

# Kansas Department for Children and Families Application for Benefits

ES-3100  
Rev. 08-22

This is your application for the programs and services offered through the Department for Children and Families (DCF). Answer all of the questions to the best of your ability. If English is not your primary language, an interpreter will be provided at no cost to you. You are subject to severe penalties for any false or misleading information you supply on this application.



**STOP! Would you rather apply online?  
Apply faster online at [www.dcf.ks.gov](http://www.dcf.ks.gov)**

## Agency Use Only

Date Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

\_\_\_\_\_ Initial \_\_\_\_\_ Review

Interview completed by: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

This form provides us with the information we need to determine eligibility for you and your family. The following are the programs and services you can apply for with this form:



**Food Assistance:** Food Assistance is electronic benefits you can use to buy food. If you need help buying food, fill out all of the sections where you see the plate, fork and knife symbol. You may be eligible to receive food assistance within 7 days.



**TANF Cash Assistance:** Cash assistance helps families and pregnant women. To apply for cash assistance, fill out all of the sections where you see the hand holding cash symbol.



**Child Care Assistance:** The child care subsidy program provides benefits to help pay child care costs. To apply for child care, fill out all of the sections where you see the baby symbol.

## Follow These Steps to Apply

- Complete this form to apply. If you need help or have questions, call 888-369-4777.
- Read the questions carefully and answer honestly. If you are applying for someone else, please answer the questions for that person.
- Sign and date this form. Your application is not complete until it is signed.
- **If you can't complete the application now, give your name, address and signature on Page 3 and return the form. All information must be complete before your application can be processed.**
- **Return this form as soon as possible. If you are eligible, some benefits start from the date a signed application is received in our office.**
- Mail, fax or bring this form to your local DCF office. It may take 30 to 45 days before your application is processed.
- If an interview is required, we will contact you.
- A list of items we may need from you is on the last page of this form. Please tear off and keep for your records.

**Other services:** DCF also offers the services listed below. If you would like more information or to apply, please check the appropriate box.

**Child Support Services** - To enforce child support orders and to help children have access to financial support and health care.

**Vocational Rehabilitation** - To help persons with disabilities become employed.

**Return this form to:**

## A. Help Us Determine If You Can Get Food Assistance Faster

If you have little or no money, we may be able to get you food assistance within 7 days. Complete this section to help us determine if you can get benefits faster.

1. Will your household's gross income (before taxes deducted) for the month be less than \$150?  
 Yes    No
2. Does your household have less than \$100 in cash, checking and savings?  
 Yes    No
3. Is anyone in your household a migrant or seasonal farm worker?  
 Yes    No
4. Enter your current monthly rent/mortgage amount ..... \$ \_\_\_\_\_
5. Do you pay for heating or cooling costs?    Yes    No  
 If no, check the following utilities you are responsible to pay and enter the total amount (if none enter zero)..... \$ \_\_\_\_\_  
 Water    Sewer    Trash    Telephone  
 Electricity/gas for cooking or lights    Other \_\_\_\_\_    None
6. Enter your household's gross income (before taxes deducted) expected this month ..... \$ \_\_\_\_\_
7. Enter your household's total money in cash, checking and savings..... \$ \_\_\_\_\_

**Agency Use Only**

Expedited FA?

Yes    No

**Agency Use Only**

Rent/Mortgage \$ \_\_\_\_\_

SUA/Actual + \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

Expected Income \$ \_\_\_\_\_

Cash/Check/Savings + \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

Are the household's shelter expenses more than the expected income and resources?  
 Yes    No

## B. Kansas Voter Registration Information

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  
 Yes    No   **(If you do not check either box, you will be considered to have decided not to register to vote at this time.)**  
*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. You may request the application form from a DCF office in person, or call 1-888-369-4777 to have one mailed to you.

You may also elect to apply online. Please be aware that to register to vote online, you must have a valid Kansas driver's license or non-driver's identification card. If you do not have either of these documents, you may download the form at: <https://www.kssos.org/forms/elections/voterregistration.pdf>. If you want to apply online go to: <https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

You must re-register each time you change your name, address, or party affiliation for voting.

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 Kansas Secretary of State's Elections Division by calling 1-800-262-VOTE (8683) or by emailing [election@ks.gov](mailto:election@ks.gov).

## C. Special Services

If you have been a victim of domestic violence or sexual assault in the last 5 years, you may be eligible for special considerations and services. If you want to find out about available services and have a confidential interview, check this box:

## D. Do You Want to Choose Someone to Help Get Your Benefits?



You can name a person to help you get your benefits. This person can help fill out the application, answer questions for you, and use the Kansas Benefits Card for you. We will be able to share information with this person. This person will be your authorized representative. Do you want to have someone help you?  Yes  No

If yes, tell us about this person:

Their name \_\_\_\_\_ Their telephone number \_\_\_\_\_

Their address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Do you want the person named above to have access to your benefits?  Yes  No

If yes, which benefits?  food assistance  TANF cash assistance  child care assistance

If no, do you want to choose someone else to access your benefits? This person will be your authorized representative and can have access to your benefits. We will also be able to share information with this person.  Yes  No

If yes, tell us about this person:

Their name \_\_\_\_\_ Their telephone number \_\_\_\_\_

Their address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

If yes, which benefits?  food assistance  TANF cash assistance  child care assistance

## E. Tell Us About Yourself and the People in Your Home



Provide the following information and sign this section of the application.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

First Name, Middle Initial, Last Name

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you:  Never Married  Married  Common Law Married  Divorced  Separated  
 Widowed  Member of an Unmarried Couple

Are you homeless?  Yes  No

Use this space to write additional information.

## E. Tell Us About Yourself and the People in Your Home (cont.)



You must tell us about everyone living in your home. List anyone who lives with you, even if they do not need assistance. Also list anyone who usually lives with you, but is away right now. Food assistance households are based on persons who live together and who buy and cook together. List all of the people you live with:

First name, Middle Initial, Last name	Relationship to you	Are you applying for this person?	Do you (or will you after approval) buy and cook food with this person?
	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
		<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
		<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
		<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
		<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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## F. Tell Us About Yourself and All the People for Whom You Are Applying



**Here's who you need to include on this application for all programs:**

- Yourself - Complete Person 1 for yourself
- If married, your spouse
- Your children who live with you (for food assistance this includes children up to age 22)
- For food assistance, any parent of a child 21 and under who lives with you
- Your boyfriend/girlfriend who lives with you
- For food assistance, any person you buy and cook food with

Complete information for each person in your household for whom you are applying. **Start with yourself.** If you have more than four people in your household to include, please attach another sheet of paper.

