
Acknowledgements

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Included with this guide, please find a pre-screening worksheet with benefit allotment chart, an application and application guide, and several 3SquaresVT flyers to put up at your organization.





3SquaresVT: A New Name, An Improved Program

The Food Stamp Program is Now Called 3SquaresVT!

3SquaresVT is the new name for the Supplemental Nutrition Assistance Program, formerly the Food Stamp Program, in Vermont. Please help spread the word about this important change!

Elimination of Asset and Resource Tests

For many households, there is no longer an asset or resource test. A person may own a car or house and may have savings accounts, retirement accounts, or college savings accounts but still qualify for 3SquaresVT. Although retirement assets may not count in determining a person's benefit level, income from those assets may count. For households with a person over age 60 or a disabled person, there is an asset limit of \$3,000 if the household income is greater than 185% of the federal poverty level. However, such a household may still qualify with an income higher than 185% of the federal poverty level.

Deductions: Simplified and Expanded

The important changes to 3SquaresVT include simplification of medical deductions for seniors and the disabled and no longer placing limits on deductions for the care of dependents. These deductions help determine the benefit level of 3SquaresVT enrollees, with more deductions usually leading to a greater amount of benefits. Seniors and disabled Vermonters only have to provide documentation of \$35 worth of medical expenses to receive a standard deduction of \$138. Working parents may also deduct all childcare expenses from their gross income when applying. While gross income limits determine enrollment eligibility for 3SquaresVT, the net income, which is the gross income minus deductions, must be under 100% of the poverty level to qualify for cash benefits. These changes mean some Vermonters will be able to claim more deductions and access an increased level of 3SquaresVT benefits.

Income Limit Increase

The gross income limits to qualify for the program for most households have changed from 130% of the federal poverty level to 185% and have been updated to reflect changes in inflation. Households with children that receive the Vermont Earned Income Tax Credit (EITC), Reach Up, or Post-

Secondary Education benefits have no gross income limit and no asset limit. Households with a member receiving Supplemental Security Income (SSI) also are eligible to enroll and have no gross income limit or asset test.

The following are the gross income limits to qualify for 3SquaresVT as of January 1, 2009:	
Household Size	Monthly Gross Income Limit
1	\$1,604
2	\$2,159
3	\$2,714
4	\$3,269
5	\$3,824
Each Additional Person	Add \$555





Renewed Outreach

Flyers and Posters

A very easy way to provide some information about 3SquaresVT is to have available flyers or other information for people visiting your organization to read or take with them. These materials should reflect recent changes to 3SquaresVT. A great way to reach other members of your community that may not frequent the food shelf or meal site, is to take flyers or posters to local churches, stores, or other places that may have community bulletin boards. A flyer with tear offs, found on vermontfoodhelp.com or in this packet, may be an excellent way to communicate contact information for learning more about enrolling or application assistance.

3SquaresVT Impact on the Economy
Each year, 3SquaresVT brings tens of millions of dollars into Vermont. Not only does 3SquaresVT provide relief and help Vermonters eat a healthy and nutritious diet, but the benefits extend to the local economy as well! The millions of dollars in benefits are spent almost immediately in local Vermont communities, at the local farmer's market and at the local store, providing a direct stimulus effect. In fact, for each dollar in increases spent on the Supplemental Nutrition Assistance Program (3SquaresVT in Vermont), there is a \$1.73 increase in economic activity. With the new changes to the program, the state could see an estimated \$12 million more in benefits, an effective \$22 million for local economies. Help Vermont by helping Vermonters and provide more 3SquaresVT outreach at your food shelf!

Other flyers, posters and brochures may be found in this packet and on vermontfoodhelp.com.

In addition to flyers, posters or brochures, having an application and application guide available will help make applying more convenient as those interested will not have to retrieve the application from the internet, obtain it from a Economic Services district office, or get it from another location. As with flyers or brochures, it is best to have these materials in a noticeable and convenient location so that anyone that wishes may grab one. You may make copies of the application and application guide included in this toolkit, download these documents from www.vermontfoodhelp.com, or get them from your local Economic Services district office.

Speak Up!

One of the easiest and most effective ways to encourage enrollment in 3SquaresVT is to employ your knowledge of the 3SquaresVT program in the conversations that you have with folks visiting your organization. Although you might not ask people anything about their specific circumstances, there may be other ways to mention the changes in eligibility. It is beneficial for folks to hear from an informed, personable source rather than a cold piece of paper. If you are concerned about asking for personal information, you may be to make an announcement to a group or to mention it to everyone that comes in the door, more as a statement rather than a question specifically targeted at the client.

You might say as you greet a client: "We are also letting people know that there have been





important changes to 3SquaresVT that may make folks eligible when they have not been before.”

Another scenario, perhaps as multiple clients wait in line: “I want let you all know that there have been important changes in 3SquaresVT and that there is more information available on the shelf or you may ask me more about it”.

You could add: “Please tell your friends or family that could use 3SquaresVT benefits!”

Obviously, if someone asks you about 3SquaresVT, provide as much help as possible, be encouraging, and offer assistance.

Providing each client or a group of clients a personal message may be impractical for a variety of reasons, ranging from having too many clients to reach each one or not having the opportunity to bring up 3SquaresVT without stigmatizing clients or invading their privacy. The opportunities for outreach will vary from situation to situation. However, when possible, personal contact carried out in an appropriate, compassionate way can be a very effective way of promoting greater participation in 3SquaresVT. One-on-one outreach and word of mouth can reinforce flyers or posters and will offer an opportunity specifically to address any issues a person may have with enrolling in 3SquaresVT. This is especially true for groups that have lower participation rates, like seniors – many of which respond more to personal recommendations rather than literature.

3SquaresVT and Homelessness

For those experiencing homelessness, applying for 3SquaresVT can be particularly daunting. Often, food is but one of a multitude of very pressing matters that an individual or household must worry about. They may also feel as though not having an address or staying in a shelter may preclude them from 3SquaresVT eligibility. In fact, a person does not need a photo ID, an address, or a kitchen to be eligible or to apply for 3SquaresVT benefits. Even if a person is staying in a shelter that serves meals, she or he may still receive 3SquaresVT. For young folks on their own, parental income will not be taken into account when their application is reviewed. If a household has earned less than \$150 during the last month and has less than \$100 available or spends more on rent than its members earn, the household may be eligible for emergency 3SquaresVT. Emergency benefits would be in the hand of that person within seven days.

Emergency Benefits!

For new clients or others that may be in a crisis, eligible households may receive 3SquaresVT benefits within 7 days. To be eligible for this expedited assistance, a household’s gross monthly income must be less than \$150 and the household cannot have more than \$100 on hand or in the bank. Migrant or seasonal farm workers with little or no income are eligible to participate in 3SquaresVT. Households with rent and utilities that are greater than their monthly income and any additional cash are also eligible for emergency benefits. The process for applying for emergency 3SquaresVT is similar to the normal application process, in that applicants must fill out an application and have an interview. However, the process is faster due to the immediate need. If applying for emergency benefits, remind the client to send in immediately pages 1 and 3 of the application. Even better, you may offer to send these portions on behalf of the client.





Addressing Immigration Concerns

Some clients may be concerned about how their citizenship or immigration status will affect their eligibility or how applying for benefits will affect their status. It is important to address these concerns in a clear manner. If questions about immigration status are not easily answered, call the Economic Services district office. Perceived status issues are very sensitive for many people so be clear in alleviating concerns they may have. 3SquaresVT benefits will not count against an individual when she or he applies for a green card. If individuals do not wish to answer questions about their citizenship or immigration status, the Department for Children and Family Services and the Economic Services Division are not allowed to ask further questions regarding the status of the individual. They also may not try to find out an individual's status from another person. The applicant will not be reported to the INS for refusing to answer questions about their status. Individuals applying may also request an interpreter at no cost to the applicant. For more information on this topic, please visit www.vermontfoodhelp.com.

Know Your Clientele!

In order to conduct the most appropriate and effective outreach, a food shelf or meal site must know its clientele as well as their needs and thoughts. It is useful to know the needs of those visiting the food shelf why they have come to your organization. There are many ways a food shelf or meal site may determine this, including informal surveys, formal surveys, or focus groups. While this can be very time intensive if done on a large scale, it could take the form of simply asking some clients how they feel about the services you offer or what their experience has been when applying for 3SquaresVT. In fact, many of you probably do some form of this important knowledge gathering already!



Rural Complications

Many households that may be eligible for 3SquaresVT, but which lack adequate transportation, face an added challenge in rural Vermont. For these families it is much more difficult to get to one of only several Economic Services district offices, especially during the winter. However, they may be much closer to a food shelf! By providing application assistance or helping to pre-screen households, you may be able to make the enrollment process much easier by helping to reduce the number of trips a household must make to a district office. Some families may also be eligible for phone interviews, but still need assistance with the application.





Reaching Seniors

In Vermont, as in the rest of the nation, seniors (persons over 60) have lower participation rates than many other segments of the population. Only 40% of eligible elderly households participate in 3SquaresVT. Seniors face a variety of barriers to enrolling in the program that are unique to their circumstances and that must be addressed when encouraging the elderly to apply for 3SquaresVT benefits. For seniors especially, personal contact that addresses their concerns is most efficacious, rather than relying on posters or flyers. As well, offering encouragement, pre-screening, application assistance, or recertification assistance can help alleviate concerns and misconceptions that some will have. It is also good practice to encourage clients to spread the word to their friends or acquaintances. Below are several strategies for reaching the elderly, although some of these points can certainly be expressed to other Vermonters.

Dealing With Stigma

As with most individuals, stigma associated with enrolling in 3SquaresVT is a significant hurdle for seniors. To combat this feeling, let the person know that most seniors receive 3SquaresVT benefits in the form of a direct deposit to their bank account. Otherwise, 3SquaresVT benefits are used via an Electronic Benefit Card (EBT), which looks like a credit card. In both cases, a majority of Vermonters will not know that an individual is using 3SquaresVT to pay for groceries. Also, let the clients know that participating in the 3SquaresVT program helps bring federal money into the Vermont economy. 3SquaresVT brings in tens of millions of dollars each year and is a valuable source of income in some parts of the local economy. Finally, addressing many of the points below offers a collective antidote to notions of stigma.



3SquaresVT is Not Welfare

The elderly sometimes see 3SquaresVT as welfare, which exacerbates notions of embarrassment, failure, or other stigma. It is important to note that 3SquaresVT is not welfare, but is a nutrition program designed to help households maintain a healthy diet. This benefit is available to all who are eligible. In no way is a person participating in 3SquaresVT taking benefits from another or using benefits that another could have used.

Supporting Self-Sufficiency

Independence and self-sufficiency are very important to many individuals and especially to the elderly. Many seniors have worked hard, paid their taxes, and supported public programs. Acknowledge this when talking with them and let them know that they are entitled to 3SquaresVT benefits. Additionally, when encouraging seniors to apply or



recertify, you may emphasize that receiving 3SquaresVT can help an individual or household preserve independence. People enrolled in 3SquaresVT are free to choose from among most food items and can maintain a higher quality diet, with greater amounts of vegetables, fruit, or meat. Seniors may do their own shopping and therefore augment what they are able to get from the Commodity Supplemental Food Program or at food shelves. This can be especially beneficial if the individual has special dietary needs.

It Is Worth It!

Many seniors will be hesitant to apply because they believe they will receive the minimum benefit. In some cases, this can be a significant hurdle, though there are several responses that you can provide to help encourage a household to

apply. First, 90 percent of seniors receive \$50 or more in 3SquaresVT benefits each month. Providing prescreening can more accurately describe to a household what they can receive. Even if the senior is only eligible for a benefit of \$14, the minimum, this can still be an important offset for the household's other expenses (see below for more information on what can be purchased with \$14). Participating in 3SquaresVT, regardless of benefit level, can make a senior categorically eligible for Link Up and Lifeline phone assistance, further reducing the financial burden she or he may face each month. Finally, many seniors only have to recertify every one or two years, rather than after six months, like a non-elderly household faces. It is important to stress these points and offer additional assistance, like pre-screening, application assistance, or at least sending in the first page of the application to help them start their certification. Several sections below provide more information on these activities.

