



## North Carolina Department of Health and Human Services Application for Food and Nutrition Services

### **Do You Need An Interpreter To Help You Apply For Food and Nutrition Services?**

Please tell us if you need assistance because you do not speak English or have a disability. Free language assistance and/or other aids and services are available upon request. To receive free interpreter services, call 866-719-0141 or call your local DSS office at \_\_\_\_\_. After the recorded message, you will reach an operator who can provide you with an interpreter. If you have a disability and need communication assistance, call 866-719-0141 or Relay Services:711.

### **What are Food and Nutrition Services?**

Food and Nutrition Services help households buy eligible food in authorized retail food stores. This will increase low-income household's food buying power, so they can have more nutritious meals.

### **How Do I Apply for Food and Nutrition Services?**

**Step 1. Fill out this application:** You have the right to receive an application upon request. If you cannot complete this application you will only need to provide a signature, legible name, and address. If you need assistance in completing this form, please let us know so that we can assist you.

**Step 2. Turn in the application to your local agency as soon as possible:** You can mail, fax or bring the application to your local agency or apply online at <https://epass.nc.gov/CitizenPortal/application.do>. The date we get your application with your name, address, and signature on it, is also the start date of your Food and Nutrition Services application. If you are eligible for Food and Nutrition Services in the month you apply, the amount of Food and Nutrition Services you will get for that month depends on the date you turn in your application. The sooner you give us this application, the quicker you will know if you are able to get Food and Nutrition Services.

**Step 3. Talk with us:** A caseworker must interview you or someone you choose to represent you. This is to see if you can get Food and Nutrition Services. If you are unable to stay for your interview today, please tell the receptionist or a caseworker so that we can schedule an interview for you.

### **Information About Social Security Numbers, US Citizenship and Immigration Status**

For everyone that you are applying for, you must provide information about Social Security Numbers (SSNs) and citizenship/immigration status. If you do not want to answer questions about SSNs or citizenship/immigration status, you may choose not to apply. Providing an SSN is required by the Food and Nutrition Act for applicants seeking benefits. We will not share SSNs with US Citizenship and Immigration Service (USCIS). We will only use the SSNs you give us to do computer matches to check what you told us with State and Federal Agencies, Income and Eligibility Verification System (IEVS), other computer matching systems, program reviews and audits. This information may be verified through other sources when discrepancies are found and may affect your household's eligibility and benefit level. You must be a United States (U.S.) citizen or an eligible alien and also meet other Food and Nutrition Services rules to get Food and Nutrition Services benefits. We will only contact USCIS to check the immigration status on the household members who give us their immigration documents. If an applicant does not provide this information, they will be ineligible for benefits. Household members must provide their financial information because it is needed to determine eligibility for individuals who are applying. Eligible household members who apply will be able to get benefits even though some people in the household are not applying for benefits. The amount of benefits will depend on the number of people requesting benefits.

### **Tell Us Do you need someone to apply for or use your Food and Nutrition Services?**

If you want someone other than yourself to apply for, use, or obtain information about your benefits, please check yes below. If you check **Yes**, we will give or mail you a form. You and the person you want to help can complete the form and return it to our office. If you choose, this person will receive an EBT card and will have access to your Food and Nutrition Services. An Electronic Benefit Transfer Card (EBT) is a plastic card you use at the store to buy food. Do you need an Authorized Representative to help you get and/or use your Food and Nutrition Services?  Yes  No

**When will I get my Food and Nutrition Services?**

If you are able to get Food and Nutrition Services, you will get them within **30 calendar days** from the date you turn in the application with your name, address, and signature. If you are a resident of an institution and are applying for both Supplemental Security Income (SSI) and SNAP benefits prior to leaving the institution, the filing date of the application is the date you leave the institution. You may be able to get Food and Nutrition Services within **7 calendar days** if you qualify for expedited benefits. In order to evaluate you for expedited benefits make sure that you have provided us the needed information by answering the questions regarding your household's income, assets and expenses and if anyone is a migrant/seasonal farm worker. Your household may be in an emergency situation if:

- Your household's gross monthly income is less than \$150 and your household's cash or money in the bank is \$100 or less, or
- Your household's rent, mortgage and utilities are more than your household's gross monthly income and cash or money in the bank, or
- You or a member of your household is a migrant/seasonal farm worker.