Citizenship/immigration status must be provided for all persons for whom you are applying. If you request food and/or TANF cash assistance for a household member who does not meet citizenship/immigration status, that person cannot get benefits while the remaining household members who DO meet citizenship/immigration status may qualify for benefits.

You may choose not to list your race or ethnic heritage, and it will not be used against you. We only ask this information for federal reporting purposes. Answers will in no way affect eligibility or benefits. If applying for food assistance only, identifying the sex of the household members is not required.

**Important information about Social Security numbers** — A Social Security number is required for each person for whom food and TANF cash assistance is requested. If you, without good cause, fail to provide or apply for a Social Security number, that person will not be able to get benefits. If you are not applying for certain person(s) in your household, you are not required to provide a Social Security number for that person. We use Social Security numbers to check income and other information to see who is eligible for assistance. If someone doesn't have a Social Security number, call 800-772-1213 or visit <https://www.ssa.gov/>.

**Your information is private:**

- We'll keep your information private as required by law.
- We'll use the information on this form only to see if you qualify for benefits.

# PERSON 1 - Complete for yourself.



First name	Middle initial	Last name	Suffix	Relationship to you?
				<b>SELF</b>
Social Security number		Date of birth (month/day/year)		Sex
				<input type="checkbox"/> M <input type="checkbox"/> F

**If applying for food assistance only, you do not need to answer this question:**

Pregnant?  Yes  No Due Date \_\_\_\_\_

Applying for: (Check all that apply)

TANF Cash Assistance
  Food Assistance
  Child Care Assistance
  None

Do you have a disability?  Yes  No If Yes, please explain: \_\_\_\_\_

If Yes, are you interested in getting services to assist you in gaining competitive and integrated employment?  Yes  No

If Yes, will the disability last for at least 12 months?  Yes  No

Are you a U.S. citizen or national?  Yes  No City and state of birth: \_\_\_\_\_

**If you are not a U.S. citizen or national**, do you have eligible immigration status?  Yes  No

Document type: \_\_\_\_\_ ID Number: \_\_\_\_\_

Have you lived in the U.S. since 1996?  Yes  No

**Race and Ethnicity (Optional)**

Note: For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

**Ethnicity:** Are you Hispanic or Latino?  Yes  No

**Race:** Check all that apply to you.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese		

**Tell us How to Communicate with you.**

We provide interpreter and translation services. Complete this section to help us meet your needs.

Do you have a primary language other than English?  Yes  No

If yes, write in the names of spoken and/or written language below. Also include other communication needs such as braille, relay, signed English, TDD/TTY, large print, Voice Synthesizer Program, etc.

Spoken language	Written language	Other needs

What is the last grade you completed?

**Students**

Are you a student?

Yes  No

If yes, please complete the following:

Part-time  Full-time Grade: \_\_\_\_\_ Where enrolled: \_\_\_\_\_

**PERSON 2 - Complete for your spouse, children and others for whom you are applying.**



First name	Middle initial	Last name	Suffix	Relationship to you?
Social Security number		Date of birth (month/day/year)		Sex
				<input type="checkbox"/> M <input type="checkbox"/> F

**If applying for food assistance only, you do not need to answer this question.**

Pregnant?  Yes  No Due Date \_\_\_\_\_

Applying for: (Check all that apply)

TANF Cash Assistance    
  Food Assistance    
  Child Care Assistance    
  None

Does **PERSON 2** have a disability?  Yes  No If Yes, please explain: \_\_\_\_\_

If Yes, will the disability last for at least 12 months?  Yes  No

Is **PERSON 2** a U.S. citizen or national?  Yes  No City and state of birth: \_\_\_\_\_

**If PERSON 2 is not a U.S. citizen or national**, do they have eligible immigration status?  Yes  No

Document type: \_\_\_\_\_ ID number: \_\_\_\_\_

Has **PERSON 2** lived in the U.S. since 1996?  Yes  No

**Race and Ethnicity (Optional)**

Note: For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

**Ethnicity:** Is **PERSON 2** Hispanic or Latino?  Yes  No

**Race:** Check all that apply to **PERSON 2**.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese		

What is the last grade **PERSON 2** completed?

**Students**

Is **PERSON 2** a student?  Yes  No

If yes, please complete the following:  
 Part-time  Full-time Grade: \_\_\_\_\_ Where enrolled: \_\_\_\_\_

Use this space to write additional information.

**PERSON 3 - Complete for your spouse, children and others for whom you are applying.**



First name	Middle initial	Last name	Suffix	Relationship to you?
Social Security number		Date of birth (month/day/year)		Sex
				<input type="checkbox"/> M <input type="checkbox"/> F

**If applying for food assistance only, you do not need to answer this question.**

Pregnant?  Yes  No   Due Date \_\_\_\_\_

Applying for: (Check all that apply)

TANF Cash Assistance  
  Food Assistance  
  Child Care Assistance  
  None

Does **PERSON 3** have a disability?  Yes  No   If Yes, please explain: \_\_\_\_\_

If Yes, will the disability last for at least 12 months?  Yes  No

Is **PERSON 3** a U.S. citizen or national?  Yes  No   City and state of birth: \_\_\_\_\_

**If PERSON 3 is not a U.S. citizen or national**, do they have eligible immigration status?  Yes  No

Document type: \_\_\_\_\_ ID number: \_\_\_\_\_

Has **PERSON 3** lived in the U.S. since 1996?  Yes  No

**Race and Ethnicity (Optional)**

Note: For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

**Ethnicity:** Is **PERSON 3** Hispanic or Latino?  Yes  No

**Race:** Check all that apply to **PERSON 3**.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese		

What is the last grade **PERSON 3** completed?

**Students**

Is **PERSON 3** a student?  Yes  No   If yes, please complete the following:

Part-time    Full-time   Grade: \_\_\_\_\_   Where enrolled: \_\_\_\_\_

Use this space to write additional information.