Culture and Family

In some cultures, the family is the bedrock social unit such that each member relies on others in times of need or challenge. Because of this, some may feel that enrolling in 3SquaresVT may bring shame to a family that seems unable to take care of its vulnerable members. It is important to stress that 3SquaresVT will reduce the financial load of the family as a whole and can be used inconspicuously as benefits are provided via a card that is very similar to a credit or debit card.



3SquaresVT at Farmer's Markets

3SquaresVT may be used at many farmer's markets around Vermont. In order to use the Electronic Benefit Card at a farmer's market, an individual must go to the EBT stand to swipe their card. The person will then receive tokens to use at each vendor, though only allowable foods may be purchased.



Medical Deductions

Many elderly have enough medical or related expenses to receive a medical deduction of \$138. These seniors need only provide documentation for \$35 of monthly medical expenses in order to receive this deduction, which can increase the potential benefits a household could receive. Although only around 36% of senior households claim this deduction, new changes in 3SquaresVT have made claiming this deduction easier. Seniors may deduct such things as out of pocket spending on prescriptions or even some medical related transportation costs, among other things.

Transportation Complications

Seniors often times lack access to stable transportation, which can prohibit them from visiting food shelves at particular times, making it to Commodity Supplemental Food Program pickups, or making appointments at district Economic Services offices.

3SquaresVT can reduce the burden of having secure, stable transportation since they use their benefits when and where they see fit. When applying or recertifying, seniors can request a phone interview rather than an in person interview, which can mitigate any transportation issues. With additional application assistance or prescreening, elderly households can better know what is required throughout the application process, possibly reducing the number of visits an individual has to make to the district office or visits to get documentation that may be required. Conducting out reach at your food shelf is very important when considering the transportation issue, as there are many more food shelves than district Economic Services offices, Community Action Agencies, or Area Agencies on Aging. You are more likely to be located in a convenient place to assist an elderly community member!

Easing the Application Process

The application and the application process can be intimidating for seniors and many others. People may find the process intrusive, repetitive, confusing, and exhausting. Furthermore, the interview environment could be perceived as non-inviting. Thus, seniors may need more assistance and encouragement, even throughout the recertification stage, in order to apply and stay enrolled (please see the section in this packet regarding application assistance for more information). You may want to prioritize assistance if your food shelf has only limited resources to assist someone with the application.



What Can I Get With the Minimum Benefit?

Ninety percent of elderly households receive 3SquaresVT benefits of \$50 or more. Despite this fact, many resist applying because they fear going through a complicated process for little or no benefit. To combat this notion, mention that the minimum benefit increased to \$14, as of Oct. 1, 2008. Stress that even the smallest benefit and the food it can purchase add up. 3SquaresVT may mean the difference between having meat or fresh produce on a regular basis.

With \$14, one can purchase, for example:

Corn Flakes — 8 oz box	Whole wheat bread — 1.5 lb bag
Elbow Macaroni, whole wheat — 1 lb box	Enriched Pasta — 1 lb box
Carrots, unpeeled — 1 lb bag	Or... Tomatoes — 1 lb
Chicken, cut-up — 2 lb	Baked Beans — 1 lb can
Bananas — 3 lbs, 6 bananas	Apples — 1 lb
Lowfat Milk — 3 quarts	Lowfat Milk — 1 gal

These items come from the Thrifty Food Plan, which is designed by USDA and used to price SNAP benefits. For more on pricing the Thrifty Food Plan in your area, [visit www.vtnohunger.org](http://www.vtnohunger.org).

Paperwork Assistance

Pre-Screening Clients

Pre-screening is a process that can help individuals get an idea of their possible benefit levels and familiarize them with the application process. This method is simpler than filling out the application and may be easier to offer clients. Getting a feel for the application process at your food shelf or meal site can prevent the need for multiple visits to the local Economic Services office or provide additional insight if doing a phone interview. People gain a better sense of what is required and what they will be asked, allowing them to prepare accordingly. Furthermore, pre-screening can provide a great opportunity to explore the benefits of enrolling in 3SquaresVT with the client, even if the benefit level is low.

Several tools, some including other state and federal programs, exist to help pre-screen possible applicants. If your organization lacks the resources to offer application assistance, consider pre-screening as a less involved method of conducting outreach. Pre-screening is a task that volunteers, like students or local community members, can do with little effort as most tools are fairly straightforward in the questions asked and information required. Keep in mind, this packet may be helpful to volunteers wishing to participate in 3SquaresVT outreach through pre-screening or application assistance.

In no way is pre-screening connected to the actual application process in Vermont, other than providing familiarization with the process and approximating benefit levels. There is no guarantee that the amount indicated by the internet-based tools or worksheet will be

the actual amount of the benefits a person would receive after applying. Clearly communicate this to clients if conducting pre-screening. Also, when pre-screening please note which documents are required during the application process when discussing things like income, rent, or medical deductions, for example. Finally, note that gross income determines eligibility for the program; however, net income determines the benefit level, which the pre-screening tool outlines.

Pre-screening is less intensive than the actual application process but requires correct information for an accurate portrayal of possible benefit levels. There are multiple tools available to help pre-screen clients, including worksheets and internet-based tools. Prior to beginning any pre-screening, assure clients of confidentiality, as their privacy and trust are important to maintain.

Categorical Eligibility, What is That?

Categorical eligibility refers to the automatic eligibility of a household or individual for a state or federal program because of their participation in another state or federal program. In Vermont, if a household with children receives Reach Up benefits, received the Vermont Earned Income Tax Credit (EITC), or receives Post Secondary Education benefits then it is categorically eligible for 3SquaresVT. Additionally, households with a member receiving Supplemental



Security Income (SSI), are categorically eligible for 3SquaresVT. There is no income limit or asset limit for these households to be eligible for 3SquaresVT.

Just as important, participating in 3SquaresVT makes households categorically eligible for free school meals as well as Lifeline and LinkUp, which provide assistance to pay for a phone line. Households that are 3SquaresVT eligible, even if they do not receive any monetary benefits, qualify for these programs.

The Screen Door is an internet-based tool developed by the state of Vermont to help folks determine their eligibility for numerous local, state, and federal services, including 3SquaresVT. The Screen Door asks several questions about the household, income and current benefits but provides little specific information about benefit levels or other program details.

The Screen Door may be found at <http://screendoor.vermont.gov>.

SCREEN DOOR
the Vermont Agency of Human Services Screening Tool

Welcome to the Screen Door!

We hope you'll find this tool helpful and easy to use. We designed it to help Vermonters find out about the services that might be available to help them.

This tool does not tell you about health care coverage. To learn more about your health coverage options, visit <http://www.vermont.gov/healthcare> where you can complete the Green Mountain Care Screening Tool to find out which program might be right for you.

The Screen Door will ask you some questions about you and your family, such as basic financial information, who lives with you and some of the things you might need help with. None of this information will be saved or stored on anyone's computer or in anyone's database and we won't ask you for identifying information such as your name, address or social security number.

After you finish going through each of the sections of the screen door, we'll show you what you entered and you'll have a chance to change the information before getting the list of services.

We hope the Screen Door will help you find the services you and your family might need.

First time using the Screen Door? Look at "how it works".

To begin now, click on the [Screen Door!](#)

For information on all AHS programs, go to [help for Vermonters](#).

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http://screendoor.vermont.gov/family_uto.do



VermontFoodHelp.com provides another internet-based screening tool, developed by the Vermont Campaign to End Childhood Hunger in conjunction with the Vermont Department for Children and Families Services. This tool only screens for 3SquaresVT but provides an actual dollar amount for possible benefits based on questions asked about income, household, living expenses, medical expenses, and other attributes.

This tool may be found at http://www.vermontfoodhelp.com/how_much/.

If an internet-connected computer is unavailable, included in this packet are a worksheet and an allotment chart than can approximate benefit levels. Once completed, the clients should keep the worksheet and allotment chart and be provided with an application and application guide.

Application Assistance

The best way to help a client apply for 3SquaresVT benefits is to offer assistance with filling out the application. The current application is several pages long and asks specific questions about different aspects of a person’s life. While Community Action Agencies, Area Agencies on Aging, and Economic Services offices provide application assistance, those locations are sometimes hard to get to and can be intimidating for some. Attached in this toolkit is an application and a guide developed by the state to help fill out an application for 3SquaresVT benefits. If you offer assistance with the application, let your clients know!

Here are few things to remember when assisting someone with the application:

- Economic Services must interview all applicants for 3SquaresVT. Some individuals may be able to do this over the phone, but many will need to go in person. This interview will be scheduled following receipt of page 1 of the application. Please see the box below about sending in this page for clients!
- If applying for emergency benefits, fill out page 3 of the application, which should be sent in with page 1 as soon as possible.
- The application for 3SquaresVT is also an application for other programs, including Reach Up, Dr. Dynasaur, Medicaid, VHAP, VHAP-Pharmacy, VScript, Healthy Vermonters, and Essential Person. However, if only applying for 3SquaresVT, then the applicant need only fill out those questions marked with an apple, as the application itself indicates.
- Notes may be written in the margin or on extra sheets of paper in order to explain any answers. If the client is unable to answer a question, she or he may wait until the interview with Economic Services to fill it in when she or he may ask about the



question.

- The application guide also includes information about documentation that may be required for each question as does a list included in this packet. It is important to remind the applicant of these requirements so they can be prepared for the interview.

In addition to helping to fill out an application, offer to make a copy of the application for the client before it is turned in, if possible. The Economic Services office cannot make copies for individuals though it is important that those who apply retain a copy for their records.

Send In Page 1!

In order to schedule an interview, page 1 of the application must be sent in to the district Economic Services office or dropped off. It cannot be faxed. After speaking with clients interested in enrolling, offering to mail this page in for them or to drop it by the local office can initiate the application process. It is one less step that the client, who may work long hours or lack transportation, has to take in order to apply. Offering to mail this page can also help begin the application process immediately after you encourage a person to apply. As well, if you are able to better inform them of the application process, with the help of other information in this toolkit, then this can be the perfect way to begin action and gain momentum! If applying for emergency 3SquaresVT benefits, then page 3 of the application packet must also be sent in.

Sealing the document in an envelope and affixing the stamp in front of the client can help allay some privacy concerns in addition to confirmations you should provide, that the application assistance process is confidential.

The image shows a portion of the Vermont 'Application' form. At the top, it says 'Application' and 'VT01'. Below that, there is a disclaimer: 'This page is your application. You must first fill out and give it to your local DCF office area without the rest of the form. It must have your name, address, and signature. You must read the rest of the form or bring it to your interview. Please complete the entire form as possible. This information helps us determine if you qualify for emergency benefits. The completed form and all required verification are needed to use if you are eligible.' The form includes fields for 'Applicant', 'Date ready to', 'Income', 'Phone number', 'Mailing address', 'City', 'State', 'Zip', 'Do you have an authorized representative or legal guardian?', 'Yes', 'No', 'Name', 'Relationship', 'Phone number', and 'Address'. There is also a section for 'Someone in my household is applying for the following programs' with checkboxes for 'Food Stamp', 'Revolving Fund', 'Medicaid', and 'Essential Person'. At the bottom, there is a signature line for the applicant and a date field.

Recertification and Reporting of Changes

Once enrolled, many households will need to notify the Economic Services Division of Department for Child and Family Services within ten days if their circumstances change. This includes changes in income, residence, and heating or other shelter costs. Some households may need only report if their income increases to the limits listed on the backside of the “Agreement to Report Change” that they receive after enrolling in 3SquaresVT. All enrollees will sign and receive an “Agreement to Report Change” that will indicate exactly the reporting requirements of households receiving 3SquaresVT benefits.

After a certain period, households will need to recertify in order to continue receiving 3SquaresVT benefits. For many households, this review will take place every six months though for seniors or disabled persons this review process may only come every twelve or twenty four months. Economic Services will notify participants of this review and send a review application through the mail. 3SquaresVT participants will need to fill out this application and send it to Economic Services by the 15th of the final month of their certification period.



Each of these steps, reporting change and the review process, can be critical times for many that had to overcome significant barriers to enroll. Participants may be facing new barriers to maintaining their benefits. Offering encouragement and assistance during the recertification process can help households push through these barriers. Especially if applicants are receiving a smaller benefit amount, this encouragement and assistance can be critical to reaffirming the importance of 3SquaresVT in their diet, health, and personal finances. The new changes to 3SquaresVT may also mean increased benefits!