**Expedited Benefits**

The follow information will help us determine whether the applicant and the people in their home may be eligible for Food and Nutrition Services within seven days.	Amount
What is the household's total countable monthly gross income?	
What is the total household cash on hand/savings?	
What are the total monthly shelter costs (rent or mortgage) that the household pays?	
What is the total monthly utility cost (Standard Utility Allowance (SUA)/Basic Utility Allowance (BUA)/Telephone Utility Allowance (TUA)) that the household pays?	
Is anyone in the home a migrant or seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete a – d If no, go to next section	
a. Did his/her job end recently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Did the only income received for the month of application end before today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Will he/she receive \$25 or less from a new employer within 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Will his/her liquid resources such as cash, checking/savings be \$100 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Tell Us About the People in your household.**

**Tell Us About the People in Your Household**

Your household is you and everyone who lives with you, even if they are not relatives. Fill in the chart below for all the people in your household and indicate if you are applying for them. Attach a piece of paper if you need more space to complete this section. We will determine who must be included in your Food and Nutrition Services case.

Name (First, Middle Initial, & Last)	Relationship to You	Birth Date	Age	Sex M/F	Applying for Benefits? (Yes/No)	*Optional Social Security Number (see below)	*Optional U.S. Citizen? (Yes/No) (see below)	*Optional Hispanic or Latino (Yes/No) (see below)	**Optional Race (see below)	Buy & Cook Together? (Yes/No)	***Live in a Homeless Shelter or On the Street (Yes/No)
	Self										

\*Social Security Numbers and Citizenship Information are not needed for those not applying for benefits.

\*Eligibility or level of benefits are not affected if ethnicity or race is not answered. \*Giving your ethnicity and race information is voluntary and may be protected by the Privacy Act. Eligibility or level of benefits are not affected if ethnicity or race is not answered. When the information is not provided the agency will collect the information by observation during the interview. Giving this information will help ensure program benefits are distributed without regard to race, color, or national origin (this information is used for statistical purposes only).

\*\*RACE: Choose one or more numbers that apply and enter above for Race: 1 - American Indian/Alaskan Native, 2 – Asian, 3 – Black/African American, 4 – Native Hawaiian/Other Pacific Islander and 5 – White

**\*\*\*These questions may assist in identifying Able-Bodied Adults without Dependents (ABAWD). Please answer these questions about any activity within the last 6 months.**

Are you a resident of this state?  Yes  No

Please check the type of living situation that best describes your household. We/I live in a  Home

Adult Care Home  \*\*\*Alcohol and/or Drug Treatment Center  Group Home  Halfway House  Hotel

\*\*\*Institution  \*\*\*Residential Treatment Facility  \*\*\*Shelter for Battered Women and Children  Other \_\_\_\_\_

Does everyone in your home buy food and cook meals together?  Yes  No If **no**, who buys separately

Name of Separate Person(s) \_\_\_\_\_

Does anyone in your household have an EBT card?  Yes  No Who? \_\_\_\_\_

If yes, what State issued this card? \_\_\_\_\_ When was it last used? \_\_\_\_\_

Does anyone get Food and Nutrition Services, Food Stamps, or SNAP in this or another county or state?  Yes  No

If yes, who? \_\_\_\_\_ What County or State? \_\_\_\_\_

When did the benefits start? \_\_\_\_\_ When did the benefits end? \_\_\_\_\_ Amount of benefits received? \_\_\_\_\_

Does anyone participate in a Food Distribution Program on an Indian Reservation?  Yes  No

**Does anyone in your household fit a situation below?**

Please check any that apply.