**PERSON 4 - Complete for your spouse, children and others for whom you are applying.**



First name	Middle initial	Last name	Suffix	Relationship to you?
Social Security number		Date of birth (month/day/year)		Sex
				<input type="checkbox"/> M <input type="checkbox"/> F

**If applying for food assistance only, you do not need to answer this question.**

Pregnant?  Yes    No   Due Date \_\_\_\_\_

Applying for: (Check all that apply)

TANF Cash Assistance  
  Food Assistance  
  Child Care Assistance  
  None

Does **PERSON 4** have a disability?  Yes    No   If Yes, please explain: \_\_\_\_\_

If Yes, will the disability last for at least 12 months?  Yes    No

Is **PERSON 4** a U.S. citizen or national?  Yes    No   City and state of birth: \_\_\_\_\_

**If PERSON 4 is not a U.S. citizen or national**, do they have eligible immigration status?  Yes    No

Document type: \_\_\_\_\_ ID number: \_\_\_\_\_

Has **PERSON 4** lived in the U.S. since 1996?  Yes    No

**Race and Ethnicity (Optional)**

Note: For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

**Ethnicity:** Is **PERSON 4** Hispanic or Latino?  Yes    No

**Race:** Check all that apply to **PERSON 4**.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese		

What is the last grade **PERSON 4** completed?

**Students**

Is **PERSON 4** a student?  Yes    No

If yes, please complete the following:  
 Part-time    Full-time   Grade: \_\_\_\_\_   Where enrolled: \_\_\_\_\_

Use this space to write additional information.



**PERSON 5 - Complete for your spouse, children and others for whom you are applying.**



First name	Middle initial	Last name	Suffix	Relationship to you?
Social Security number		Date of birth (month/day/year)		Sex
				<input type="checkbox"/> M <input type="checkbox"/> F

**If applying for food assistance only, you do not need to answer this question.**

Pregnant?  Yes  No Due Date \_\_\_\_\_

Applying for: (Check all that apply)

TANF Cash Assistance
  Food Assistance
  Child Care Assistance
  None

Does **PERSON 5** have a disability?  Yes  No If Yes, please explain: \_\_\_\_\_

If Yes, will the disability last for at least 12 months?  Yes  No

Is **PERSON 5** a U.S. citizen or national?  Yes  No City and state of birth: \_\_\_\_\_

**If PERSON 5 is not a U.S. citizen or national**, do they have eligible immigration status?  Yes  No

Document type: \_\_\_\_\_ ID number: \_\_\_\_\_

Has **PERSON 5** lived in the U.S. since 1996?  Yes  No

**Race and Ethnicity (Optional)**

Note: For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

**Ethnicity:** Is **PERSON 5** Hispanic or Latino?  Yes  No

**Race:** Check all that apply to **PERSON 5**.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese		

What is the last grade **PERSON 5** completed?

**Students**

Is **PERSON 5** a student?  Yes  No

If yes, please complete the following:  
 Part-time  Full-time Grade: \_\_\_\_\_ Where enrolled: \_\_\_\_\_

Use this space to write additional information.

# PERSON 6 - Complete for your spouse, children and others for whom you are applying.



First name	Middle initial	Last name	Suffix	Relationship to you?
Social Security number		Date of birth (month/day/year)		Sex
				<input type="checkbox"/> M <input type="checkbox"/> F

If applying for food assistance only, you do not need to answer this question.

Pregnant?  Yes  No Due Date \_\_\_\_\_

Applying for: (Check all that apply)

TANF Cash Assistance  
  Food Assistance  
  Child Care Assistance  
  None

Does **PERSON 6** have a disability?  Yes  No If Yes, please explain: \_\_\_\_\_

If Yes, will the disability last for at least 12 months?  Yes  No

Is **PERSON 6** a U.S. citizen or national?  Yes  No City and state of birth: \_\_\_\_\_

If **PERSON 6** is not a U.S. citizen or national, do they have eligible immigration status?  Yes  No

Document type: \_\_\_\_\_ ID number: \_\_\_\_\_

Has **PERSON 6** lived in the U.S. since 1996?  Yes  No

## Race and Ethnicity (Optional)

Note: For reporting purposes, if you choose not to select a race and/or ethnic category, a choice will be made on your behalf.

**Ethnicity:** Is **PERSON 6** Hispanic or Latino?  Yes  No

**Race:** Check all that apply to **PERSON 6**.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese		

What is the last grade **PERSON 6** completed?

## Students

Is **PERSON 6** a student?  Yes  No

If yes, please complete the following:  
 Part-time  Full-time    Grade: \_\_\_\_\_    Where enrolled: \_\_\_\_\_

Use this space to write additional information.

**F. Tell Us About Yourself and All the People for Whom You Are Applying (cont.)**



Is anyone getting, or has anyone received TANF cash assistance, food or child care assistance in this or another state?

Yes  No If yes, complete the following:

What benefits: \_\_\_\_\_ State: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Do any household members get benefits from the Food Distribution Program on Indian reservations?  Yes  No

If yes, where? \_\_\_\_\_

Are any household members living outside of the home?  Yes  No

If yes, list name(s): \_\_\_\_\_

Why are they living outside of the home? \_\_\_\_\_

Date expected to return: \_\_\_\_\_

Have you or any member of your household served in the U.S. military?  Yes  No

If yes, name(s): \_\_\_\_\_

Are you the spouse or widow of someone who served in the U.S. military?  Yes  No

Do you have a VA file number?  Yes  No If yes, what is your VA file number? \_\_\_\_\_

**The following questions are required by federal law for purposes of the TANF cash assistance and food assistance programs only.**

Is anyone in your household fleeing from felony prosecution or jail?  Yes  No

If yes, list name(s): \_\_\_\_\_

Is anyone in your household in violation of probation or parole?  Yes  No

If yes, list name(s): \_\_\_\_\_

**The following question is required by state law for purposes of the TANF cash assistance program only.**

Does anyone in your household have a felony drug related conviction on or after July 1, 2013?  Yes  No

If yes, list name(s): \_\_\_\_\_

**The following questions are required by federal law for purposes of the food assistance program only. If you answer yes to any of the questions, make sure to list the name(s) of the persons involved.**

Has anyone in your household been convicted of trading food assistance benefits for drugs after Sept. 22, 1996?

Yes  No If yes, list name(s): \_\_\_\_\_

Has anyone in your household been convicted of buying or selling food assistance benefits over \$500 after Sept. 22, 1996?