It can be hard to know that an individual or family is going through the benefits review process, thus you must publicize any assistance you may offer. Alternatively, you may also remind clients to report changes if you or staff are already inquiring about their enrollment. It is important that participants in 3SquaresVT keep their benefits as long as they are eligible!

Documents That May Be Required

The following are documents that may be required during the 3SquaresVT interview. If a person does not have these documents during the interview, then there is time for a person to retrieve them. However, this prolongs the certification process. The Economic Services district office may request other documents in addition to those listed, depending on the particular application.

- 3SquaresVT appointment letter, which an applicant receives after sending in at least page 1 of the application.
- Social Security numbers for everyone in the household.
- Proof of identity, though photo ID is not required.
- Proof of where the household lives.
- Proof of all income for the past month such as pay stubs, tax returns, a letter from your employer, or self-employment records.
- If you are 60 or older or have a disability, bring proof of your out-of-pocket medical expenses such as Medicare premiums, prescription and over the counter medications, eyeglasses, and dental care. Proof can be a doctor's statement, drug store receipt, or a bill or invoice.
- If you have a disability, bring proof of your condition such as proof of disability benefits or a statement from a doctor.
- If anyone in the household has received cash benefits in another state since 1996, bring the paperwork regarding those benefits.

A person may ask for help if she or he is unable to get documentation asked for by the Economic Services worker. This worker is required to assist if the applicant is unable to obtain the documentation on her or his own.



Other Resources

VermontFoodHelp.Com

Best source for 3SquaresVT knowledge and outreach resources targeted to different groups of Vermonters. Also offers best online screening tool for 3SquaresVT.

<http://www.vermontfoodhelp.com/>

Department of Children and Families

Vermont state website for 3SquaresVT with information on program eligibility and participation.

<http://dcf.vermont.gov/esd/3SquaresVT>

2-1-1

A service of the United Ways of Vermont that can refer an individual to any number of social services in the area based on her or his need.

Simply dial 2-1-1.

Vermont Campaign to End Childhood Hunger

Great information on current 3SquaresVT advocacy and outreach efforts across Vermont. Great resource on other anti-hunger efforts in Vermont as well.

<http://www.vtnohunger.org/info/foodstamp.php>

USDA

SNAP website of USDA with more outreach materials, screening tools, and state specific information.

<http://www.fns.usda.gov/fsp/outreach/default.htm>

Community Action Agencies

Five Community Action Agencies around Vermont provide important services designed to help individuals towards self-sufficiency. This includes help with applying for 3SquaresVT.

For information on each Community Action Agency see:

<http://humanservices.vermont.gov/community-partners/cp-community-action/>

Area Agencies on Aging

Agencies on Aging provide numerous services to seniors, including assistance with 3SquaresVT.

Call Toll Free: 1-800-642-5119

Vermont Foodbank

Great resource for food shelves, meal sites, and senior centers concerning 3SquaresVT and other programs. Best resource for helping someone find a food shelf in their area.

www.vtfoodbank.org

3SquaresVT Pre-Screening Worksheet

Adapted from "Calculating Benefits..." worksheets produced by the Vermont Campaign to End Childhood Hunger and the Vermont DCF – www.vermontfoodhelp.com.

Number in Household: _____

A. List all **gross monthly earned income** (don't list excluded income)

- 1) wages _____
- 2) training allowance _____
- 3) self-employment or farm income _____
- 4) net boarder/roomer income (income minus business expense) _____
- 5) rental income (if property managed by self) _____
- Add together A1-A5 **Total earned income A.** _____

B. List all **monthly unearned income** (don't list excluded income)

- 1) public benefits (Reach Up, SSI, SSD, VA, etc.) _____
- 2) net rental income (if property managed by third party) _____
- 3) child support and/or alimony received _____
- 4) countable dividends, interest, royalties _____
- 5) countable educational income _____
- 6) other _____
- Add together B1-B6 **Total unearned income B.** _____

C. Add total earned income (A) and total unearned income (B) **Total gross income C.** _____

D. List monthly **gross income limit** for household size (see attached chart).

If household is categorically eligible (see attached chart), skip this step and go on to F.

If household includes a senior (60+) or person with disability, skip this step and go on to F.

Gross Income Limit D. _____

E. If the total gross income (C) is less than or equal to the gross income limit (D), go on to F. **If not, stop here.** The household is not eligible for 3SquaresVT benefits.

F. Multiply total earned income (A) by .8 **Net earned income F.** _____
(This is the 20% **earned income deduction**)

G. Add total unearned income (B) and net earned income (F) Income **before deductions G.** _____

H. List the **standard deduction H.** _____
(\$144 for HH of 1-3; \$147 for HH of 4; \$172 for HH of 5; \$197 for HH of 6 or more)

I. List monthly **dependent care costs I.** _____

J. If household includes senior (60+) or person with disability, list the standard medical expense deduction of \$138 if claiming between \$35 and \$173 in expenses. If expenses are >\$173, list total expenses (total monthly expenses are _____ - \$35= _____).

K. List **court-ordered child support** payments (amount actually paid) **K.** _____

L. Subtract standard deduction (H), dependent care costs (I), medical deduction (J), and child support payments (K) from income before deductions (G).

Adjusted Income L. _____

M. Calculate monthly **shelter costs**

- 1) rent _____
- 2) mortgage _____
- 3) property taxes _____
- 4) insurance (structure only) _____
(Divide annual cost by 12 to get monthly amount)
- 5) choose the **standard utility allowance** (a, b, or c) that applies: _____
 - a) \$ 744 (household pays all utilities, gets fuel assistance, or heat is included but pays additional for air conditioning) or
 - b) \$198 (heat included in rent, household pays lights, etc.) or
 - c) \$36 (telephone only)

Add together M1-M5 **Total shelter costs** M. _____

N. Calculate **shelter deduction** (A deduction may be taken for excess shelter costs—shelter costs that are more than half of the adjusted income)

- 1) Calculate **excess shelter costs**
 - Total shelter costs (M) _____
 - Minus*
 - Half of adjusted income ($L \div 2$) _____
 - Equals*

Excess shelter costs _____

(If total shelter costs (M) are less than half the adjusted income ($L \div 2$), excess shelter costs are 0).

- 2) **Maximum shelter deduction: \$446.**
- 3) Write down the excess shelter costs or the maximum shelter deduction, *whichever is less*. This amount is the shelter deduction.

Shelter deduction N. _____

O. Subtract shelter deduction (N) from adjusted income (L) to get **monthly net income**

Adjusted income (L) _____
Minus
Shelter deduction (N) _____
Equals

Monthly net income O. _____

P. Calculate **monthly 3SquaresVT benefit allotment**. Look up monthly net income (O) on the benefit allotment chart (please see attached). If monthly net income is a negative number, look up zero income on the chart.

Monthly 3SquaresVT benefit allotment P. _____

3SquaresVT Benefit Allotment Chart*

Net Income Per Month	Benefit Range Per Household Size					
	1 person	2 person	3 person	4 person	5 person	6 person
0-200	176-116	323-263	463-403	588-528	698-638	838-778
201-400	115-56	262-203	402-343	527-468	637-578	777-718
401-600	55-14	202-143	342-283	467-408	577-518	717-658
601-800	14-14	142-83	282-223	407-348	517-458	657-598
801-1000	14-14**	82-23	222-163	347-288	457-398	597-538
1001-1200	14-14	22-14**	162-103	287-228	397-338	537-478
1201-1400	14-14	14-14	102-43	227-168	337-278	477-418
1401-1600	14-0	14-14	42-0**	167-108	277-218	417-358
1601-1800	0	14-14	0	107-48**	217-158	357-298
1801-2000	0	14-0	0	47-0	157-98	297-238
2001-2200	0	0	0	0	97-38**	237-178
2201-2401	0	0	0	0	37-0	177-118**
2401-2600	0	0	0	0	0	117-58
2601-2800	0	0	0	0	0	57-0

*This chart is for informational purposes only and may not reflect the actual value of benefits that an individual may be eligible to receive.

**Maximum income for households this size within net income range, excluding exceptions.

Categorical Eligibility:

In Vermont, if a household with children receive Reach Up benefits, received the Vermont Earned Income Tax Credit (EITC), or receive Post Secondary Education benefits then it is categorically eligible for 3SquaresVT. Additionally, households with a member receiving Supplemental Security Income (SSI), then they are categorically eligible for 3SquaresVT. There is no income limit or asset limit for these households to be eligible for 3SquaresVT.

Gross Income Limits as of Jan 1, 2009:

Household Size	Monthly Gross Income Limit
1	\$1,604
2	\$2,159
3	\$2,714
4	\$3,269
5	\$3,824
6	\$4,379
For Each Additional Person	Add \$555

3SquaresVT

(formerly Food Stamps)

for Seniors and People with Disabilities

Myth vs. Fact



- ◆ **Myth:** 3SquaresVT is charity.
Fact: 3SquaresVT is a nutrition program that helps you buy healthy foods. It is not charity.
- ◆ **Myth:** You can only get \$14 a month in benefits.
Fact: Nine out of ten elderly households get \$50 or more a month. In fact, the average benefit for a senior living alone is \$158.
- ◆ **Myth:** Seniors must go to the 3SquaresVT office for an interview.
Fact: If you are a senior or have a disability, you may request a telephone interview. You may also ask a relative, pastor, neighbor, etc., to attend your interview for you. Your local Area Agency on Aging (AAA) can also help. Call the Helpline below to talk to your local AAA.
- ◆ **Myth:** You must go to the 3SquaresVT office every few months to update your application.
Fact: Seniors can get benefits for up to two years at a time. You can report specific changes in your situation to your worker in writing or by phone.
- ◆ **Myth:** Seniors do not receive credit for medical and prescription drug bills.
Fact: Tell your worker if you spend over \$35 a month on health care costs like insurance premiums, co-pays or medicine. This may help raise your benefit amount.
- ◆ **Myth:** 3SquaresVT is only for families with children.
Fact: 3SquaresVT benefits are available for both individuals and families as long as they meet the eligibility requirements.
- ◆ **Myth:** If you get 3SquaresVT benefits, you are taking benefits away from others.
Fact: There is no limit to how many people can sign up and receive 3SquaresVT benefits. In fact, more Vermonters using 3SquaresVT benefits means more federal dollars added to the state's economy.
- ◆ **Myth:** Seniors who receive 3SquaresVT benefits cannot get Meals on Wheels.
Fact: You can receive 3SquaresVT benefits and still get Meals on Wheels.

For more information call the Vermont Senior Helpline: 1-800-642-5119

3SquaresVT

Vermont's Supplemental Nutrition Assistance Program
(formerly Food Stamps)

More Vermonters Are Now Eligible

Income limits have increased!

Savings no longer count against you!

- * More Vermonters at higher incomes can now receive benefits (see income guidelines on reverse). A family of four earning up to \$3,269/month may still be eligible for benefits.
- * There is *no limit* to the money you may have in the bank to be eligible (for most households). You are encouraged to save for the things you need and still receive extra help.

For more information and an application
Call: **Economic Services 1-800-287-0589**
Visit: **www.vermontfoodhelp.com**

Remember:

- * 3SquaresVT benefits make your children eligible for free school meals, a monthly savings of up to \$85 per child.
- * Households that include someone aged 60+ or with a disability have no income limit, but may have to meet a resource limit in some cases.
- * If you receive the Vermont Earned Income Tax Credit, SSI, or Reach Up you may be eligible for benefits no matter what your income or resources.

For more help call **2-1-1** to be connected to your nearest **Community Action Agency**
If you are a senior, call the **Vermont Senior Helpline** at **1-800-642-5119**.

Attention Seniors, Family Members, and Caregivers



Did you know...?

- Over 6,000 Vermont seniors—60 and over—use food stamps every month.
- Vermonters who are 65 and over or disabled can get food stamps in the form of cash deposited right into your bank account.
- Food stamps help you stay healthy by adding money to your food budget.
- If you also have health care or dependent care costs, you may be able to get even more food stamp benefits.
- If you are 60 or older or have a disability, you can get food stamps

If you are a senior citizen, family member or caregiver and want to learn more about Food Stamps, call today:

The Senior Helpline
1-800-642-5119

or visit:
www.vermontfoodhelp.com

Food Stamp Assistance
Seniors: (800)-642-5119
vermontfoodhelp.com



3SquaresVT

*Vermont's Supplemental Nutrition Assistance Program
(formerly Food Stamps)*

Basics

What is 3SquaresVT?

