to your child(ren)? Yes / No	Relation to Child(ren)



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FOOD STAMP SECTION

40. Has anyone in your household been disqualified in any state from the Food Stamp Program for a program violation? Yes No

If yes, who? _____ State: _____

41. Has anyone in your household been sanctioned from the Food Stamp program due to non-participation in Employment and Training requirements? Yes No

If yes, who? _____

If yes, does this person agree to participate? Yes No

42. Are there any adults in your household who do not have a high school diploma or GED? Yes No

If yes, who? _____

43. Is anyone in your household responsible for the care of a child under six? Yes No

If yes, who is caring for the child? _____ Name of child? _____

44. Would it be a problem to obtain child care in order to participate in Employment and Training activities? Yes No

If yes, explain: _____

45. Is anyone in your household responsible to care for a disabled person for 20 hours or more per week? Yes No

If yes, who? _____

46. Has anyone in your household been unemployed in the last six months? Yes No

If yes, who? _____

47. Has anyone in your household been temporarily laid off? Yes No

If yes, explain: _____

48. Is anyone in your household on strike? Yes No

If yes, who? _____

49. Is anyone in your household currently on probation or parole? Yes No

If yes, are they required to complete court ordered activities (Ex: work release or drug court)? ... Yes No

Who? _____ What activities are required? _____

50. Is anyone in your household participating in a drug/alcohol treatment program? Yes No

If yes, who? _____ Which program? _____

51. Is anyone in your household participating in any of the following programs: Vocational Rehabilitation, Older American programs, Easter Seals, Forestry Program or Choose to Work? Yes No

If yes, who? _____ Which program? _____

52. Is anyone in your household participating in refugee employment services? Yes No

If yes, who? _____

53. Is anyone in your household experiencing domestic violence? Yes No

If yes, who? _____

54. Is anyone in your household unable to access any type of public or private transportation? Yes No

If yes, explain: _____

55. Does your household live more than 35 miles away from a DWS employment center? Yes No

56. Are you homeless? Yes No

57. Is anyone in your household receiving Food Stamps from another state? Yes No

If yes, who? _____ State: _____

58. Is anyone in your household a boarder? Yes No

If yes, explain: _____

59. Is anyone in your household a foster child or foster adult? Yes No

If yes, who? _____

60. Is anyone in your household a migrant or seasonal farm worker? Yes No

If yes, who? _____

61. Have you or anyone in your household been convicted of any of the following after September 22, 1996:

• Fraudulently receiving duplicate Food Stamp benefits in any state Yes No

If yes, who? _____ State: _____

• Buying or selling Food Stamp benefits over \$500 Yes No

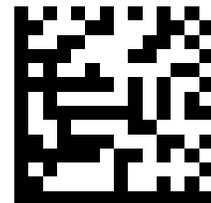
If yes, who? _____

• Trading Food Stamps for guns, ammunitions, or explosives Yes No

If yes, who? _____

• Trading Food Stamp benefits for drugs Yes No

If yes, who? _____



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MEDICAL SECTION

62. Do you have child(ren) living in the home? Yes No

If yes, are you willing to cooperate with the Office of Recovery Services (ORS) regarding establishment of medical support from an absent parent? Yes No

List the name of the absent parent(s) and the name of the child(ren) of the absent parent.

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

Reason for Absence:

Single Parent Adoption Divorced Separated Legally Separated

Death Incarceration Other: _____

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

Reason for Absence:

Single Parent Adoption Divorced Separated Legally Separated

Death Incarceration Other: _____

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

64. 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)

Enrolled Not Enrolled, but available Date Ended: _____

Name(s) of individual(s) covered: _____

Name of insurance company: _____ Phone #: _____

Address of insurance company: _____ Group #: _____

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: _____

Type of Insurance: Medical Dental Start date: _____ Coverage: Limited Comprehensive

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

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

67. If you answered yes to questions 65 or 66, please fill out the following information:
What type of incident?

- Automobile Assault Work-Related Slip/Fall Dog Bite
- Medical Malpractice Other, Please Explain: _____

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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 #: _____

68. 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? _____

SIGNATURE SECTION

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) _____

Food Stamp, Financial and Child Care Representatives

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: _____

Type of Representative: Advocate Agency Representative ARC Relative Other

Does someone have legal power of attorney for anyone in your household? Yes No

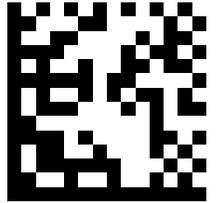
If yes, who? _____

Medical Representatives

Would you like a form mailed to you to grant an authorized representative access to your case? Yes No

Voter Registration Information

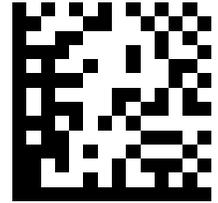
If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No



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- 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.