- A foster child Do you want to include this child on the case?  Yes  No Who? \_\_\_\_\_
- \*\*\*Pregnant Due Date \_\_\_\_\_ Who? \_\_\_\_\_
- \*\*\*In a drug/alcohol treatment program Who? \_\_\_\_\_
- \*\*\*A live-in person (attendant) who takes care of someone in your household Who? \_\_\_\_\_
- Renting a room from you Who? \_\_\_\_\_
- Paying for food and a place to stay Who? \_\_\_\_\_
- Disqualified from Food and Nutrition Services in North Carolina or another state Who? \_\_\_\_\_
- Trying to avoid a felony prosecution or fleeing from law enforcement Who? \_\_\_\_\_
- Trying to avoid jail after conviction of a felony Who? \_\_\_\_\_
- Violating conditions of probation or parole Who? \_\_\_\_\_
- A person convicted of a drug related felony or controlled substance committed after August 22, 1996. If convicted what state \_\_\_\_\_ date of conviction \_\_\_\_\_ Who? \_\_\_\_\_
- A person convicted of fraudulently receiving duplicate benefits in any State after August 22, 1996. If convicted what state \_\_\_\_\_ date of conviction \_\_\_\_\_ Who? \_\_\_\_\_
- A person convicted of trading benefits for guns, drugs, ammunitions, or explosives after August 22, 1996. If convicted what state \_\_\_\_\_ date of conviction \_\_\_\_\_ Who? \_\_\_\_\_
- A person convicted of buying or selling benefits over \$500 or more after August 22, 1996. If convicted what state \_\_\_\_\_ date of conviction \_\_\_\_\_ Who? \_\_\_\_\_
- Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014? Who? \_\_\_\_\_
- \*\*\*In college or trade/vocational/technical school at least half-time Who? \_\_\_\_\_  
Name of School \_\_\_\_\_
- \*\*\*Physically or mentally unfit for employment Who? \_\_\_\_\_
- \*\*\*Operates a Home School at least 30 hours a week Who? \_\_\_\_\_
- \*\*\*Caring for an incapacitated person (does not have to live in the home) Who? \_\_\_\_\_
- \*\*\*Participates in an official Refugee Employment Program Who? \_\_\_\_\_
- \*\*\*Unable to work due to alcohol and/or drug addiction Who? \_\_\_\_\_

**\*\*\*These questions may assist in identifying Able-Bodied Adults without Dependents (ABAWD).**

**What assets do people in your household have?**

Assets are valuable items that you own such as cash or bank accounts. We will determine if verification is needed and if it is accessible to you.

Has anyone in your household transferred assets in the last 3 months in order to receive Food and Nutrition Services?

Yes  No

Does your household own any of the assets listed below?  Yes  No

Please check all the assets you own, someone else in your household owns, or jointly own with non-household member.

Type of Asset	Who Does This Belong To?	Value or Worth	Business Name and Account Number
<input type="checkbox"/> Cash			
<input type="checkbox"/> Checking and/or Savings Acct			
<input type="checkbox"/> Retirement Accounts			
<input type="checkbox"/> Mutual Funds or Trust Funds			
<input type="checkbox"/> Prepaid Burial Contracts			
<input type="checkbox"/> Certificates of Deposit (CD's)			
<input type="checkbox"/> Stocks or Bonds			
<input type="checkbox"/> Lottery/Gambling Winnings			
<input type="checkbox"/> Other Assets Not Listed (such as interest income)			

**What money do people in your household get from work?**

\*\*\*Does anyone in your household work?  Yes  No

Please provide **proof of all income received from the last 30 days.**

Don't delay turning in your application if you don't have the verification because you can turn it in later. Include Full-Time, Part-Time, Day Work, Temporary Work, Work Study for College, and Tips.

Name	Employer (Name, Address, Phone Number if Available)	Start Date	Gross Pay (Pay Before Taxes)	How Often is Pay Received?	Last date Pay Received	Day of Week Pay Received	Hours Per Week	Days Worked Per Week

\*\*\*Is anyone in your household self-employed?  Yes  No If yes, complete below.