- 3SquaresVT provides benefits that are used in authorized stores to buy food.
- Your monthly benefits come on an EBT card that works just like a debit card.
- If everyone in your household is 65+ or receives SSI, you can get your benefits deposited directly into your bank account each month.

Who Can Get 3SquaresVT Benefits?

- Households with limited income.
- Single people as well as families.
- Many people are eligible for 3SquaresVT and don't know it.
- Special rules make it easier for households with a senior or a person with a disability to qualify for benefits.
- To find out if you may be eligible for benefits, go to www.vermontfoodhelp.com and click on "How much can I get?"

How Much Can I Get?

- Monthly benefits are based on income and household size. As your income goes down, your 3SquaresVT benefits may go up.
- The maximum benefit is **\$176** for a single person with no income. It is **\$287** for a family of 4 with a monthly net income (after deductions) of **\$1000**.
- Your 3SquaresVT worker will look at your monthly income and expenses to determine your benefit amount.

How Do I Apply?

- Call **1-800-287-0589** or visit www.vermontfoodhelp.com for an application.
- For help filling out your application: Dial **2-1-1** on your telephone and ask for the **Community Action Agency** nearest you. If you are a Vermont senior, call **1-800-642-5119** for the **Vermont Senior Helpline**.



Vermont Campaign to
End Childhood Hunger

*This message is funded in part by the USDA,
an equal opportunity provider and employer.*
01/06/09

 **VERMONT**
DEPARTMENT FOR CHILDREN AND FAMILIES
ECONOMIC SERVICES DIVISION

How to Apply for 3SquaresVT

Vermont's Supplemental Nutrition Assistance Program

(Formerly Food Stamps)

1. Fill out and send your application to your local Economic Services Division office.

To get an application, visit **www.vermontfoodhelp.com** or call **1-800-287-0589**. For help filling it out, call your local **Community Action Agency** (if you don't know the number, call **2-1-1**). Seniors can call the Senior Helpline at **1-800-642-5119**.

2. Interview with your 3SquaresVT caseworker.

After receiving your application, Economic Services will send you a letter that will include the date and time of your interview. Most people can have their interview over the phone. Just ask your 3SquaresVT worker.

3. What to have ready for your 3SquaresVT interview:

Required:

- ◆ Proof of identity (Social Security Number and personal identification)
- ◆ Proof of all income (for example: pay stubs, bank statements, etc.)

Additional – to help you get the highest benefit:

- ◆ Housing & utility costs (for example: rent receipt, mortgage statement, telephone bills, etc.)
- ◆ Medical expenses if you are over 60 or have a disability (for example: bills, co-pays, premiums, etc.)
- ◆ Child or adult dependent care (for example: check paid or statement from provider)
- ◆ Court ordered child support paid (proof of payment)



Vermont Campaign to
End Childhood Hunger

*This message is funded in part by the USDA,
an equal opportunity provider and employer.*

1/28/09

 **VERMONT**
DEPARTMENT FOR CHILDREN AND FAMILIES
ECONOMIC SERVICES DIVISION

What happens after applying?

It can take up to 30 days for Economic Services Division (ESD) to process your application. If you have not heard from ESD within 20 days, call your district office to check the status of your application.

If you are approved for 3SquaresVT benefits, you will receive an award letter in the mail telling you how much your benefit will be each month.

Households where everyone is a senior (65+) or receives SSI will have their benefits directly deposited into their bank account each month.

All other households will receive an EBT (Electronic Benefits Transfer) card in the mail.

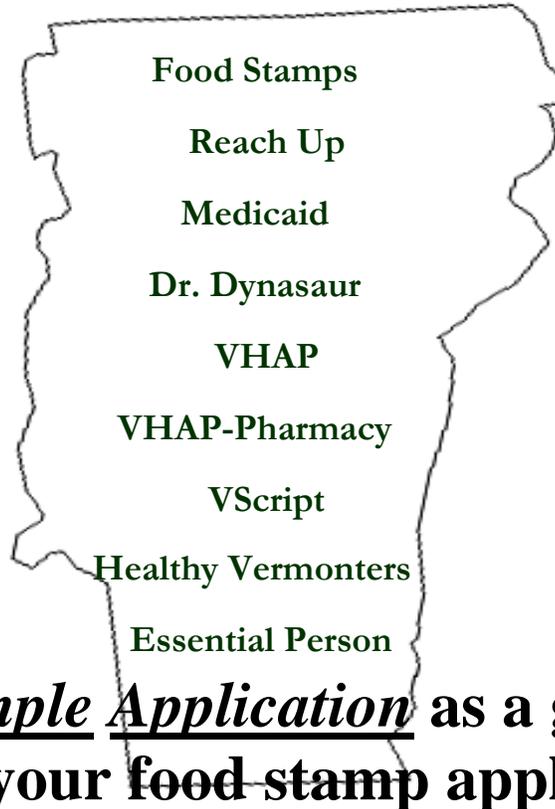
- ◆ Once you set up your pin number, you are ready to use your card. It is accepted at most grocery stores and some farmers' markets in Vermont and is used like a debit or credit card.
- ◆ Benefits will be deposited onto your card at the beginning of each month.

Economic Services will contact you when it is time to review your case, which is 6 to 12 months for most households.

If you are denied benefits, you have the right to appeal. Call Legal Aid for assistance: 1-800-639-8857

**Welcome to the Economic Services Division of the
Vermont Department for Children and Families (DCF)**

Application for:



**Use this Sample Application as a guide for filling
out your ~~food stamp~~ application.**

**If you do not speak English, we can provide free translation for our services.
Please tell us if you need an interpreter for any language.**

Si usted no habla inglés, podemos proveer traducción gratis para nuestros servicios. Favor de dejarnos saber si necesita un intérprete. (Spanish)

Ako ne govorite engleski, mi vam mozemo za nase usluge obezbjediti besplatnu pomoc prevodioca. Molimo vas da nas obavijestite ako vam je potrebna ova pomoc. (Serbo-Croatian)

Si vous ne parlez pas anglais, nous pouvons vous fournir un traducteur gratuitement pour nos services. Veuillez nous signaler si vous avez besoin d'un interprète. (French)

Nếu bạn không biết nói Tiếng Anh, chúng tôi có thể cung cấp sự thông dịch miễn phí cho những dịch vụ của chúng tôi. Xin vui lòng nói cho chúng tôi biết nếu bạn cần thông dịch viên. (Vietnamese)

How to Use this Guide

The application is in faded print. Tips to help you answer the questions are in black.

Read the question and the tip together, because the tip doesn't always restate the question in full.

10 things to know before you get started

1. The application is long, so to get things started, you can just fill out the page that says “**Application**” at the top with your name, address, and signature. Tear off this page and take it to the food stamp office or mail it to the food stamp office as soon as possible. You will need to answer the rest of the questions before you can get food stamps, but you can do this later with the help of a friend, Community Action Agency, your local Agency on Aging, or your food stamp worker. If you are found eligible for food stamps, you will get food stamps going back to the date the office got this page of your application.
2. If you need food right away, you can ask for emergency food stamps. Be sure to fill out page 3 of the application.
3. If you are not sure how to answer a question, leave it blank. The food stamp office can explain the question and help you answer it later.
4. You can write notes in the margins or add paper to explain your answers.
5. If you are applying for food stamps and none of the other programs, you only have to answer the questions marked with the picture of the apple 🍏.
6. Be sure you understand the Rights and Responsibilities page. You can ask someone at the food stamp office or your local Community Action Agency or Agency on Aging to go over this page with you.
7. If you can, make a copy of your application and keep it. The food stamp office cannot make a copy for you, so try to do this before you turn in your application. If you get food stamps, it will be helpful to have a copy to look at anytime you call the food stamp office to discuss your case.
8. The questions on the application ask about the people in your household, how much money everyone gets every month, and how much your household spends for things like rent, day care, and child support. The questions also ask about your household's resources, which are things like money in the bank, land, or cars anyone in your household owns.
9. When you tell the food stamp office about money you make or things you own, it does not always mean those things will count against you or that you will not be able to get food stamps. Some of the questions ask for information that can help you get more food stamps each month.
10. If you have any questions about the application, there are places you can go for help. Community Action Agencies, your local Agency on Aging (for people 60 years and older), and the food stamp office can answer your questions. You can also check out www.vermontfoodhelp.com for information about food stamps.

Information for Applicants

Social Security Numbers. Everyone applying for benefits must provide a social security number. If you don't have one, DCF will help you apply for one. People not applying for benefits do not have to give a social security number; however, they will have to provide all other information such as income and resources.

Important Information for Immigrants. Only U.S. citizens and certain legal aliens can get benefits. If your household includes people who are not eligible because of immigration status, you can still apply for and get benefits for other eligible members. DCF will verify with the Immigration and Naturalization Service the immigration status of noncitizens who apply for benefits. People not applying for benefits do not have to give immigration information.

If you get assistance from us, it may affect your sponsor or your immigration status. Before you apply, you may want to talk with Vermont Legal Aid at 1-800-889-2047 or an agency that helps immigrants with legal questions.

Americans with Disabilities Act. If you think you might have a physical or mental condition that considerably limits a major life activity, like moving, seeing, hearing, or thinking, let us know. The Americans with Disabilities Act gives people with disabilities certain rights. We will make reasonable changes and accommodations in our requirements to help you take part in our programs. Tell your worker if you think there is something that you need.

Rights and Responsibilities. When you sign this form, it means you have read and understand your rights and responsibilities on the back of this form. You will get a copy of these to keep. You may ask for a copy in larger print if you would like. If you do not understand your Rights and Responsibilities, ask your worker to explain them to you.

Confidentiality. DCF will not share any information from this application except for purposes directly connected with program administration. We will keep all information about you, your family, your application, or any benefits you receive confidential unless you clearly allow release of this information, or a court orders it. DCF takes strict precautions to safeguard social security numbers and other confidential information transmitted via the internet or fax machine.

The Application Process

Answer each question as completely as you can. Sign the application and give it to the receptionist or mail it to your local DCF office. Please print. If you have questions or need help with this form, your local office can help you. See the back of this form for the addresses and telephone numbers. If you need more room for your answers, please attach another piece of paper.

If you only want food stamps, you just need to answer the questions with the apple (🍏) symbol.

If you are applying for food stamps or Reach Up, an interview will be scheduled for you. In certain situations, your food stamp interview can be by phone. At your appointment, your worker will go over this form with you. It is your responsibility to give your worker all the information needed. If you are not able to get this information, ask your worker for help.

This page is your application. You may tear it off and give it to your local DCF office now without the rest of the form. It must have your name, address, and signature. You may mail the rest of the form or bring it to your interview. Please complete the entire form when possible. This information helps us determine if you qualify for emergency benefits. The completed form and all required verification are needed to see if you are eligible.

Applicant _____ Social security no. _____ Birthdate ____/____/____

Home address _____

Mailing address if different _____ Town _____ Zip _____

Phone number where you can be reached (_____) _____ Town where you live _____

Directions to your home _____

Do you have an authorized representative or legal guardian? ● Yes ● No

If yes, check one ● Authorized representative ● Legal guardian – name of court _____ Date appointed _____

Name _____ Telephone number (_____) _____

Address _____

Someone in my household is applying for the following programs (check one or more boxes):

- **Food Stamps** – Help to buy more and better food. If you are eligible, you get benefits from the date DCF gets this application. If you have little or no money for food, you may be able to get emergency help.
- **Reach Up** – Services and cash to help families with children become more independent. If eligible, benefits begin 30 days from the date DCF gets this application or the date it is approved, whichever is earlier.
- **Medicaid/Dr. Dynasaur** – Help to pay medical expenses for people 65 or older, people who are blind or have a disability, children under 21, pregnant women, parents, or caretaker relatives. Medicaid may also help pay Medicare premiums, deductibles, and coinsurance.
Ask for a “health care only” application if you want help only with medical expenses.
- **VHAP or pharmacy programs – VHAP** (Vermont Health Access Plan) helps pay medical expenses for adults without insurance for doctors and hospitals. **VHAP-Pharmacy and VScript** help pay prescription costs for people who are blind, have a disability, or are 65 or older and who have no prescription insurance. **Healthy Vermonters** helps these people and those who have a cap on their prescription insurance. Your worker will enroll you in the best program that you qualify for.
Ask for a “Pharmacy Application” if you want help only with prescription costs.
- **Essential Person** – For people who are blind, have a disability, or are age 65 or older, to help meet expenses for someone who lives with and provides care for them so they can live at home.