Yes  No If yes, list name(s): \_\_\_\_\_

Has anyone in your household been convicted of fraudulently getting duplicate food assistance benefits in any state after Sept. 22, 1996?  Yes  No

If yes, list name(s): \_\_\_\_\_

Has anyone in your household been convicted of trading food assistance benefits for guns, ammunitions or explosives after Sept. 22, 1996?  Yes  No

If yes, list name(s): \_\_\_\_\_

Does anyone in your household have a felony drug related conviction after August 22, 1996?

Yes  No If Yes, list name(s): \_\_\_\_\_

Has anyone in your household been convicted of one of more of the following crimes after February 7, 2014?

Yes  No (1) Aggravated sexual abuse; (2) Murder; (3) Sexual exploitation and other abuse of children; (4) Sexual assault.

If Yes, list name(s): \_\_\_\_\_

Are they in compliance with the terms of their sentence?  Yes  No

## G. Tell Us About the Parents of Each Child in Your Home



We need to know how the people in your household are related. List name of each child, and the names of both parents even if the parents do not live together. For unborn children, write “unborn.” If you need more room, use the space below.

Child's name/ unborn child	Mother's name	Father's name	Was the mother married to the father when the child was born?
			<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
			<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
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Use this space to write additional information.

## H. Tell Us About Parents Not Living in the Home



To get food assistance, TANF cash assistance or child care assistance, you must cooperate with Child Support Services (CSS). **If this would put you or your child(ren) in danger of abuse, or if you have other good reasons why you can't cooperate, please tell us.**

Child support is for children who do not have both legal parents<sup>1</sup> living with them. Please tell us about any children in your current home who are not living with their legal parent(s).

CHILD #1 INFORMATION	OTHER PARENT INFORMATION
Name (full name):	Name (full name):
DOB:	DOB:
SSN:	SSN:
Place of Birth (City and State):	Address:
Was mother married during the pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name of spouse: _____ Date of marriage (if applicable): _____	
Date of divorce (if applicable) : _____ Mother's Maiden Name: _____	

CHILD #2 INFORMATION	OTHER PARENT INFORMATION
Name (full name):	Name (full name):
DOB:	DOB:
SSN:	SSN:
Place of Birth (City and State):	Address:
Was mother married during the pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name of spouse: _____ Date of marriage (if applicable): _____	
Date of divorce (if applicable) : _____ Mother's Maiden Name: _____	

CHILD #3 INFORMATION	OTHER PARENT INFORMATION
Name (full name):	Name (full name):
DOB:	DOB:
SSN:	SSN:
Place of Birth (City and State):	Address:
Was mother married during the pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name of spouse: _____ Date of marriage (if applicable): _____	
Date of divorce (if applicable) : _____ Mother's Maiden Name: _____	

<sup>1</sup> Legal parent is a person who has acknowledged parentage on a child's birth certificate, by court order or by marriage.

# I. Tell Us About Earned Income or Money From Working



We need to know about all income from jobs, self-employment, contract labor, etc. Is anyone in your household self-employed or working at a job?  Yes  No

If yes, complete the information below for all jobs. Self-employment includes earnings from odd jobs, child care, lawn mowing, snow removal, cosmetic sales, etc. If needed, use space provided for additional information or attach additional pages.

Name	Employer's Name, Phone & Address (if self-employed, list type of business)	Salary or Hourly Wage	Tips or Commission	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Has anyone in your household lost or quit a job in the last 60 days?  Yes  No

Name(s) \_\_\_\_\_ Employer \_\_\_\_\_

Last pay: \$ \_\_\_\_\_ Date \_\_\_\_\_ Job ended: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Reason(s): \_\_\_\_\_

Complete the following section if anyone you are applying for is self-employed:

Self-employed person's name: \_\_\_\_\_ Business name: \_\_\_\_\_

Type of business: \_\_\_\_\_

When did the business start: \_\_\_\_\_ Were taxes filed on this income last year:  Yes  No

If yes, what IRS forms did you file for this income? Check all that apply:

- Schedule C  
  Schedule D  
  Schedule E  
  Schedule F  
  Schedule K  
  4797  
  1065  
 1120S  
  Other \_\_\_\_\_

Reported annual gross income (before tax deducted) \$ \_\_\_\_\_ Estimated monthly income (before expenses) \$ \_\_\_\_\_

Reported annual gross expenses (before tax deducted) \$ \_\_\_\_\_ Estimated monthly expenses \$ \_\_\_\_\_

Do you have predictable income changes (up or down) during a normal year because your income is from seasonal work such as working for a school system, tax preparation, roofing, construction or farming?  Yes  No

If yes, please complete:

Name	Income type	Total income this year	Total income next year
		\$	\$
		\$	\$
		\$	\$
		\$	\$

## J. Tell Us About Other Income or Money



We also need to know about all other income in your household to determine if you can get benefits. Does anyone in your household, including children, get other income - such as child support, alimony, Social Security, SSI, VA, workers compensation, unemployment benefits, other pension/retirement, money from others, or any other income?  Yes  No

If yes, fill out the information below for all types of income. If needed, use the section below to list more information.

Type/source of income	Name of person who receives this	Amount received	How often received

Has anyone applied for other income or benefits?  Yes  No

If yes, list who and what income or benefits: \_\_\_\_\_

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## K. Tell Us About Your Resources



Have any resources been transferred in the last 90 days?  Yes  No

We need to know about your resources to determine if you can get benefits. Does anyone in your household have a trust fund?

Yes  No If yes, name(s): \_\_\_\_\_

We may be contacting you for more information.

Does anyone in your household own or have their name on any resources? For example: cash, checking/savings/credit union accounts, certificates of deposit (CD's), stocks, bonds, property or any other resources?

Yes  No If yes, complete the following information. If needed, use space provided for additional information or attach additional pages.

Type of Resource	Name(s) on Resources	Where is Resource Held? (Name of Bank, Credit Union or Company)	Amount or Value

Use this space to write additional information.

## K. Tell Us About Your Resources (cont.)



Does anyone in your household own a vehicle (this includes cars, trucks, motorcycles, boats, personal watercraft, recreational vehicles, all-terrain vehicles or other vehicles)?  Yes  No If yes, complete below. If needed, use spaces provided for additional information, or attach additional pages.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year				
Make				
Model				
Owner				
Estimated Value	\$	\$	\$	\$
Balance Owed	\$	\$	\$	\$
What is the main use of this vehicle? (work, school, seek work, medical, as a home, etc.)				