Please provide verification of the previous year's tax records. If tax records are not available provide verification of income and receipts for business expenses for the past 12 months. Don't delay turning in your application if you don't have the verification because you can turn it in later. Examples are babysitting, selling Avon or other products, farming, doing hair, renting houses, doing yard work for other people or odd jobs.

Name	Start Date	Business Name	Type of Business	***Hours Per Week	Gross Monthly Income	Monthly Expenses

**\*\*\*These questions may assist in identifying Able-Bodied Adults without Dependents (ABAWD).**

Is anyone getting ready to start a new job?  Yes  No If yes, complete below.

Name	Employer (Name, Address, Phone Number If Available)	Start Date	Gross Pay (Pay Before Taxes)	How Often is Pay Received?	Date of First Pay Received	Day of the Week Pay Received	Hours Per Week	Days Worked Per Week

\*\*\*Has anyone stopped working in the past 30 days?  Yes  No If yes, please complete below.

Name	Employer (Name, Address, Phone Number if Available)	End Date	Date Last Pay Received or Will Be Received	Gross Amount of Last Pay	Total Hours Worked in Past 30 Days	Reason Stopped Working

Is anyone a migrant or seasonal farm worker?  Yes  No If yes, who?

Date started working? \_\_\_\_\_

Place working & phone number? \_\_\_\_\_

Is anyone on strike?  Yes  No If yes, who? \_\_\_\_\_

Last date worked? \_\_\_\_\_ Place worked & phone number? \_\_\_\_\_

**Tell us about any volunteer work or participation in a work training program.**

\*\*\*Does anyone work as a volunteer or participate in a work training program?  Yes  No

Name	Name of Volunteer Site or Work Training Program	Site Address and Phone Number (if Available)	Start Date	End Date	Hours Per Week

**What money does your household get from other sources?**

We need to know the money or checks you get other than from work. Please check off all of the following that applies to your household:

- |  |  |
|--|--|
| <input type="checkbox"/> Adoption, Foster Care, or Guardianship Payments   | <input type="checkbox"/> Social Security***                        |
| <input type="checkbox"/> Annuities, Pensions, or Retirement  | <input type="checkbox"/> Special Assistance (SA)***                |
| <input type="checkbox"/> Alimony   | <input type="checkbox"/> Supplemental Security Income (SSI)***     |
| <input type="checkbox"/> Child Support from parent <b>or</b> <input type="checkbox"/> Child Support from the Court | <input type="checkbox"/> Unemployment Benefits***                  |
| <input type="checkbox"/> Educational Scholarships***   | <input type="checkbox"/> Veterans Benefits***                      |
| <input type="checkbox"/> Military Allotment  | <input type="checkbox"/> Work First/TANF***                        |
| <input type="checkbox"/> Money from friends or relatives that is not a loan and you don't have to pay back         | <input type="checkbox"/> Interest and Dividends                    |
| <input type="checkbox"/> Payments for the sale of an asset (such as a car, boat, mobile home or house)             | <input type="checkbox"/> Workers Compensation***                   |
| <input type="checkbox"/> Private Disability***   | <input type="checkbox"/> Other _____                               |
|  | <input type="checkbox"/> My Household does not get any other money |

**\*\*\*These questions may assist in identifying Able-Bodied Adults without Dependents (ABAWD).**

For all items checked above, complete below:

Type of Money	Who Gets the Money?	Who Gives the Money?	Phone Number and Address of Person/Organization That Gives You Money	How Much?	How Often?	Date Last Received

Is any of the income listed above child support?  Yes  No If yes, is the child support court ordered?  Yes  No  
 If yes, what is the Court Order Number \_\_\_\_\_ Date Established \_\_\_\_\_ Obligated Amount \_\_\_\_\_?

**Please tell us about your household bills.**

Please complete this section for all expenses your household is responsible for paying.

Expense Type	Name, Address, Phone Number to Whom You Pay the Bill	Amount Billed	How Often Paid?	Who Pays the Bill?
Rent or Mortgage				
Lot Rent				
Property Taxes (If not included in mortgage)				
Homeowners Insurance (If not included in mortgage)				
Homeowners Dues (HOA)				

Check the boxes next to the utility cost your household is responsible for paying that is paid separate from your rent.