I have read and I understand the Rights and Responsibilities on the back of this application. I was given a copy of these statements and I agree to them.

Signature of applicant _____ Date _____

Signature of person helping
fill out this form _____ Date _____

Rights and Responsibilities

You may request a copy of this page in larger print.

True and Complete information. I understand the information I provide to DCF to apply for assistance will be subject to verification by federal and state officials to determine if it is correct. This means that sources other than members of my household may be contacted to verify my eligibility for assistance. I understand that if any information is not true, DCF may deny assistance to me.

Reporting changes. I understand when I get assistance, I must report changes in my situation. The changes I must report may be different depending on the benefits I get. If I am not sure which changes I must report, I will ask my worker. I understand changes may affect the amount of benefits I get. I also understand I must report changes within 10 days from when they happen.

Social security number. I understand that, when I apply for assistance from DCF, I must give the social security number of everyone in my household who wants assistance. Federal law requires this as a condition of eligibility. If I am a member of a religious organization that objects to furnishing a social security number, DCF may disregard this requirement. (42 U.S.C. §1320b-7)

DCF uses the social security number: 1) for computer processing of program benefits, support enforcement, fraud investigation, audits, and Lifeline identification; 2) to verify social security and supplemental security income; 3) to prevent individuals from receiving duplicate benefits; 4) to identify groups of cases that must have benefits changed; 5) to exchange information with agencies such as the Social Security Administration, Department of Employment and Training, Internal Revenue Service, or private claims collection agencies to verify income, determine eligibility and benefit amounts, and collect claims; 6) to determine the accuracy and reliability of information given to DCF; and 7) to make medical assistance payments.

No Discrimination. Federal and state law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, prohibit DCF from discriminating based on race, color, national origin, sex, age, or disability. The Food Stamp Act, USDA policy, and state law also prohibit DCF from discriminating based on religion or political beliefs.

To file a discrimination complaint, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers. Under Vermont law and rules, DCF may not discriminate based on marital status, sexual orientation or place of birth. To file a discrimination complaint, write: Deputy Commissioner, Department for Children and Families, Economic Services Division, 103 S. Main St., Waterbury, VT, 05671.

Decision on application. DCF must make a decision on my application within 30 days (or 90 days if my Medicaid application is based on disability) unless delay is caused by examining physicians, an administrative emergency, or me. If I do not get a decision within 30 (or 90) days, I may call the DCF office or request a fair hearing.

Fair hearing. I may ask for a fair hearing when my claim for assistance, benefits, or services is denied in whole or in part, or not responded to with reasonable promptness by contacting a DCF office or writing to the DCF Deputy Commissioner. (3 V.S.A. §3091)

Quality control review. DCF may select my application for a quality control review. If so, I agree to give proof of required information. If I am unable to give the proof needed, I authorize DCF to get it.

Release of tax records. I give permission to the Vermont commissioner of taxes to disclose information from my state income tax returns to the commissioner of DCF. (33 V.S.A. §112 (c))

Release of medical records. I agree that my health care providers may release my medical records when necessary for the purpose of administering DCF health care or Reach Up programs.

Assignment of medical support. As a condition of eligibility for health care assistance, I agree to assign to DCF or its designee all rights to medical support and to third party payments (such as insurance) for medical care. I agree to

enroll in a group health plan if DCF requires me to, and I understand DCF could pay the premiums. I also agree to cooperate in pursuing any actual or potential source of support or payments, including establishing paternity for my dependent children, if necessary. I understand that if I do not cooperate, my benefits will end.

Recovery of Medicaid payments. DCF must file a claim against my estate when I die to recover Medicaid payments made for me for services I received at age 55 or older while in a nursing facility or a home-and- community-based waiver program, and for related hospital and prescription drug services. DCF will not seek adjustment or recovery against my estate if, at the time of death, my spouse is still alive, I have surviving children who are blind, disabled, or under age 21, or DCF determines that adjustment or recovery would cause undue hardship. I understand I may find out more about recovery from my worker. (42 U.S.C. §1396p)

Medicare part B payments. If I get Medicare part B benefits while getting Medicaid, I want DCF to make any payments for future Medicare part B medical and other health services directly to physicians and medical suppliers. This means I will not have to sign a separate form each time I get a service.

Assignment of support rights. As a condition of eligibility for public assistance, I agree to assign all my rights to support to DCF. I understand this includes all current support owed to me while I get public assistance; all arrears owed to me that are collected during this assignment, and all arrears collected through federal tax offset during or after this assignment, up to the total amount I get or have ever gotten. The noncustodial parent (NCP) will owe me amounts over the total amount of public assistance. Arrears include, but are not limited to, unpaid support obligations, debts, and court-ordered and administrative judgments. While I am on assistance, I understand the NCP will pay all support directly to the Office of Child Support (OCS). While I am waiting for DCF to grant me assistance, I will tell DCF of any support the NCP pays directly to me. After I have been granted assistance, I will immediately turn over to OCS any support the NCP pays me directly.

Take part in Reach Up activities. I understand that I and members of my household may have to participate in certain Reach Up activities and that my worker will tell us what we have to do and what the penalty is if we do not.

Not fleeing prosecution. I certify that neither I nor any member of my household is fleeing prosecution or confinement for a felony or an attempt to commit a felony, or is violating a condition of probation or parole under a federal or state law. I understand DCF must disclose information to law enforcement agencies to apprehend fleeing felons.

No benefits from another state. If any member of my household gets duplicate Food Stamp benefits, Medicaid, or cash assistance from another state or has been convicted in the past ten years of fraudulently misrepresenting residence to get benefits from two or more states, I must tell DCF immediately.

Fraud penalties. I or any member of my household will be subject to prosecution for fraud or some other criminal offense for knowingly giving false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get Reach Up, Food Stamp, or health care benefits. If convicted, penalties may include up to three years of imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefits wrongfully received. Federal and other state penalties may also apply. (42 U.S.C. §§1320a-7, 1320a-7a, 1320a-7b, 1396a, 1396r-6; 33 V.S.A. §§141, 143)

Food Stamp fraud penalties. I or any household member cannot trade or sell Food Stamp benefits, use them to buy ineligible items such as alcohol or tobacco, or use someone else's food stamps. If convicted, the member may be barred from the Food Stamp program for one year for the first offense, two years for the second offense, or permanently for the third offense, and be fined up to \$250,000, imprisoned up to 20 years, or both. If convicted of buying or selling illegal drugs in exchange for food stamps, a member may be barred for two years or barred permanently for a second offense. If convicted of purchasing firearms, explosives, or ammunition with food stamps or of trafficking in Food Stamp benefits of \$500 or more, a member may be barred permanently. If convicted of falsely representing identity or residence, a member may be barred for 10 years and may be prosecuted under other federal and state laws. (7 C.F.R. §273.16(b).)

Emergency Needs

If you have little or no money for food, you may be able to get food stamp benefits within 7 days. Answer the questions in the box below to see if you can get expedited service.

Expedited Food Stamps

Have you received food stamps this month in any state? Yes No

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

What is your household's total income for this calendar month? \$ _____
(The food stamp office wants to know all the income the household will receive during the current calendar month.)

How much money does your household have in cash, checking, and savings accounts? Give your best guess if you're not sure. \$ _____

What is your monthly rent or mortgage? \$ _____

How much are your monthly utilities? \$ _____
(Utilities are heat, hot water, cooking, lights and phone.)

General Assistance

You may also be able to get general assistance to help meet your emergency needs. Ask your worker for a general assistance application if you need emergency help.

Head of Household for Food Stamp Benefits

If your household has adult parents with children or adults with parental control of children, you may choose the head of household for food stamp benefits.

- DCF sends notices, forms, and benefits to the head of household.
- If you leave this line blank, DCF will make the selection.
- You may change the head of household when your case is reviewed or when the people in your household change.

Head of household _____

 **Have you visited the Food Stamp website at www.vermontfoodhelp.com? Yes No**

For DCF use only

Interview date	<input type="checkbox"/> Application <input type="checkbox"/> Review	<input type="checkbox"/> Reach Up <input type="checkbox"/> Health care	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential person	Worker
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 1. List anyone living in your home including people not asking for assistance. Members of your household who are not applying do not have to give their social security number or citizenship information but must provide all other information. If you are applying for food stamps only, answer just the questions with the apple ().

MEMB

List everyone you live with, even the people who do not want food stamps or other help.			Check everything you want to apply for and also the assistance you are currently receiving.			If there are people in your house who do not want help, you do not have to give their social security number or citizenship information.	
First name	Initial	Last name	Assistance applying for <input type="checkbox"/> Reach Up <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> Food Stamps <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> Essential Person <input type="checkbox"/> None		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
1.			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Birthdate	Last grade completed	
Relationship to you Self							

First name	Initial	Last name	Assistance applying for <input type="checkbox"/> Reach Up <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> Food Stamps <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> Essential Person <input type="checkbox"/> None		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
2.			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Birthdate	Last grade completed	
Relationship to you							

First name	Initial	Last name	Assistance applying for <input type="checkbox"/> Reach Up <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> Food Stamps <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> Essential Person <input type="checkbox"/> None		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
3.			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Birthdate	Last grade completed	
Relationship to you							

First name	Initial	Last name	Assistance applying for <input type="checkbox"/> Reach Up <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> Food Stamps <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> Essential Person <input type="checkbox"/> None		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
5.			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Birthdate	Last grade completed	
Relationship to you							

Please answer the following questions about the people listed above

You do not have to answer this question if you are applying for food stamps only. Yes No

1a. Has anyone moved to Vermont in the past 12 months?

List anyone in your household who moved to Vermont from another state or country in the last 12 months.

First name	Initial	Date arrived in Vermont	State or country moved from

You do not have to answer this question if you are applying for food stamps only.

Yes No

1b. Has anyone received cash assistance from any other state since 1996?

List anyone in your household who got cash assistance from any other state since 1996. Cash assistance is a payment from the state to help you pay for things you need to live, such as housing. If anyone in your household got benefits in another state, bring the paperwork about those benefits when you meet with your caseworker.

First name	Initial	State or country	Date started	Date ended

 1c. Did anyone receive a Vermont earned income tax credit (EITC) in the past 12 months?

Yes No

List anyone in your household who got the Vermont Earned Income Tax Credit. The Vermont Earned Income Tax Credit is a tax refund for working Vermonters.

First name	Initial	Date received

 2. Is anyone living outside your home in a facility that is not a school or college?
 hospital correctional facility residential care home
 nursing home treatment facility group home

Yes No

INST

List anyone who usually lives with you but who is in the hospital, jail, a nursing home, etc.

First name	Initial	Name of facility	Date of admission

 3. Is anyone in high school, college, vocational school, or a training program?

Yes No

SCHL

List anyone living with you who is a student or in a training program.

First name	Initial	Name of school	Expected completion date	Status
				<input type="checkbox"/> full-time <input type="checkbox"/> half-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> full-time <input type="checkbox"/> half-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> full-time <input type="checkbox"/> half-time <input type="checkbox"/> less than half-time

You do not have to answer this question if you are applying for food stamps only.

Yes No

ALIA

4. Is anyone known by any other name, such as a maiden name or alias?

If anyone in your household has ever been known by another name, list the other name. (Example: You used to get benefits under your maiden name. In this example, you would need to list your current name and your maiden name.)

First name	Current name Initial	Last name	First name	Other name Initial	Last

-  5. Does anyone have a physical, mental, or emotional condition that limits activities such as working, going to school, or taking care of the children? Yes No DISA

You only need to give a general description of the condition, for example, mental health, arthritis, back problems, or drug addiction. The food stamp office may ask you for a doctor's note to explain the condition.

First name	Initial	Caused by an accident?	Applied for SSI/AABD?	Condition
		<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	

-  6. Is anyone living with you who is a parent to your minor child? Yes No PARE
Do not list your husband, wife, or civil union partner.

The food stamp office wants to know if there is someone living in your house who is the parent to your child/children under 18 and is not your husband, wife, or civil union partner.