Does anyone in your household have a vehicle that is used to transport a household member who has a physical disability?

Yes  No

If yes, which vehicle? \_\_\_\_\_

Additional information for vehicle(s):

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Use this space to write additional information.



# L. Tell Us About Your Household Expenses



To help us determine the correct amount of food assistance benefits, tell us about your shelter and other expenses.

Type of expense	Amount	Who pays?
Do you rent your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If renting, list landlord's name, address and phone: _____ _____		
Do you own or are you buying your home? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the amount of your monthly rent or house payment? .....	\$	
If renting, is this subsidized housing, Section 8, HUD, other? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
If yes, tell us the amount you are obligated to pay each month .....		
Do you pay property taxes not included in house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Do you pay homeowner's insurance not included in house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Do you pay child or dependent care? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Do you pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No List amount paid and court order number for each child: _____	\$	
If you are 60 or older, or disabled, do you have any medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Include health insurance and Medicare premiums. If needed, use space provided for additional information or attach additional pages.	\$	
Do you have any utility expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you pay for heating or cooling costs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, check the following utilities you are responsible to pay: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Telephone <input type="checkbox"/> Electricity/gas for cooking or lights <input type="checkbox"/> Other _____ <input type="checkbox"/> None		
Have you or anyone at your residence received Low Income Energy Assistance (LIEAP) in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when: _____		
Does anyone help you pay any of the above household expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what expenses do you get help with? _____ How much do they pay? _____		

Use this space to write additional information.

# M. Tell Us If You Have Child Care Needs



To help us determine if you can get child care benefits, tell us why you need help with child care expenses (check all that apply):

I have a job.  I go to school/training.  Other - explain: \_\_\_\_\_

Do you need help finding quality child care?  Yes  No

Do you have enrollment fees to begin child care for your child?  Yes  No

If yes, what amount is being charged? \_\_\_\_\_

Does it take longer than 30 minutes to get from your child care provider's location to your place of employment or training?

Yes  No If yes, how long does it take? \_\_\_\_\_

What date do you need child care to start? \_\_\_\_\_

Please fill out the information below for each child who needs child care. If child care is needed for more than 4 children, please attach additional pages.

Provide the following for each child	Child's name		Child's name		Child's name		Child's name	
<b>List child care provider information below each child's name</b>								
Provider's name								
Address								
Phone number								
Child's school schedule (daily)	<b>Start</b>	<b>AM / PM</b>	<b>Start</b>	<b>AM / PM</b>	<b>Start</b>	<b>AM / PM</b>	<b>Start</b>	<b>AM / PM</b>
	<b>End</b>	<b>AM / PM</b>	<b>End</b>	<b>AM / PM</b>	<b>End</b>	<b>AM / PM</b>	<b>End</b>	<b>AM / PM</b>
Circle days of the week for this schedule	<b>S M T W T F S</b>		<b>S M T W T F S</b>		<b>S M T W T F S</b>		<b>S M T W T F S</b>	
Child's grade and name of school/ headstart								
Provider Type	KDHE licensed <input type="checkbox"/> In home <input type="checkbox"/> Relative <input type="checkbox"/> Out of home <input type="checkbox"/> If relative, relationship to child: _____		KDHE licensed <input type="checkbox"/> In home <input type="checkbox"/> Relative <input type="checkbox"/> Out of home <input type="checkbox"/> If relative, relationship to child: _____		KDHE licensed <input type="checkbox"/> In home <input type="checkbox"/> Relative <input type="checkbox"/> Out of home <input type="checkbox"/> If relative, relationship to child: _____		KDHE licensed <input type="checkbox"/> In home <input type="checkbox"/> Relative <input type="checkbox"/> Out of home <input type="checkbox"/> If relative, relationship to child: _____	

### Adult 1 work/school schedule

Work or school name: \_\_\_\_\_

Work or school phone: \_\_\_\_\_

Start Time (AM/PM)	End Time (AM/PM)	Circle Days of the Week this schedule is for:
		SUN MON TUE WED THU FRI SAT
		SUN MON TUE WED THU FRI SAT

### Adult 2 work/school schedule

Work or school name: \_\_\_\_\_

Work or school phone: \_\_\_\_\_

Start Time (AM/PM)	End Time (AM/PM)	Circle Days of the Week this schedule is for:
		SUN MON TUE WED THU FRI SAT
		SUN MON TUE WED THU FRI SAT

## Please Read This Information Before Signing Page 21



### Rights, responsibilities and penalties

- I have read and understand my rights and responsibilities listed on the tear-off page at the end of this form.
- I understand the questions on this application form.
- I understand the penalties for hiding information (penalties are shown on the tear-off page at the end of this form).
- I understand the penalties for giving false information (penalties are shown on the tear off page at the end of this form).

### Citizenship status

- Signing this form means that I agree everyone living in my home who is asking for assistance is a U.S. citizen or is in legal immigration status.

### Changes you must report

- I agree to report changes such as changes in my address, income, child care, and individuals who live in my home.
- I understand I will be notified about the changes I am required to report.
- I will tell DCF of changes that might affect my eligibility or benefit level.

### We will verify the information you give us

- I understand you will verify the information I provide on this application form.
- I understand you may contact other agencies such as federal, state, local officials, employers, medical providers, businesses, financial organizations and child care providers to verify information.
- I understand you will use the information you verify and that it could affect my eligibility or benefit level.

## Information About Social Security Numbers



- I understand that I have to provide or apply for a Social Security number for people in my household who are asking for assistance.
- I understand DCF uses Social Security numbers to operate. The numbers are used for computer matches with the Social Security Administration, Income and Eligibility Verification System, banks, the Internal Revenue Service and other organizations and agencies.
- The information received from these agencies may be verified through collateral contacts when discrepancies are found by DCF; this information may affect your household's eligibility and level of benefits.
- Collection of Social Security Numbers is authorized under the Food and Nutrition Action of 2008, as amended, 7 U.S.C. 2001-2036.

## Information About Child Support Services



- I agree to help Child Support Services (CSS) establish and enforce support orders for the children in my home.
- I agree to give all alimony and/or child support to DCF for each person in my home receiving TANF cash assistance.