Electricity  LP/Natural Gas  Utility Excess (Public Housing)  Water/Sewage  Garbage/Trash

Telephone/Cell Phone Name of phone company \_\_\_\_\_

How do you heat your home? \_\_\_\_\_ How do you cool your home? \_\_\_\_\_

Did you get a Low-Income Energy Assistance Program (LIEAP) check in another state or at your current residence that was more than \$20 in the recent month or within the past 12 months?  Yes  No If yes, who \_\_\_\_\_

Do you receive Section 8 or HUD Assistance?  Yes  No

**Help Paying Bills**

Does any agency, organization, or person (including Section 8) outside your household help pay any of your rent or utilities?  Yes  No If yes, complete questions below.

Which Bill is Paid?	Name, Address, Phone Number of the Person That Pays the Bill?	Was the Money Given to You?	Amount Paid	How Often Paid?	Date of Last Payment
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please tell us about your other bills.**

Do you or anyone in your household pay for child or disabled adult care?  Yes  No If yes, complete questions below.  
 Child/disabled adult care transportation expenses \$ \_\_\_\_\_

Who Gets the Care?	Who Pays for the Care?	Name, Address, Phone Number of Care Provider or Babysitter	How Much is Paid?	How Often Paid?	Start Date	Why is Care Needed?	Date of Last Payment	Number of Hours Per Week

Does any agency, organization or person outside your household help pay any of your childcare?  Yes  No If yes, complete questions below.

Which Bill is Paid?	Name, Address, Phone Number of the Person That Pays the Bill	Amount Paid	How Often Paid?	Date of Last Payment

**Court Ordered Child Support**

Does your household pay court ordered child support for children outside your home? Include court ordered health insurance payments.  Yes  No If yes, complete questions below.

Who Pays the Child Support?	Name of Child?	Name, Address and Phone Number of Person That Pays the Child Support	Amount Paid	Start Date	How Often Paid?	Date of Last Payment

**Medical Bills for Disabled or Age 60 or Over**

(A disabled person usually gets disability payments from a government agency such as Social Security, SSI, Veterans Benefits for 100% Disability, or Medicaid for disabled persons.)

Is anyone age 60 or over or disabled?  Yes  No If yes, who? \_\_\_\_\_. When did the disability begin? \_\_\_\_\_ Who made the disability determination? \_\_\_\_\_

If yes, we need to know the medical bills you have or are responsible for paying. Medical bills include, but are not limited to:

- Health and hospital insurance premiums or co-payments
- Food and/or veterinary care for a trained service animal
- Transportation and lodging to get medical treatment
- Medicare Premiums
- Doctor and hospital bills
- Prescription and over-the-counter medications and medical supplies such as aspirin, diabetic supplies and eyeglasses
- Rental and purchase of medical equipment and supplies
- Prescribed eyeglasses and contact lenses
- Dentures, hearing aids, and prostheses
- Payments for aides, attendants, and nurses

Type of Expense	When Did the Expense Start?	Name, Address, Phone Number of Medical Provider	Amount Paid	How Often Paid?	Date of Last Payment

Does any agency, organization or person outside your household help pay any of **your** medical bills?  Yes  No If yes, complete below.

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month \_\_\_\_\_  
 Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month \_\_\_\_\_