Important Application and Program Information (Keep this information for your records)



D13313000581319

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 in your verifications by:

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

You may 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, you will receive a notice.

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 Utah Horizon Card.

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

Utah Horizon Card EBT Basic Instructions

Call the Utah 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 Utah Horizon Card even if your case closes. This will save you time if you apply again for benefits in the future.
- 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.
 - 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.

Utah Horizon Card Customer Service 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

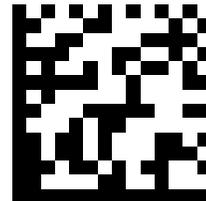
Financial, Medical, Child Care, and Food Stamp are temporary programs to assist you as you work towards increasing your family's income through employment, child support, and/or disability payments. DWS offers a wide range of employment preparation services in our offices to help as you look for work, 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.

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



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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. If you are an Able-Bodied Adult without Dependents, you must also report if you are no longer working 20 hours per week at your job.

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.

You may be required to:

- Register for work
- Complete required workshops
- Complete job search activities

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

Participation in Able-Bodied Adults without Dependents Activities

Able-bodied adults are those who are healthy and have not had a doctor diagnose a disability and who do not have dependent children living in their home. The Food Stamp Program allows able-bodied adults without dependent children to receive Food Stamp benefits for 3 months in a period of 36 months without participating in an able-bodied employment or training activity. After the initial three months, an able-bodied adult is required to participate in these activities unless they are exempt from participation. You may be required to:

- Register for work
- Meet with an Employment Counselor
- Complete worksite learning activities
- Complete job search activities

If you are required to participate in additional activities, you will receive 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.

If financial benefits are issued to your Utah Horizon Card account that you are not eligible to receive, the funds may be removed and returned to the State of Utah without prior notification to you of the removal. You will receive notification after the financial benefits have been removed.

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

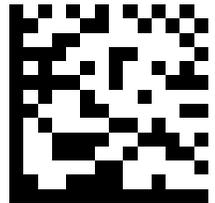
You may be considered for this program if you have a medical impairment that prevents working in any occupation for 60 days or longer from the date of the application.

- 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.



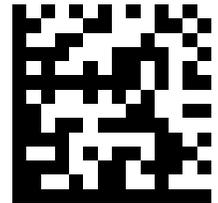
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Child Care Programs

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.



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Eligibility for Child Care Assistance

Your household must include an eligible child under the age of 12 and/or a special needs child under the age of 18.

- A single parent must be working an average of 15 hours per week.
- In a two parent family: one parent must work an average of 15 hours per week, and the other parent must work an average of 30 hours per week.
- Child Care may also be approved for training if the parent(s) meet the minimum work requirements and can complete the training within 24 months. Additional information will be required.

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 child care 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 http://jobs.utah.gov/customereducation/services/childcare/paying_provider.html.
- If you select a **family member, friend or neighbor** as your provider, you will receive a two-party check as payment.

NOTE: Always check myCase to see how much money has been authorized for your child care provider(s) before paying them. The child care subsidy should only be used to pay an approved provider for an approved month of service. Any unused child care money on your Utah Horizon Card should NOT be used to pay for unauthorized months of child care services or to an unapproved provider. Using funds this way may result in an overpayment to DWS.

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 Utah Horizon Card to purchase a discounted adult monthly pass.

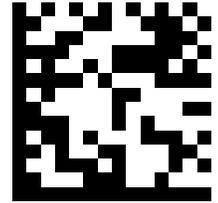
- Available for use on the UTA system anywhere between Payson and Brigham City.
- The pass is good for unlimited travel on local buses and TRAX for one calendar month.
 - This discounted fare applies to passengers ages 18-64.
- Two children ages 5 and younger may accompany the adult passenger with a 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 Utah Horizon Card visit your myCase account and click on the UTA link.

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

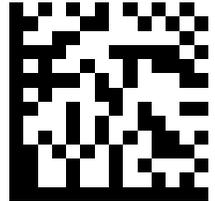
- Transferring Child Care Benefits with Interactive Voice Response (IVR):
http://jobs.utah.gov/customereducation/services/childcare/paying_provider.html
- Search for quality child care: <http://careaboutchildcare.utah.gov>

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.
- 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.

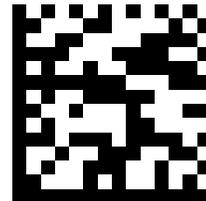


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YOUR RESPONSIBILITIES

- 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.