## Information About Food Assistance Expenses



- I understand I must report and verify my household expenses or I will not get a deduction for them.

## Information About Work Program Cooperation



- I agree that everyone applying for and getting cash assistance will cooperate with work requirements, unless exempt.
- I understand we may not get cash assistance if someone does not cooperate.
- I agree that everyone getting food assistance will cooperate with work requirements, unless exempt, by registering for work, looking for work, preparing for employment and keeping a job.

## Information About TANF Cash and Food Assistance Benefits



- I understand that my Temporary Assistance to Needy Families (TANF) cash assistance benefits cannot be transacted/used in any liquor store, casino, gambling casino or gaming establishment, jewelry store, tattoo parlor, massage parlor, body piercing parlor, spa, nail salon, lingerie shop, tobacco paraphernalia store, vapor cigarette store, psychic or fortune telling business, bail bond company, video arcade, movie theater, swimming pool, cruise ship, theme park, dog or horse racing facility, pari-mutuel facility, or sexually-oriented business, or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment, or in any business or retail establishment where minors under age 18 are not permitted.
- I understand the time limit for receiving TANF cash assistance benefits is 24 months.
- I understand that to get TANF cash assistance, all children in the home ages 7-18 must be enrolled in school, including home school that is registered with the Kansas Department of Education. Ineligibility for the entire household will exist if a child in the home is not enrolled in school.
- I understand that I may not use TANF cash assistance to buy items such as alcohol, cigarettes, tobacco products, lottery tickets, concert tickets, professional or collegiate sporting event tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.
- I understand that I may not use food assistance benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit balances.
- I understand that I may not use my TANF cash assistance for purchases at points of sale outside the state of Kansas.

## Information About the Lifeline Telephone Program



- For food assistance, I understand that DCF participates in the Lifeline data match. The Lifeline program provides basic telephone service at a reduced rate.
- I understand that my information is confidential and will only be used to verify my eligibility for Lifeline telephone assistance.
- I understand that the Lifeline program is not mandatory and that I will have to apply for this service by contacting my local telephone company.
- I understand that I may have to provide proof of my household income to my local telephone company for it to determine my Lifeline eligibility.

## Permission to Release Information and Signature



My signature on this application authorizes employers, child care providers, health care providers, financial institutions, insurance providers, benefit providers and other persons or agencies with knowledge of my circumstances to release to Kansas Department for Children and Families (DCF) any information, including confidential and health information, necessary to establish my eligibility for benefits or to administer any program (including Child Support Services) for which I applied.

I authorize DCF to share medical information for administrative purposes with other agencies and contractors.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge, including the information concerning citizenship and alien status. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punished by imprisonment, fine, or both, and the offender may also be subject to prosecution under other applicable state and federal law.

\_\_\_\_\_  
**Your Signature (required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Your Spouse's Signature or Another Adult in Your Home (Not Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of First Witness (required if "X" is used)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Second Witness (required if "X" is used)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Court-Appointed Guardian/Conservator (if applicable)

\_\_\_\_\_  
Date

## Acknowledgement of TANF Suspicion-Based Drug Testing Policy



Suspicion-based drug testing is required for Temporary Assistance for Needy Families (TANF) applicants, recipients and payees when there appears to be unlawful use of a controlled substance or a controlled substance analog. I understand that I, or other adults in my household, are required to submit to drug testing if a suspicion of illegal substance use is identified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Use this space to write additional information.

Kansas Department for Children and Families  
Application for Benefits for Families  
Rights and Responsibilities — Read and Tear Off for Your Records

Processing times for your application are:

- within 30 days for child care and food assistance
- within 45 days for TANF cash assistance

If you are eligible, benefits will start from the date a signed application is received in the DCF office. You may be able to get food assistance within 7 calendar days if you qualify. We will let you know if you qualify for this special processing.

The following information applies to all programs:

## Your Responsibilities



You have a responsibility to:

- Provide all information needed to determine your eligibility;
- Report changes as required - we will tell you what must be reported (examples include pregnancy, birth, someone leaving or moving into your house, a new job, change of income, new address, etc.);
- Turn alimony and child support payments over to DCF if you receive TANF cash assistance, and cooperate with Child Support Services (CSS) if you receive TANF cash assistance, child care assistance or food assistance;
- Pay your child care provider for services;
- Cooperate with Quality Assurance staff if your case is reviewed;
- Cooperate with a fraud investigation if you receive TANF cash assistance or child care assistance; and
- Look for a job and participate in work-related services, starting from the date that you apply for TANF cash assistance.

## DCF Rights



DCF has a right to:

- **The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information will also be used to make sure you are getting the correct amount of benefits. For Child Care assistance only, SSN is voluntary.**
- **Verify the alien status of applicant household members by submitting information from the application to the U.S. Citizenship and Immigration Service (USCIS). The information received may affect the household's eligibility and amount of benefits.**
- **Deny benefits to your household if you do not provide requested information.**
- **Disclose the information on your application to other federal and state agencies for official examination, and to law enforcement officials for the purpose of arresting people who are running from the law.**
- **Refer the information on this application to federal and state agencies, as well as private claims agencies, for claims collection if overpayments arise against your household.**
- **Conduct a full investigation of your eligibility, including contacting employers, child care providers, banks, doctors or by visiting your home.**
- **Deny your application or prosecute you for fraud if you knowingly give us false information so you can receive assistance.**

# Penalties

Families may lose benefits for not cooperating with the following agency programs:

**I. Work Programs - looking for work, preparing for employment and keeping a job (does not apply to child care assistance)**

**A. For TANF cash assistance, the following penalties apply for failure to cooperate with work programs without good cause:**

**1st penalty**

Your family will not get TANF cash assistance benefits for a minimum of 3 months.

**2nd penalty**

Your family will not get TANF cash assistance benefits for a minimum of 6 months.

**3rd penalty**

Your family will not get TANF cash assistance benefits for a minimum of 1 year.

**4th and subsequent penalties**

Your family will lose TANF cash assistance benefits for a period of 10 years.

To get your TANF cash reopened, you must reapply and the penalized individual must cooperate with Employment Services. These penalties will not carry forward if children in your family become adult TANF cash recipients.