**By signing this application, I am stating that:**

1. I have told the truth on this form and I did not lie or hide information to get benefits that my household should not get.
2. I understand the Food and Nutrition Services rules and what I must do to get Food and Nutrition Services.
3. I agree to provide information about what I have said so that my application can be processed. I am aware the information I give may be disclosed to other Federal and State agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
4. I give permission to the local agency to get proof of what I have said from any person, business or other outside agencies, but not limited to: employers, banks, savings and loans, landlords, etc.
5. Under penalty of perjury, I have told the truth about information on the application, including the information concerning citizenship and alien status for all the members applying for benefits/assistance.
6. I understand my expenses may be used to figure my Food and Nutrition Services amount. If I do not tell you about some of my expenses and/or verify them, they may not be used in the budget to calculate the amount of my benefits.
7. I have read, understand, and received the Program Information and Rights and Responsibilities form.
8. I have the right to ask for a hearing if I think my case is wrong. I have 90 calendar days to ask for a hearing. Unless you ask for a hearing by then, you cannot have one. A household member or someone else such as a lawyer, friend, or relative can represent me at a fair hearing.
9. I will report lottery and/or gambling winnings in the amount of \$3,750 or more. I am aware all household members will lose eligibility to receive Food and Nutrition Services.
10. **I am aware of the Intentional Program Violation Penalties.**

Individuals found to have committed an Intentional Program Violation either through an administrative disqualification hearing or by a Federal, State or local court, shall be ineligible to participate in the Food and Nutrition Services:

**For A Period of Twelve months for the first Intentional Program Violation, Twenty-four months for the second violation and Permanently for the third violation of any Intentional Program Violation.**

**Additional Program Violations:**

- **If you use your food assistance benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit accounts you will lose your benefits.**
- **Giving wrong information knowingly may also mean we may reduce your benefits, you may have to repay benefits, may be subject to criminal prosecution or not able to get benefits for twenty-four months.**
- **If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years for the first violation and permanently for the second violation.**
- **If a court finds you guilty of buying, selling, or trading benefits \$500 more, trading benefits for firearms, drug trafficking, ammunition, or explosives after August 22, 1996 you may lose Food and Nutrition Services forever.**
- **You will not get Food and Nutrition Services for 10 years if you are found guilty of getting or trying to get Food and Nutrition Services in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.**
- **If you intentionally break any of the rules above, you may not be able to get Food and Nutrition Services permanently and may be fined up to \$250,000 and/or jailed up to 20 years. You may also be ineligible for Food and Nutrition Services for an additional 18 months, if court ordered.**
- **I understand the information I provided on the application will be subject to verification by Federal, State or local officials to determine if the information is factual; that if any information is incorrect, Food and Nutrition Services may be denied, and I may be subject to criminal prosecution for knowingly providing incorrect information.**

**Voter Registration**

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 BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.** If you want to register to vote or to update your registration, you can complete a voter registration form at [www.ncsbe.gov/nvra/01](http://www.ncsbe.gov/nvra/01), ask your caseworker or contact your local DSS for a voter registration form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.** 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. 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 the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255 or you may call the toll-free number, 1-866-522-4723.

**Turn in the application to your local agency as soon as possible:** You can mail, fax or bring the application to your local agency.

**Your Signature or Authorized Representative** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
**Witness Signature (if signature is an X)** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

First Name			Middle Initial		Last Name	
Residence Address				City	State	Zip Code
(If different from residence address)						
Mailing Address				City	State	Zip Code
Home Phone		Cell Phone	Message Number		Telephone Company Provider	Language you speak

For information regarding the Teen Pregnancy Prevention Initiative contact your local Health Department or call the DHHS Customer Service Center at 1-866-719-0141. For information regarding services provided for Healthy Marriages contact your local agency.

**\*AGENCY USE ONLY\***

**Caseworker Signature** \_\_\_\_\_ **Date of Interview** \_\_\_\_\_  Telephone  Office visit



## Program Information

### Rights and Responsibilities

#### Changes You Must Report and How to Report Them

Your caseworker will give you a Change Report Form for your household's situation and explain it to you.

This form will tell you all the changes you must report to us and when to report them.

When you have a change, fill out the form and mail it to us. You may also call your caseworker or come into our office to report changes. Your caseworker will contact you about the change.

#### Information About Social Security Numbers

You must provide the Social Security Number (SSN) used by each person in your household that you apply for. If you need help getting a SSN, ask your caseworker for help. **We will only give Food and Nutrition Services to the eligible people who give us their SSN.** Eligible household members who apply will be able to get benefits even though some people in the household are not applying for benefits. We will use the SSN's you give us to do computer matches and check what you told us with State and Federal Agencies.