First name	Initial	Name of child	Name of child

-  7. Did anyone leave a job in the last 60 days or go on strike? Yes No QUIT

The food stamp office wants to know if anyone you live with left a job or went on strike in the last 2 months. Give the reason for leaving, such as laid off, seasonal work, etc.

First name	Initial	Reason for leaving	Date left

-  8. Does anyone live with you who does not share your food? Yes No EATS

The food stamp office wants to know if there is anyone living with you who does not buy food with you and eat meals with you. Usually, you get food stamps with the people you live with if you buy food and make meals together. If you live with other people but do not share food, you may be able to get separate food stamps.

First name	Initial	Last	First name	Initial	Last	First name	Initial	Last

Answer question 9 only if you are applying for the Essential Person program.

You do not have to answer this question if you are applying for food stamps only. Yes No

-  9. Does anyone live with you to provide care so you can live at home? Yes No ESSP
Do not list your husband, wife, or civil union partner.

This question asks if there is anyone living with you who cares for you so that you can live at home. For example, a hired person or a relative (someone other than your spouse or civil union partner).

First name	Initial	Last name	Kind of care	Is this paid for by another agency?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

-  10. Is anyone pregnant? Yes No PREG

List the name of anyone living with you who is pregnant. If someone in your household is pregnant, the food stamp office may ask for a doctor's note.

First name	Initial	What is the expected due date?	Does this prevent her from working?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

You do not have to answer this question if you are applying for food stamps only.

Yes No ABSP

11. Are there children in your home who do not have both parents living with them?

This question asks if there are children living with you who are not living with both parents. If there are children living with you without one or both parents, write the name of the parent(s) who is not living in the home.

1.	Absent parent's full name and address	Social security number (optional)	Date of birth	Children of absent parent 1 2
		- -	/ /	
	Your relationship to absent parent	Absent parent's current marital status		3 4
	<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
2.	Absent parent's full name and address	Social security number (optional)	Date of birth	Children of absent parent 1 2
		- -	/ /	
	Your relationship to absent parent	Absent parent's current marital status		3 4
	<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

12. If there are two parents who are able to work, please list the parent who is most likely to meet a work requirement? _____

You do not have to answer this question if you are applying for food stamps only.

Yes No MEDI

12. Is anyone who is applying covered by Medicare?

This question asks if you or anyone applying with you has Medicare.

First name	Initial	Medicare claim number	Premium amount	Date hospital coverage, Part A, began	Date medical coverage, Part B, began	Medicare drug discount card?
			\$ per month			<input type="checkbox"/> Yes <input type="checkbox"/> No

You do not have to answer this question if you are applying for food stamps only.

13. Does anyone have health or dental insurance, such as group insurance, veteran's or military benefits?

Yes No

INSU

Do not include Medicare or DCF health care programs.

List anyone in your household who has health or dental insurance other than Medicare, Medicaid, Dr. Dynasaur, VHAP, VScript, or Healthy Vermonters.

1.	Name of policy holder		Type of coverage (check all that apply) <input type="checkbox"/> Doctors <input type="checkbox"/> Prescriptions* <input type="checkbox"/> Hospitals <input type="checkbox"/> Major Medical <input type="checkbox"/> Dental <input type="checkbox"/> Outpatient <input type="checkbox"/> Other _____	Names of people covered	Name, address, and phone number of insurance company
	Policy number	Group number			
	Premium amount \$ per	Date coverage began			

* Does your prescription coverage have an annual limit? Yes No

You do not have to answer this question if you are applying for food stamps only.

Yes No

14a. Has health insurance ended for anyone in the past 12 months?

List anyone in your household who used to have health insurance but **does not** anymore, and give the reason the insurance ended. For example, health insurance may end when someone loses a job or gets divorced.

First name	Initial	Date ended	Reason

You do not have to answer this question if you are applying for food stamps only.

Yes No

14b. Does anyone have unpaid medical or dental bills from the past 3 months?

If yes, Medicaid may be able to help you pay them.

List anyone in your household who has medical or dental bills from the past 3 months that have not been paid. The next question asks about unpaid medical bills that are older than 3 months.

First name	Initial	First name	Initial	First name	Initial

You do not have to answer this question if you are applying for food stamps only.

Yes No

14c. Does anyone have unpaid medical bills older than 3 months?

If yes, we may be able to use them to help you qualify for Medicaid.

List any unpaid medical bills that you or anyone who lives with you has had for more than 3 months. For example, chiropractor visits, dental surgery, or doctor or hospital visits.

First name	Initial	First name	Initial	First name	Initial

Questions 15 – 18 are about your household’s resources. Resources are cash, money in the bank, and some things you own. If you answer “Yes” to any of these questions, you may still be able to get food stamps, because not all resources count against you.

 14. Does anyone, including children, have cash that is not in a bank, such as at home, on hand, or held by others?

Yes No

Include accounts that are co-owned.

CASH

List anyone in your household who has cash that is **not** in the bank and how much cash they have.

First name	Initial	Amount	First name	Initial	Amount
		\$			\$

 16. Does anyone, including children, have money in a bank, credit union, or other institution?

Yes No

Include accounts that are co-owned.

BANK

For this question, the food stamp office wants to know about any money you or anyone in your household has in the bank. Include money that is in an account shared with someone else. Some of these accounts may not count as a resource, but you need to put this information on your application.

Type	Name of owner and co-owner	Name of bank, credit union, or other institution	Identifying number	Balance or value
Savings account				\$
Checking account				\$
Certificate of deposit (CD)				\$
Other _____				\$

 17. Does anyone own any vehicles? Yes No CARS

For this question, write down information about any vehicles you or anyone in your household owns. Most people can get food stamps, no matter how much their vehicle(s) is worth. Leased vehicles will not count against you.

Type of vehicle	Name of owner and co-owner	Year, make, and model	Leased?	Amount owed	For PATH use only Value
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Motorcycle or ATV				\$	\$
Snow machine or jet ski				\$	\$
Trailer or boat				\$	\$
Camper or RV				\$	\$
Other _____				\$	\$

 18. Does anyone own or jointly own land, mobile homes, buildings, or other real estate? Yes No PROP
Do not list the home you live in.

If you answer yes to this question, you may still be able to get food stamps. The food stamp office does not count things like farmland or property you are trying to sell, but you should still list these in your answer.

Name of owner and co-owner, if any	Type of property	Location	Assessed value	Amount owed
			\$	\$
			\$	\$

 19. Does anyone, including children, own any other resources? (includes resources owned by children) Yes No STOK

This question asks if anyone in your household has life insurance, stocks, bonds, etc. If you answer yes, you may still be able to get food stamps, depending on the type of fund and how much it is worth.

Type of Resource	Name of owner and co-owner, if any	Value
Life insurance <input type="checkbox"/> term <input type="checkbox"/> whole		Face value \$ Cash value \$
Account set up for burial expenses Is this irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Burial Plot		
Promissory notes		\$
Other _____		\$

 20. Has anyone sold, traded, or given away anything of value in the last two years? Yes No TRAN
If you are applying only for food stamps, list only those in the last three months.

List the name of anyone who sold, traded, or gave away anything: what it was, when, and the sale price or how much the item is worth. If you are only applying for food stamps, answer this question for the last 3 months. If you are applying for other programs, answer this question for the last 2 years. A household cannot give things away in order to get food stamps, but can give things away for other reasons or sell things for a fair price.

First name	Initial	Type of resource	Date transferred	Sale price or value
				\$

-  21. Does anyone, including children, have income from a job or training program? Yes No

List income before any deductions, such as taxes, insurance, child support, or union dues. *If income has ended in the last month, or you expect it to change in the next month, please attach a note explaining the change.*

JINC

This question is about your household's income. When you meet with the food stamp office, bring pay stubs for anyone who has income from a job or training program. If anyone just got a job or lost a job or might start a job in the next month, let the food stamp office know. You can explain on another piece of paper.

First name	Initial	Date paid	Hours worked	Income before taxes	Tips and commissions
How often paid?				\$	\$
<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month			\$	\$
<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly			\$	\$
<input type="checkbox"/> Other _____				\$	\$
Name and phone number of employer				\$	\$
				\$	\$

If anyone else has this kind of income, please list it on a separate sheet.

You do not have to answer this question if you are applying for food stamps only.

22. Does anyone get food, housing, clothing, or anything else instead of or in addition to being paid for work? Yes No INKD

This question is asking if anyone gets food, a place to live, clothes, or anything else through their job.

First name	Initial	Item received	Value
			\$ per

-  23. Does anyone get paid for taking care of children? Yes No

List income before deductions and list the number of meals you provide each month that you are not paid for.

DCIN

This question asks if anyone gets paid for taking care of children. Include licensed childcare providers as well as people who get paid for watching kids on a casual basis.

First name	Initial	Income before deductions	Breakfast	Lunch	Dinner	Snacks
		\$ per				

-  24. Does anyone get payment for room or meals? Yes No

Include payments from children.

RBIN

This question asks if anyone gets paid for renting out a room or cooking meals. If anyone gets paid for providing foster care, include that here. If you answer yes, write the name of the person who gets paid, the payment amount, the names of the people who pay, and what they pay for (for example, room, 1-2 meals a day, or 3 meals a day, etc.). This question is different from question #34, which asks if anyone in the household pays for their room or meals.

First name	Initial	Payment	Names of people paying	Check all that apply
		\$ per		<input type="checkbox"/> room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day

-  25. Does anyone have income from self-employment, such as farming, home party sales, logging, or property rental? Yes No

If yes, provide your most recent federal tax forms, including forms and schedules.

BUSI

This is a question about your household's income from self-employment. The food stamp office needs your federal tax forms in order to figure out your past income and estimate your future income. Let the food stamp office know if your most recent federal tax forms are different from your current situation.

First name	Initial	Type of business	Annual income before deductions	Annual expenses Do not include depreciation	Depreciation
			\$	\$	\$
			\$	\$	\$

-  26. Does anyone have income from work study, a student grant, or loan? Yes No

STIN

If anyone in your household is a student, list any financial aid from work-study, grants, or loans.

First name	Initial	Grant or loan amount	Tuition and fees amount	Period covered month/year to month/year
		\$	\$	

-  27. Does anyone have unearned income? Some examples are: Yes No

Social Security unemployment compensation pensions or retirement dividends or interest
SSI/AABD worker's compensation trusts or annuities refugee stipend
child support veteran's compensation money from others insurance settlement

List income before any deductions, such as Medicare premiums, taxes, insurance, child support, or union dues.

UNEA

This question asks if anyone in your household gets income from somewhere other than a job. If you answer yes, bring proof of this income with you when you meet with the food stamp worker.

First name	Initial	Income before deductions	Type of income	Due to disability?
		\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No

-  28. Does anyone pay child support or alimony? Yes No

DCEX

Write the name of anyone in your household who pays child support or alimony, how much they pay, and the name of the child who gets support. Write the actual amount paid if different from the court ordered amount.

First name	Initial	Alimony paid	Child support paid	Children for whom support is paid
		\$ per	\$ per	

-  28a. Does anyone pay for day care? Yes No

This question is about how much money your household pays for day care. Day care can be for children or adults. Write down how much your household pays. If the amount your household pays changes every week or month, use another piece of paper to explain.

First name	Initial	Amount	Names of children or adults in day care	Reason
		\$ per		<input type="checkbox"/> working <input type="checkbox"/> looking for work <input type="checkbox"/> going to school

 29. Does anyone 60 or older or with a disability pay for medical expenses not covered by insurance? Some examples are:

Yes No

pain relievers antacids insurance premiums hearing aid batteries
 eyeglasses dental care copayments vitamins

FMED

This question asks if anyone in your household who is 60 or over or has a disability pays for medical costs not covered by insurance. Medical costs are the things listed under the question and also over-the-counter medications, medical supplies, dentures, prescriptions, or a home health aid (nurse). If you or someone in your household pays for these items, you may be able to get more food stamps every month.

First name	Initial	Product or service needed	How often	Average monthly cost
				\$
				\$

 29a. Does anyone 60 or older or with a disability pay for trips to medical services? drug stores doctor's office hospital

Yes No

If you or someone in your household who is 60 or older or has a disability pays for trips to the doctor's office, drug store, hospital, or other medical services, you may be able to get more food stamps each month. Paying for trips means buying gas for a car ride, buying a bus ticket, or paying for a taxi or a friend to drive you. If you have to pay to stay overnight, be sure to tell the food stamp office about that, too.