**B. For food assistance, a comparable penalty as described above will be applied only against the person who failed to cooperate. The rest of the food assistance household can get benefits, if otherwise eligible. Eligibility will be redetermined at the end of the penalty period.**

**II. Child Support Services - establishing a child's paternity and collecting child support.**

**A. For TANF cash assistance and child care assistance, the following penalties apply for failure to cooperate with Child Support Services without good cause:**

**1st penalty**

Your family will not get TANF cash assistance or child care benefits for a minimum of 3 months.

**2nd penalty**

Your family will not get TANF cash assistance or child care benefits for a minimum of 6 months.

**3rd penalty**

Your family will not get TANF cash assistance or child care benefits for a minimum of 1 year.

**4th and subsequent penalties**

Your family will lose TANF cash assistance or child care benefits for a period of 10 years.

To get your TANF cash and/or child care assistance reopened, you must reapply and the penalized individual must cooperate with Child Support Services.

**B. For food assistance, any adult household member who fails to cooperate with Child Support Services without good cause will be ineligible for food assistance benefits until DCF determines the household has cooperated. The rest of your food assistance household can get benefits if otherwise eligible.**

**III. Fraud Penalties**

**A. Food Assistance - Any member of your household who breaks any of the following rules on purpose can be barred from the food assistance program for one year up to permanently disqualified. He/she may be fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under other applicable federal and state laws and may also be barred from the food assistance program for an additional 18 months, if court ordered.**

- Do not lie or hide information to get benefits that your household should not get.
- Do not use, or have in your possession, Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.



## Penalties (cont.)

- Do not use food assistance benefits to purchase nonfood items, such as alcohol or cigarettes, or to pay on credit accounts.

If you make false or misleading statements and you are found guilty of misrepresentation, or committed any act that constitutes a violation of food assistance, food assistance regulations, or any state statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of food assistance benefits or EBT cards, you will not be able to get food assistance benefits:

- For 1 year if your misrepresentation was about something other than identity or residence and it is your first program violation;
- For 2 years if your misrepresentation was about something other than identity or residence and it is your second program violation;
- For 10 years if your misrepresentation was about where you live or who you are in order to get duplicate benefits;
- Permanently if your misrepresentation was about something other than identity or residence and it is your third program violation;
- For 2 years if you trade benefits for controlled substances such as drugs and it is your first offense;
- Permanently if you trade benefits for controlled substances such as drugs and it is your second offense;
- You shall be permanently ineligible to participate in the food assistance program if you:
  - Trade food assistance benefits for firearms, ammunition or explosives;
  - Trade, buy or sell food assistance benefits for \$500 or more;
  - Traffick food assistance benefits, including, but not limited to:
    - Buying, selling, stealing, or exchanging benefits for cash;
    - Buying soda, water, or other items in a container to get the cash deposit;
    - Buying an item with food assistance and then purposely selling the item for cash; and/or
    - Trading cash for items paid for with food assistance benefits.

In all of these cases, the remainder of your food assistance household can get benefits if they are otherwise eligible, but the rest of the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified.

- B. TANF cash assistance and child care assistance - If you or any adult member of your TANF or child care household intentionally break any of the following rules or are otherwise found to have committed fraud (civil, criminal or administrative), in either TANF or child care, all adults in your household are permanently ineligible for TANF cash and child care assistance.**
- Do not lie, make misleading statements, hide information or fail to report changes, as required, to get benefits that your household should not get.
  - Do not use or have in your possession Kansas Benefits Cards that are not yours.
  - Do not trade or sell Kansas Benefits Cards.
  - Do not use TANF cash assistance or transact your Kansas Benefits Card in any liquor store, casino, gambling casino or gaming establishment, jewelry store, tattoo parlor, massage parlor, body piercing parlor, spa, nail salon, lingerie shop, tobacco paraphernalia store, vapor cigarette store, psychic or fortune telling business, bail bond company, video arcade, movie theater, swimming pool, cruise ship, theme park, dog or horse racing facility, pari-mutuel facility, or sexually-oriented business or any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment or in any business or retail establishment where minors under age 18 are not permitted.
  - Do not use your TANF cash assistance benefits to buy alcohol, cigarettes, tobacco products, lottery tickets, concert tickets, professional or collegiate sporting event tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.
  - Do not use your TANF cash assistance benefits for purchases at points of sale outside of the state of Kansas.

## Penalties (cont.)

The remainder of your TANF or child care household can get benefits if they are otherwise eligible. Adults in the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified. A protective payee must be assigned to access your TANF benefits. You and any member of your household may not access your TANF benefits.

### IV. Drug Felony Convictions

In a TANF cash assistance household, any individual who is convicted of a state or federal felony offense occurring on or after July 1, 2013, which includes as an element of such offense the manufacture, cultivation, distribution, possession or use of a controlled substance or controlled substance analog is ineligible for TANF cash assistance for five years from the date of the conviction for a first offense. A second drug-related felony conviction will result in that individual being ineligible to receive TANF cash assistance for his/her lifetime.

In a food assistance household, any individual who is convicted of a felony offense occurring after August 22, 1996, which includes as an element of such offense the manufacture, cultivation, distribution, possession or use of a controlled substance or controlled substance analog, will be ineligible to receive food assistance benefits until the individual participates in an approved drug treatment program and submits and passes an approved drug testing plan. A second drug-related felony conviction will result in that individual being ineligible to receive food assistance for his/her lifetime.

The remainder of your food assistance or TANF cash assistance household can get benefits if they are otherwise eligible.

## Suspicion-Based Drug Testing



Kansas requires any adult TANF applicant or recipient who meets the suspicion-based criteria to undergo mandatory drug testing. A failure to test results in the following ineligibility periods for the individual:

<u>1st failure</u>	6 months, and must undergo drug testing prior to regaining eligibility.
<u>2nd failure</u>	12 months, and must undergo drug testing prior to regaining eligibility.
<u>3rd failure</u>	Lifetime ineligibility for TANF.

A positive drug test results in the following ineligibility periods for the individual:

<u>1st positive test</u>	Individual is required to participate in substance abuse treatment and enroll in skills-based training. Failure to do so will result in ineligibility for the individual until cooperation occurs.
<u>2nd positive test</u>	12 months, and successful completion of substance abuse treatment and skills training prior to regaining eligibility.
<u>3rd positive test</u>	Lifetime ineligibility for TANF.

