



Georgia Department of Human Services  
**Rights and Responsibilities**



**Welcome to the Georgia Division of Family and Children Services!** We are giving you this information to help you understand your rights and responsibilities when you receive help for Food Assistance, Cash Assistance and Medical Assistance.

Please read over the Rights and Responsibilities for the programs for which you are applying, and sign the last page. If you are applying for someone else, these rights and responsibilities apply to that person as well.

### **Civil Rights Statement**

“In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.”

To file a complaint of discrimination, you may contact USDA or HHS.

Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9411 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write HHS, Director, Office of Civil Rights, Room 509-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

USDA and HHS are equal opportunity providers and employers

You may also file a complaint of Discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978.

### **What Are My Rights in the Food Stamp, TANF and Medicaid Programs?**

In all programs, you have the right to:

- **request a fair hearing in writing or in person.** You have the right to be represented by a household member, legal counsel, a relative, a friend or other spokesperson. If you are not satisfied with the action we have taken on your case, you can request a hearing by contacting the county office where you applied for benefits or by calling 1(800) 869-1150.
- **review some of the material and information in your case file.** However, you may not be able to see all of the information in the case file, such as names of people who have given us information about you or your household members or information about any criminal prosecutions involving you or any of your household members.



- **decide if you want to provide a Social Security Number (SSN), citizenship, or immigration status.** Only the people who give information to us about their SSN, citizenship, or immigration status will be eligible to receive benefits. If you or anyone in your household does not have a SSN, we can help you apply for one. We will use your SSN to verify your income and conduct computer matches with other agencies. We may also give this information to other Federal and State agencies to review and to law enforcement officials for them to use in catching people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSNs, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS); however, if alien status information has been submitted on your application, this information may be subject to verification through USCIS and may affect your household's eligibility and benefit level. We will not deny help to people asking for help because other household members do not provide their SSN, citizenship, or immigration status.
- **decide if you want to provide information about your race and ethnicity.** We collect data on race color, and national origin to ensure we are in compliance with Federal civil rights laws. By providing this information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

## What Are My Responsibilities in the Food Stamp, TANF and Medicaid Programs?

In all programs, you are responsible for:

- giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- telling the truth at all times. If you or someone who is applying for you provides incorrect information, you may be committing a crime, and you may go to jail.
- providing proof that you or anyone in your household applying for benefits is a U.S. citizen or eligible immigrant. **Note:** Your worker will give you a list of the ways you can prove your citizenship or immigration status.
- reporting certain changes in your household situation. Each program has different reporting requirements. See the responsibilities section for each program for things you need to report.



## What Other Responsibilities Do I Have in the Food Stamp Program?

In the Food Stamp Program, you are also responsible for:

- cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate and we cannot determine that you are still eligible for Food Stamps, your case may be denied or closed.
- cooperating with Quality Control reviewers when they call or come to your home to interview you about the information you have given your case manager. If you do not cooperate with them, your case may be denied or closed.
- repaying benefits you should not have received.
- reporting when your household's total gross monthly income is more than 130% of the Federal Poverty Level for your household's size. You will be given a Form 339, Simplified Reporting Requirement Notice, which explains more about this.

If you are an able-bodied adult without dependents (ABAWD), you must report when your work hours fall below 20 hours per week or 80 hours per month.

## What Are My Rights and Responsibilities for Reporting Household Expenses in the Food Stamp Program?

In the Food Stamp Program, certain household expenses such as shelter costs, medical bills, dependant care costs, and child support paid outside the home may affect the amount of benefits you receive. If you have heating or cooling expenses, you may be eligible to receive the standard utility allowance. If you have only one utility expense and it is NOT a heating or cooling expense, you may be eligible to receive a deduction for the actual expense incurred. If you want us to consider these expenses, you are responsible for reporting and verifying them. If you fail to report or verify these expenses, we will not use them to determine your benefit amount.