#### Information About U.S. Citizenship and Immigration Status

You must be a United States (U.S.) citizen **or** an eligible alien to get Food and Nutrition Services. You must also meet other Food and Nutrition Services rules.

You must provide the US Citizenship and Immigration Service (USCIS) documents used by each person in your household that you apply for. **We will only give Food and Nutrition Services to the eligible people who give us their legal USCIS documents.** Eligible household members who apply will be able to get benefits even though some people in the household are not applying for benefits.

We will only contact USCIS to check the immigration status of the people who give us their immigration documents.

#### Food and Nutrition Services Rules

The following rules apply for getting and using Food and Nutrition Services:

**Don't** hide, lie or give wrong information on purpose to get Food and Nutrition Services benefits.

**Don't** use Food and Nutrition Services to buy non-food items like alcohol or tobacco.

**Don't** trade or sell your Food and Nutrition Services.

**Don't** use someone else's Food and Nutrition Services for yourself.

**Don't** use your Food and Nutrition Services for someone else.

**Don't** use your Food and Nutrition Services to pay on any kind of credit account even if it is for eligible Food and Nutrition Services items or pay for food purchased on credit with Food and Nutrition Services benefits.

**DO** cooperate with state and federal personnel in a Quality Control review.

#### Penalties for Breaking the Rules of the Food and Nutrition Services Program

If you intentionally break any of the rules above, you may not be able to get any more Food and Nutrition Services from one year to permanently and may be fined up to \$250,000 and/or jailed up to twenty years or both. You may also be subject to prosecution under applicable Federal and State laws. You may also be barred from the Food and Nutrition Services an additional 18 months if court ordered.

Giving wrong information may also mean we will reduce your benefits, or you may be required to repay benefits.

If a court finds you guilty of buying, selling, or trading \$500 or more after August 22, 1996 in Food and Nutrition Services, you may lose Food and Nutrition Services permanently.

If a court finds you guilty of trading Food and Nutrition Services for firearms, ammunition, or explosives after August 22, 1996 you will lose Food and Nutrition Services permanently.

If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years the first time and permanently.

You will not get Food and Nutrition Services for 10 years if you are found guilty of getting or trying to get Food and Nutrition Services in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

#### Information About Hearings

You have the right to ask for a hearing in person, by telephone or in writing, if you think your case is wrong. You have 90 calendar days to ask for a hearing. Unless you ask for a hearing by then, you cannot have one. A household member or someone else such as a lawyer, friend, or relative can represent you at a fair hearing. Free legal advice may be available. Contact Legal Aid of North Carolina office at 1-866-219-5262, Street: 224 South Dawson St. Raleigh, NC 27601, Mailing: PO Box 26087 Raleigh, NC 27611.

Some people have to work or attend training to get Food and Nutrition Services. If this is true for you or for other people in your household, we will tell you. You will have to follow the rules about work and training to get Food and Nutrition Services.

## **We Check What You Tell Us**

I understand the information I provided on the application will be subject to verification by Federal, State or local officials to determine if the information is factual and that if any information is incorrect Food and Nutrition Services may be denied and I may be subject to criminal prosecution for knowingly providing incorrect information.

All eligibility procedures are strictly supported by the Food and Nutrition Services policies. Other program's time limits or requirements do not affect your Food and Nutrition Services benefits. Your household may not be denied food assistance because your household has been denied benefits from other programs.

I am aware of the information I give may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you have a Food and Nutrition Services claim against you, we will give your answers and Social Security Numbers to federal and state agencies, as well as private claims collection agencies, to collect the overpayment.

## **We Must Obtain Data**

We are required to request racial and ethnic data on participating households. The information is voluntary; neither your eligibility nor Food and Nutrition Services benefits will be affected if you choose not to provide it. Giving this information will help ensure program benefits are distributed without regard to race, color or national origin (this information is used for statistical purposes only).

## **You Will Not Be Discriminated Against**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

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1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

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This institution is an equal opportunity provider.