First name	Initial	Type and location of provider	How often do you make these trips?

If you rent only a room, answer "No" to questions 30-32a

 30. Does anyone pay rent for the home you live in?

Yes No RENT

List anyone in the household who pays rent for the home you live in. If you pay rent to live in a room in a house, check "No."

First name	Initial	Amount and how often	What's included?	Type of housing
		\$ per	<input type="checkbox"/> heat <input type="checkbox"/> utilities	Public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

 31. Does anyone pay a mortgage payment, property taxes, lot rent, home equity loan, condo fees, or other costs for the home you live in?

Yes No

List each separately

HOME

List anyone in the household who pays any of the above costs for the home you live in.

First name	Initial	Type of payment	Amount and how often	Date due
		Mortgage	\$ per This amount includes taxes <input type="checkbox"/> insurance <input type="checkbox"/>	
			\$ per	

 32. Does anyone pay for fuel or utilities?

Yes No UTIL

List the people in your household who pay for fuel or utilities. If your household gets fuel assistance, be sure to tell the food stamp office, because you can get more food stamps each month.

First name	Initial	Check all that apply			
		<input type="checkbox"/> heat	<input type="checkbox"/> hot water	<input type="checkbox"/> cooking	<input type="checkbox"/> lights

 32a. Do you share any housing expenses?

Yes No

List anyone with whom you share housing expenses. (Example: Your roommate pays the electric bill and you pay the rent.) Housing expenses are fuel, utilities, telephone, insurance, rent, etc.

Names of people who share expenses with you	Shared expenses

 33. Does anyone pay for phone, garbage removal, water, sewer, homeowners insurance, or other household expenses?

Yes No PHON

This is another question about your housing costs. Check off the things anyone in your household pays for. If someone pays for homeowner's insurance, write down how much. The food stamp office does not need to know how much you pay for the other things listed under the question.

First name	Initial	Check all that apply
		<input type="checkbox"/> phone <input type="checkbox"/> homeowner's insurance \$ _____ per _____

 34. Does anyone pay for room or meals?

Yes No RBEX

List anyone in your household who pays for their room or meals, how much and how often they pay, and what they pay for.

First name	Initial	Amount and how often	Check all that apply
		\$ _____ per _____	<input type="checkbox"/> room <input type="checkbox"/> 1-2 meals <input type="checkbox"/> 3 or more meals

To get the most Food Stamp benefits, report all expenses asked for in this application. Deductions for these expenses are only applied after they are reported. Expenses can be reported anytime to get these deductions for future benefits.

The applicant is responsible for the accuracy of information given to ESD, including information about the applicant's husband, wife, or civil union partner.

Make all the information you have provided on the application is accurate before you sign below.

I have provided and reviewed the information on this application. I give my word, under penalty of perjury, that it is correct and complete to the best of my knowledge and belief.

Signature of applicant _____ Date _____

Signature of person helping fill out this form _____ Date _____

Other Information and Referrals

Racial and Ethnic Heritage

If you are willing, please answer the following regarding the racial and ethnic heritage of your head of household. You do not have to give this information. It is not required to determine eligibility for any program or the amount of assistance you get. This information is collected only to be sure everyone gets benefits on a fair basis.

Ethnicity (check one)

Hispanic or Latino

Not Hispanic or Latino

Race (check all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Children who are members of federally designated American Indian or Alaska Native tribes may not have to pay a Dr. Dynasaur program fee. Call 1-800-250-8427 for more 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 at this time.

Applying to register or declining to register to vote will not affect your eligibility for benefits or the amount of assistance that PATH will provide you.

If you want help filling out the voter registration application, we will help you. The decision 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 decline to register to vote, you may file a complaint with the Secretary of State's Office at Redstone Building, 26 Terrace Street, Drawer 09, Montpelier, VT 05609-1101 (telephone 1-802-828-2363).

Referrals to other programs

Lifeline - A monthly credit on your home phone bill. **Link Up** - A payment for part of the installation cost of a new phone. You can get these credits if you are an adult recipient of PATH benefits. The phone must be listed in your name or you must pay part of the bill. We need a copy of your bill. *Call your telephone company for more information.*

If you are not receiving a Lifeline credit now, would you like to?

Yes No

Would you like an application for Link Up?

Yes No

Fuel Assistance - Help paying heating bills. Applications are accepted July 15 through the last day of February. Your local PATH office can give you an application during this time; otherwise you can ask the *Office of Home Heating Fuel Assistance (OHHFA)* to mail you an application in June. *Call OHHFA at 1-800-479-6151 for more information or an application.*

Would you like a brochure about fuel assistance?

Yes No

Weatherization - Help with insulating, caulking, or weatherstripping your home or apartment to lower your heating costs. *Call toll free 1-877-919-2299 for more information about weatherization.*

Would you like a brochure about weatherization services?

Yes No

WIC (Women, Infants and Children Program) - Health screening, nutrition education, and food for pregnant women, nursing women, and children under five. *Call your local health department office for more information about WIC.*

If you are not already receiving WIC, would you like to?

Yes No

Individual Development Account (IDA) - Learn about finances and save money for education, purchasing a home, or developing a small business. Your money in an IDA is matched by state money dollar for dollar up to an annual and lifetime limit. *Call your local Community Action Agency for more information.*

Would you like a brochure about IDAs?

Yes No

Reach Up Assessment

Only answer the following questions if you are applying for Reach Up.

Name _____ Social security number _____

Does anyone have specialized training, a trade license, a certificate, or a degree, such as hairdresser, Licensed Nurse Associate, law enforcement officer, plumber? Yes No

First name	Initial	List training, license, certificate, or degree	Date received

Does anyone have difficulty with transportation? Yes No

First name	Initial	Check all that apply
		<input type="checkbox"/> no valid license <input type="checkbox"/> no vehicle <input type="checkbox"/> vehicle not registered or insured <input type="checkbox"/> vehicle not reliable <input type="checkbox"/> other _____

Have you or your partner, husband, wife, or civil union partner worked in the past 5 years? Yes No

List each job for each person separately, including self-employment.

Names of people who have worked	Job title or type of work	Employer	Start date	End date	Approximate monthly earnings
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Are you or your partner, husband, wife, or civil union partner ready to go to work now? Yes No

Names of people ready to go to work	Names of people not ready to go to work and reasons



Take this page with you.
It has information that may be helpful,
and it is your copy of your Rights and Responsibilities.

You must report changes

Reporting requirements for food stamps

If the only benefit I get is food stamps, I must report:

- my household expenses when I am determined eligible for food stamps and when my case is reviewed. If I don't, I lose the right to a deduction of these expenses during this period.
- when my household income in a calendar month reaches 130% of the federal poverty level for my household size. Your worker can tell you this amount. I must report this no later than 10 days after the end of the month it happens.
- when the status of an able-bodied adult without dependents (ABAWD) in my household changes. Some examples are:
 - loses a job
 - reduces hours of work
 - becomes exempt

Reporting requirements for other programs

If I get health care, Reach Up, or PSE benefits, I must report when someone in my household:

- has an increase or decrease in the number of regularly scheduled hours of work;
- gets a job or stops working;
- has a change in the amount of money coming into the household, including winnings;
- moves in, moves out, gets married, becomes pregnant, or has a baby;
- is given money, land, a car, or other property; or
- gets or changes private health insurance, including prescription coverage.

See the Agreement to Report Change for exactly what you must report. You may report changes to your local PATH office in person, by telephone, by writing, or by sending a Change Report form. If you have any questions about what changes you must report, ask your worker.

Contact information

1-800-287-0589

www.path.state.vt.us

People with a hearing impairment can call the statewide relay service at
1-800-253-0191 (TDD) or 1-800-253-0195 (voice)

If you do not speak English, we can provide free translation for our services.
Please tell us if you need an interpreter for any language.

St. Albans

20 Houghton Street
Room 313
St. Albans, VT 05478
Tel: (802)524-7900
Tel: 1-800-660-4513

Burlington

1193 North Avenue, Suite 5
Burlington, VT 05401-2749
Tel: (802) 863-7365
Tel: 1-800-775-0506

White River Junction

224 Holiday Dr., Suite A
White River Jct., VT 05001-2097
Tel: (802)295-8855
Tel: (802)1-800-775-0507

St. Johnsbury

67 Eastern Avenue, Suite 7
St. Johnsbury, VT 05819
Tel: (802)748-5193
Tel: 1-800-775-0514

Brattleboro

232 Main Street
P.O. Box 70
Brattleboro, VT 05302
Tel: (802)257-2820
Tel: 1-800-775-0515

Barre

5 Perry Street, Suite 150
Barre, VT 05641-4270
Tel: (802) 479-1041
Tel: 1-800-499-0113

Newport

100 Main Street, Suite 240
Newport, VT 05855
Tel: (802) 334-6504
Tel: 1-800-775-0526

Rutland

320 Asa Bloomer Building State
Office Building
Rutland, VT 05701
Tel: (802) 786-5800
Tel: 1-800-775-0516

Springfield

100 Mineral Street, Suite 201
Springfield, VT 05156
Tel: (802) 885-8856
Tel: 1-800-589-5775

Bennington

200 Veterans Memorial Drive
Suite 6
Bennington, VT 05201-1918
Tel: (802) 442-8541
Tel: 1-800-775-0527

Morrisville

63 Professional Drive
Morrisville, VT 05661
Tel: (802) 888-4291
Tel: 1-800-775-0525

Middlebury

700 Exchange Street, Suite 103
Middlebury, VT 05753-9943
Tel: (802) 388-3146
Tel: 1-800-244-2035

Rights and Responsibilities

You may request a copy of this page in larger print.

True and Complete information. I understand the information I provide to DCF to apply for assistance will be subject to verification by federal and state officials to determine if it is correct. This means that sources other than members of my household may be contacted to verify my eligibility for assistance. I understand that if any information is not true, DCF may deny assistance to me.

Reporting changes. I understand when I get assistance, I must report changes in my situation. The changes I must report may be different depending on the benefits I get. If I am not sure which changes I must report, I will ask my worker. I understand changes may affect the amount of benefits I get. I also understand I must report changes within 10 days from when they happen.

Social security number. I understand that, when I apply for assistance from DCF, I must give the social security number of everyone in my household who wants assistance. Federal law requires this as a condition of eligibility. If I am a member of a religious organization that objects to furnishing a social security number, DCF may disregard this requirement. (42 U.S.C. §1320b-7)

DCF uses the social security number: 1) for computer processing of program benefits, support enforcement, fraud investigation, audits, and Lifeline identification; 2) to verify social security and supplemental security income; 3) to prevent individuals from receiving duplicate benefits; 4) to identify groups of cases that must have benefits changed; 5) to exchange information with agencies such as the Social Security Administration, Department of Employment and Training, Internal Revenue Service, or private claims collection agencies to verify income, determine eligibility and benefit amounts, and collect claims; 6) to determine the accuracy and reliability of information given to DCF; and 7) to make medical assistance payments.

No Discrimination. Federal and state law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, prohibit DCF from discriminating based on race, color, national origin, sex, age, or disability. The Food Stamp Act, USDA policy, and state law also prohibit DCF from discriminating based on religion or political beliefs.

To file a discrimination complaint, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers. Under Vermont law and rules, DCF may not discriminate based on marital status, sexual orientation or place of birth. To file a discrimination complaint, write: Deputy Commissioner, Department for Children and Families, Economic Services Division, 103 S. Main St., Waterbury, VT, 05671.

Decision on application. DCF must make a decision on my application within 30 days (or 90 days if my Medicaid application is based on disability) unless delay is caused by examining physicians, an administrative emergency, or me. If I do not get a decision within 30 (or 90) days, I may call the DCF office or request a fair hearing.

Fair hearing. I may ask for a fair hearing when my claim for assistance, benefits, or services is denied in whole or in part, or not responded to with reasonable promptness by contacting a DCF office or writing to the DCF Deputy Commissioner. (3 V.S.A. §3091)

Quality control review. DCF may select my application for a quality control review. If so, I agree to give proof of required information. If I am unable to give the proof needed, I authorize DCF to get it.

Release of tax records. I give permission to the Vermont commissioner of taxes to disclose information from my state income tax returns to the commissioner of DCF. (33 V.S.A. §112 (c))

Release of medical records. I agree that my health care providers may release my medical records when necessary for the purpose of administering DCF health care or Reach Up programs.