## What Are the Penalties in the Food Stamp Program?

In the Food Stamp Program, there are penalties:

If you ...	You will lose food benefits ...
<ul style="list-style-type: none"><li>• hide information or don't tell the truth</li><li>• use EBT cards that belong to someone else</li><li>• use food benefits to buy alcohol or tobacco</li><li>• trade or sell benefits or EBT cards</li></ul>	<ul style="list-style-type: none"><li>• for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense.</li></ul>



## What Are the Penalties in the Food Stamp Program? (continued)

If you ...	You will lose food benefits ...
<ul style="list-style-type: none"> <li>trade or sell food benefits for drugs and were convicted prior to 8/22/96</li> </ul>	<ul style="list-style-type: none"> <li>for 12 months for the first offense and permanently for the second offense.</li> </ul>
<ul style="list-style-type: none"> <li>trade or sell food benefits for drugs and were convicted of less than \$500 on or after 8/22/96</li> </ul>	<ul style="list-style-type: none"> <li>for 24 months for the first offense and permanently for the second offense.</li> </ul>
<ul style="list-style-type: none"> <li>trade or sell food benefits for drugs and were convicted of \$500 or more on or after 8/22/96</li> </ul>	<ul style="list-style-type: none"> <li>permanently.</li> </ul>
<ul style="list-style-type: none"> <li>trade food benefits for firearms ammunition or explosives</li> </ul>	<ul style="list-style-type: none"> <li>permanently.</li> </ul>
<ul style="list-style-type: none"> <li>give false information about where you live so you can get food stamp benefits in more than one state</li> </ul>	<ul style="list-style-type: none"> <li>for 10 years.</li> </ul>
<ul style="list-style-type: none"> <li>commit and are convicted of a felony related to possession, use or distribution of drugs, on or after 8/22/96</li> </ul>	<ul style="list-style-type: none"> <li>permanently.</li> </ul>
<ul style="list-style-type: none"> <li>flee to avoid prosecution, custody or confinement for a felony</li> </ul>	<ul style="list-style-type: none"> <li>until you are no longer fleeing.</li> </ul>
<ul style="list-style-type: none"> <li>violate a condition of your probation or parole</li> </ul>	<ul style="list-style-type: none"> <li>until you are no longer a probation or parole violator.</li> </ul>



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## What Other Rights Do I Have in the TANF Program?

In the TANF Program, you have a right to:

- be excused from certain rules if you are a victim of domestic violence. Your case manager will talk to you about the rules that you will not have to follow.

## What Other Responsibilities Do I Have in the TANF Program?

In the TANF Program, you are responsible for:

- cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate, your case may be denied or closed.
- repaying benefits you should not have received.
- participating in a work activity if you are a parent or adult included in the TANF benefit, unless you are exempt. We will work with you to find the best work activities to help you become self-sufficient. We may have to reduce or stop your TANF benefits if you do not cooperate with us, and there is not a good reason.
- reporting that you or someone included in your TANF benefit has received or is expecting to receive a lump sum of money. Your TANF benefits may stop for one or more months and your family may have to live on the lump sum for several months.
- cooperating with the Office of Child Support Services if you receive TANF benefits. You must help the Office of Child Support Services determine who is the father(s) of your child/children and help them get a court order for child support. If you do not cooperate with them and there is not a good reason, your TANF benefits may stop.
- notifying your case manager if you want to receive child support money instead of your TANF benefits. When you get TANF benefits, you may not receive all of your child support payment. You may receive only a portion of it called a “gap” payment. The state keeps the rest of the child support payment to pay back the TANF benefits that you receive.
- reporting certain changes in your household situation about you and other eligible household members within 10 days of knowing about them. Please let us know if you or any member of your household:
  - starts or stops receiving any unearned income
  - changes jobs, gets a new job, quits a job or gets laid off
  - moves in or out of your home
  - has a baby or there is any other change, for example,
  - a child drops out of school
  - the whole family moves to another county or state, or,
  - someone dies.