## Your Rights

### You have a right to:

- Have an interpreter provided at no cost if English is not your primary language
- Have information given to DCF kept confidential, unless directly related to the administration of DCF programs
- Withdraw your application at any time
- Request a fair hearing within 30 days for TANF cash assistance and child care assistance, or within 90 days for food assistance if you disagree with the decision. For food assistance, you may request a fair hearing verbally or in writing. Your case may be presented by a household member or by a representative such as legal counsel, a relative, a friend or other spokesperson
- Know that if you apply for food assistance benefits, your application for food assistance may not be denied solely because benefits have been denied for other programs
- Have your benefits determined from the date this application is received by DCF
- Special considerations and confidential services, if looking for a job or pursuing child support puts you in danger of domestic violence or sexual assault

### Do Not Send Applications Here

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:

- (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

This institution is an equal opportunity provider.

### Do Not Send Applications Here

## Interview



For food and/or TANF cash assistance, we require an interview as part of the application process. An interview is not required for child care, but you may ask for one. You may request a telephone interview. If you miss the interview, you are responsible for scheduling another one.

- Your interview has been scheduled at: \_\_\_\_\_
- Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Please call for an interview appointment: \_\_\_\_\_
- Other: \_\_\_\_\_

## This Information May Be Needed to Process Your Application



We may ask you to provide some or all of the following items. Please be ready to provide this information.

- Proof of where you live
- Proof of age and identity
- Proof of citizenship for those who want to receive benefits
- Proof of non-citizen status for those who want to receive benefits
- Child care bills and receipts
- Proof of child support and/or alimony paid or received within the last 3 months
- Proof of income
- If self-employed, federal income tax returns, bookkeeping records
- Rent receipt/house payment (including insurance and property taxes)
- Proof of accrued or ongoing medical costs for elderly or disabled persons, such as medication, doctor bills and hospital bills
- Bank statements for checking accounts, savings accounts
- If anyone in the home is pregnant, provide verification of pregnancy with expected due date.
- Other: \_\_\_\_\_

We can help you get required verification. If you have any questions or need help completing the application, call us toll free at 888-369-4777.



## OPTIONAL Release of Information

### *Help Us Help You!*

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

#### **You should know that:**

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. But you still have to provide information we request or ask us for help.
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

**Print and sign your name below to give us permission to get needed information.**

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### **RELEASE OF INFORMATION**

I hereby authorize any person or organization to give the Kansas Department for Children and Families requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

\_\_\_\_\_  
Your Name (please print clearly)

\_\_\_\_\_  
Other Adult Name (please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Rights and Responsibilities

### Work Registration

In order for you and your household members to receive Food Assistance all members of your household between the ages of 16-59 are required to register for work unless exempt. Failure to complete the requirements below without good cause, may cause a loss or reduction of Food Assistance benefits.

To receive Food Assistance benefits all non-exempt members of the household are required to:

- Register for Work
- Participate in an employment and training program if assigned to such a program by DCF
- Accept a suitable employment offer
- Do not voluntarily quit a job of at least 30 hours per week
- Provide information to the DCF office about any current employment or availability to work

### Work Registration Instructions

- Go to [www.kansasworks.com](http://www.kansasworks.com).
- Click on the Job Seekers tab and then click the Create a Job Seeker Account button.
- Enter your Social Security number, and complete the new account information required fields.

Assistance with this online process may be available at your local workforce center, library or Department for Children and Families service center.

If you have questions about how to register for work online, please contact the KANSASWORKS Help Desk at 1-800-255-2458 or contact a workforce center directly.

### Able Bodied Adults Without Dependents (ABAWD)

Able Bodied Adults Without Dependents (ABAWD) are between the ages of 18-49 and have no children under 18 in the household can only receive three months of Food Assistance benefits in a three-year (36 month) period unless meeting the work requirements each month by:

- Working at least 20 hours per week, this includes in kind work
- Voluntarily participating in and complying with Food Assistance Employment and Training Program for 20 hours or more per week in available counties. The current available counties are: Shawnee, Sedgwick, Johnson, and Wyandotte
- Participating in another approved training program

Meeting the work requirement includes working 80 hours a month or participating in a work program 80 hours a month. During the time an individual is exempt from meeting the ABAWD work requirement as noted above, any period of participation in the Food Assistance Program is not counted in the 3-month limit.

### Exemptions and Consequences

The following individuals are exempt from work requirements, per federal regulations:

- Persons under age 16 (or 18 and still receiving TANF) or age 59 or over
- Persons physically or mentally unfit for employment
- Have children in the Food Assistance household under the age of 6 years old
- Women who are pregnant
- Disabled
- A student enrolled at least half time in any recognized school, training program or institution of higher education

- Persons who claims responsibility for the care of an incapacitated household member
- A regular participant in an alcohol or drug addiction treatment and rehabilitation program
- Persons who are receiving unemployment compensation
- A person who is age 17 or younger or who is age 18 and working toward attainment of a high school diploma or its equivalent. For purposes of this provision, a person shall be considered exempt for the month he or she turns age 18, and if in school exempt the month he or she turns 19.

A client who fails to comply with the work requirements may be ineligible for Food Assistance for the following time periods and until compliance with the work requirements: three months of ineligibility for a first penalty; six months for a second penalty; and one year for a third and any subsequent penalty.

If there is a change in your situation and you think you could regain Food Assistance, please contact your DCF office for more information. You have the right to ask for a fair hearing if you do not agree with a decision made on your case.

DCF Locations Open Weekdays: 8 a.m. – 5 p.m.

Customer Service Phone: 1-888-369-4777

[www.dcf.ks.gov](http://www.dcf.ks.gov)

This institution is an equal opportunity provider.





## FOOD ASSISTANCE & SNAP-ED

Working Together for a Healthier Kansas

**FREE classes on how to stretch your food dollar and create nutritious meals for your family.**

**Sign-Up for SNAP-Ed today!**

What you will learn:

- How to choose and prepare nutritious meals & snacks
- How to stretch your food dollar
- Recipes on how to cook easy meals in a hurry
- How to practice safe food handling, preparation & storage of food
- How to be more physically active
- How to develop budgeting, shopping and cooking skills

Signing up for SNAP-Ed is voluntary:  
Eligibility for SNAP benefits is not contingent upon participation in SNAP-Ed.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

I authorize the release of my name and contact information to the Kansas SNAP-Ed Program:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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