## What Are the Penalties in the TANF Program?

In the TANF Program, there are penalties:

If you ...	You will lose TANF benefits ...
<ul style="list-style-type: none"><li>hide information, do not report changes on time or do not tell the truth.</li></ul>	<ul style="list-style-type: none"><li>for 6 months for the first violation.</li><li>for 12 months for the second violation.</li><li>permanently for the third violation.</li></ul>
<ul style="list-style-type: none"><li>hide information, do not report changes on time or do not tell the truth and are convicted in a court of law.</li></ul>	<ul style="list-style-type: none"><li>for 12 months for the first violation.</li><li>permanently for the second violation.</li></ul>
<ul style="list-style-type: none"><li>give false information about where you live so you can receive benefits in more than one state.</li></ul>	<ul style="list-style-type: none"><li>for 10 years.</li></ul>
<ul style="list-style-type: none"><li>are convicted of a drug-related charge or a serious violent felony, on or after 1/1/97.</li></ul>	<ul style="list-style-type: none"><li>permanently.</li></ul>



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## What Other Rights Do I Have in the Medicaid Program?

In the Medicaid Program, you have a right to:

- receive Medicaid even if you have other health insurance.
- choose your Medicaid doctor or provider. Always ask your doctors if they accept Medicaid as payment for their services.
- have your Medicaid application approved or denied within 10, 45 or 60 days from the date you apply, depending on the type of Medicaid.
- be excused from providing information about your children's absent parent or from pursuing medical support from the absent parent if you have a good reason such as domestic violence. Talk to your case manager if you think you have a good reason.

## What Other Responsibilities Do I Have in the Medicaid Program?

In the Medicaid Program, you are also responsible for:

- telling your worker if you or your children have other health insurance. If the health insurance changes or ends, you must tell your worker within 10 days. The health insurance information is sent to the Department of Community Health. In most cases, your other health insurance must pay your medical expenses first. You must tell your doctor or other health care providers that you have other insurance so that they can bill the other health insurance providers before they bill Medicaid.
- cooperating with the Medicaid Estate Recovery Program if you are:
  - a resident in a nursing home
  - a resident in an intermediate care facility for mental retardation
  - a resident in another mental institution where medical care is paid by Medicaid
- cooperating with the Medicaid Estate Recovery Program if you are age 55 years or older and:
  - receive home and community-based services.
  - are enrolled in and receive services through a waiver program.
- signing your **application which gives the Medicaid office permission to collect money** from any legally liable person or insurance company for bills paid by Medicaid. You also give Medicaid permission to give information about you or the person you are applying for to any legally liable person and the insurance company.



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## What Other Responsibilities Do I Have in the Medicaid Program? (continued)

- reporting changes about you and the other people in your Medicaid case. Please report:
  - if you or other household members move
  - if you or other household members change jobs, get a new job, quit a job or get laid off.
  - if you or other household members have a change in income or resources
  - if a family member moves in or out of your home
  - if you or another household member inherits or receives money or property from any source
  - if someone in your home dies or gets married
  - any other changes
- telling your case manager when your pregnancy ends. Pregnancy ends with the birth of the baby, a miscarriage or an abortion. You must report the end of the pregnancy within 10 days.
- giving us the right to require an absent parent to provide medical insurance, if available. You must get medical support from the absent parent if it is available. If you do not cooperate, you may lose your Medicaid benefits, and only your children will receive benefits unless good cause is established.



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## Signature Page

Initial Application

TCOS

Review

I have been informed my household is eligible for Community Outreach Services and have received the brochure.

I have received a copy of Form 297A, Rights and Responsibilities for Benefits.

All the information provided and everything I have told is the complete truth, as far as I know.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative / Witness / Responsible Person

\_\_\_\_\_  
Date

I have reviewed and explained TCOS eligibility and Form 297A, Rights and Responsibilities for Benefits, with the person who signed this form.

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date