Assignment of medical support. As a condition of eligibility for health care assistance, I agree to assign to DCF or its designee all rights to medical support and to third party payments (such as insurance) for medical care. I agree to

enroll in a group health plan if DCF requires me to, and I understand DCF could pay the premiums. I also agree to cooperate in pursuing any actual or potential source of support or payments, including establishing paternity for my dependent children, if necessary. I understand that if I do not cooperate, my benefits will end.

Recovery of Medicaid payments. DCF must file a claim against my estate when I die to recover Medicaid payments made for me for services I received at age 55 or older while in a nursing facility or a home-and- community-based waiver program, and for related hospital and prescription drug services. DCF will not seek adjustment or recovery against my estate if, at the time of death, my spouse is still alive, I have surviving children who are blind, disabled, or under age 21, or DCF determines that adjustment or recovery would cause undue hardship. I understand I may find out more about recovery from my worker. (42 U.S.C. §1396p)

Medicare part B payments. If I get Medicare part B benefits while getting Medicaid, I want DCF to make any payments for future Medicare part B medical and other health services directly to physicians and medical suppliers. This means I will not have to sign a separate form each time I get a service.

Assignment of support rights. As a condition of eligibility for public assistance, I agree to assign all my rights to support to DCF. I understand this includes all current support owed to me while I get public assistance; all arrears owed to me that are collected during this assignment, and all arrears collected through federal tax offset during or after this assignment, up to the total amount I get or have ever gotten. The noncustodial parent (NCP) will owe me amounts over the total amount of public assistance. Arrears include, but are not limited to, unpaid support obligations, debts, and court-ordered and administrative judgments. While I am on assistance, I understand the NCP will pay all support directly to the Office of Child Support (OCS). While I am waiting for DCF to grant me assistance, I will tell DCF of any support the NCP pays directly to me. After I have been granted assistance, I will immediately turn over to OCS any support the NCP pays me directly.

Take part in Reach Up activities. I understand that I and members of my household may have to participate in certain Reach Up activities and that my worker will tell us what we have to do and what the penalty is if we do not.

Not fleeing prosecution. I certify that neither I nor any member of my household is fleeing prosecution or confinement for a felony or an attempt to commit a felony, or is violating a condition of probation or parole under a federal or state law. I understand DCF must disclose information to law enforcement agencies to apprehend fleeing felons.

No benefits from another state. If any member of my household gets duplicate Food Stamp benefits, Medicaid, or cash assistance from another state or has been convicted in the past ten years of fraudulently misrepresenting residence to get benefits from two or more states, I must tell DCF immediately.

Fraud penalties. I or any member of my household will be subject to prosecution for fraud or some other criminal offense for knowingly giving false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get Reach Up, Food Stamp, or health care benefits. If convicted, penalties may include up to three years of imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefits wrongfully received. Federal and other state penalties may also apply. (42 U.S.C. §§1320a-7, 1320a-7a, 1320a-7b, 1396a, 1396r-6; 33 V.S.A. §§141, 143)

Food Stamp fraud penalties. I or any household member cannot trade or sell Food Stamp benefits, use them to buy ineligible items such as alcohol or tobacco, or use someone else's food stamps. If convicted, the member may be barred from the Food Stamp program for one year for the first offense, two years for the second offense, or permanently for the third offense, and be fined up to \$250,000, imprisoned up to 20 years, or both. If convicted of buying or selling illegal drugs in exchange for food stamps, a member may be barred for two years or barred permanently for a second offense. If convicted of purchasing firearms, explosives, or ammunition with food stamps or of trafficking in Food Stamp benefits of \$500 or more, a member may be barred permanently. If convicted of falsely representing identity or residence, a member may be barred for 10 years and may be prosecuted under other federal and state laws. (7 C.F.R. §273.16(b).)

Application



If you think you might have a physical or mental condition that considerably limits a major life activity, like moving, seeing, hearing, or thinking, let us know. The Americans with Disabilities Act gives people with disabilities certain rights. We will make reasonable changes and accommodations in our requirements to help you take part in our programs. Tell your worker if you think there is something you need.

**If you do not speak English, we can provide free translation for our services.
Please tell us if you need an interpreter for any language.**

Si usted no habla inglés, podemos proveer traducción gratis para nuestros servicios. Favor de dejarnos saber si necesita un intérprete. (Spanish)

Ako ne govorite engleski, mi vam mozemo za nase usluge obezbjediti besplatnu pomoc prevodioca. Molimo vas da nas obavijestite ako vam je potrebna ova pomoc. (Serbo-Croatian)

Si vous ne parlez pas anglais, nous pouvons vous fournir un traducteur gratuitement pour nos services. Veuillez nous signaler si vous avez besoin d'un interprète. (French)

Nếu bạn không biết nói Tiếng Anh, chúng tôi có thể cung cấp sự thông dịch miễn phí cho những dịch vụ của chúng tôi. Xin vui lòng nói cho chúng tôi biết nếu bạn cần thông dịch viên. (Vietnamese)

People who are deaf or hard of hearing can call the statewide relay service at 711.

Information for Applicants

Social Security Numbers. Everyone applying for benefits must provide a social security number. If you don't have one, ESD will help you apply for one. People not applying for benefits do not have to give a social security number; however, they will have to provide all other information such as income and resources.

Important Information for Immigrants. Only U.S. citizens and certain legal aliens can get benefits. If your household includes people who are not eligible because of immigration status, you can still apply for and get benefits for other eligible members. ESD will verify with the Immigration and Naturalization Service the immigration status of noncitizens who apply for benefits. People not applying for benefits do not have to give immigration information.

If you get assistance from us, it may affect your sponsor or your immigration status. Before you apply, you may want to talk with Vermont Legal Aid at 1-800-889-2047 or an agency that helps immigrants with legal questions.

Americans with Disabilities Act. If you think you might have a physical or mental condition that considerably limits a major life activity, like moving, seeing, hearing, or thinking, let us know. The Americans with Disabilities Act gives people with disabilities certain rights. We will make reasonable changes and accommodations in our requirements to help you take part in our programs. Tell your worker if you think there is something that you need.

Rights and Responsibilities. When you sign this form, it means you have read and understand your rights and responsibilities on the back of this form. You will get a copy of these to keep. You may ask for a copy in larger print if you would like. If you do not understand your Rights and Responsibilities, ask your worker to explain them to you.

Confidentiality. ESD will not share any information from this application except for purposes directly connected with program administration unless you clearly allow release of this information or a court orders it. ESD takes strict precautions to safeguard social security numbers and other confidential information transmitted via the internet or fax machine.

The Application Process

Answer each question as completely as you can. Sign the application and give it to the receptionist or mail it to your local office. Please print. If you have questions or need help with this form, your local office can help you. See the back of this form for the addresses and telephone numbers. If you need more room for your answers, please attach another piece of paper.

If you only want food stamps, you just need to answer the questions with the apple (🍏) symbol.

If you are applying for food stamps or Reach Up, an interview will be scheduled for you. In certain situations, your food stamp interview can be by phone. At your appointment, your worker will go over this form with you. It is your responsibility to give your worker all the information needed. If you are not able to get this information, ask your worker for help.

Application

This page is your application. You may tear it off and give it to your local office now without the rest of the form. It must have your name, address, and signature. You may mail the rest of the form or bring it to your interview. Please complete the entire form when possible. This information helps us determine if you qualify for emergency benefits. We must have the completed form and all required verification to see if you are eligible.

Applicant _____ Social security no. _____ Birth date _____

Home address _____

Mailing address if different _____ Town _____ Zip _____

Phone number where you can be reached (_____) _____ Town where you live _____

Directions to your home _____

Do you have an authorized representative or legal guardian? Yes No

If yes, check one: Authorized representative
 Legal guardian – name of court _____ Date appointed _____

Name _____ Telephone number (_____) _____

Address _____

Someone in my household is applying for the following programs (check one or more boxes):

- Food Stamps** – Help to buy more and better food. If you are eligible, you get benefits from the date ESD gets this application. If you have little or no money for food, you may be able to get emergency help.
- Reach Up** – Services and cash to help families with children become more independent. If eligible, benefits begin 30 days from the date ESD gets this application or the date it is approved, whichever is earlier.
- Medicaid/Dr. Dynasaur** – Help to pay medical expenses for children under 21, people 65 or older, people who are blind or have a disability, pregnant women, and people with children. Medicaid may also help pay Medicare premiums, deductibles, and coinsurance.
Ask for an “Application for Health Care Assistance, ESD 202MED” if you want help only with medical expenses.
- VHAP or Pharmacy Assistance – VHAP** (Vermont Health Access Plan) helps pay medical expenses for people 18 and older who do not have insurance for both doctors and hospitals. **VHAP-Pharmacy, VScript, and VPharm** help pay prescription costs for people who are blind, have a disability, or are 65 or older. **Healthy Vermonters** helps people of any age. Your worker will enroll you in the best program that you qualify for.
Ask for a “Pharmacy Programs Application, HC 201P” if you want help only with prescription costs.
- Essential Person** – For people who are blind, have a disability, or are 65 or older, to help meet expenses for someone who lives with and provides care for them so they can live at home.

I have read and I understand the Rights and Responsibilities on the back of this application. I was given a copy of these statements and I agree to them.

Signature of applicant
or authorized representative _____ Date _____

Signature of person helping
fill out this form _____ Date _____

Rights and Responsibilities

You may request a copy of this page in larger print

True and complete information. I understand the information I provide to ESD to apply for assistance will be subject to verification by federal and state officials to determine if it is correct. This means that sources other than members of my household may be contacted to verify my eligibility for assistance. I understand that if any information is not true, ESD may deny assistance to me.

Reporting changes. I understand when I get assistance, I must report changes in my situation. The changes I must report may be different depending on the benefits I get. If I am not sure which changes I must report, I will ask my worker. I understand changes may affect the amount of benefits I get. I also understand I must report changes within 10 days from when they happen.

Social security number. I understand that, when I apply for assistance from ESD, I must give the social security number of everyone in my household who wants assistance. Federal law requires this as a condition of eligibility. If I am a member of a religious organization that objects to furnishing a social security number, ESD may disregard this requirement. (42 U.S.C. §1320b-7)

ESD uses the social security number: 1) for computer processing of program benefits, support enforcement, fraud investigation, audits, and Lifeline identification; 2) to verify social security and supplemental security income; 3) to prevent individuals from receiving duplicate benefits; 4) to identify groups of cases that must have benefits changed; 5) to exchange information with agencies such as the Social Security Administration, Department of Labor, Internal Revenue Service, or private claims collection agencies to verify income, determine eligibility and benefit amounts, and collect claims; 6) to determine the accuracy and reliability of information given to ESD; and 7) to make medical assistance payments.

No Discrimination. Federal and state law, U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, prohibit ESD from discriminating based on race, color, national origin, sex, age, disability, religion or political beliefs.

To file a discrimination complaint, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-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. Under Vermont law and rules, ESD may not discriminate based on marital status, sexual orientation or place of birth. To file a discrimination complaint, write: Deputy Commissioner, Department for Children and Families, Economic Services Division, 103 S. Main St., Waterbury, VT, 05671-1201.

Decision on application. ESD must make a decision on my application within 30 days (90 days if my Medicaid application is based on disability) unless delay is caused by examining physicians, an administrative emergency, or me. If I do not get a decision within 30 (or 90) days, I may call the ESD office for more information or request a fair hearing.

Fair hearing. I may ask for a fair hearing when my claim for assistance, benefits, or services is denied in whole or in part, or not responded to with reasonable promptness by contacting an ESD office or writing to the ESD Deputy Commissioner. (3 V.S.A. §3091)

Quality control review. ESD may select my application for a quality control review. If so, I agree to give proof of required information. If I am not able to give the proof needed, I authorize ESD to get it.

Release of tax records. I give permission to the Vermont Commissioner of taxes to disclose information from my state income tax returns to the Deputy Commissioner of ESD. (33 V.S.A. §112 (c))

Release of medical records. I agree that my health care providers may release my medical records when necessary for the purpose of administering ESD health care or Reach Up programs.

Assignment of medical support. As a condition of eligibility for health care assistance, I agree to assign to the state all rights to medical support and to third party payments (such as insurance) for medical care. I agree to enroll in a group health plan if the state requires me to, and I understand the state may pay the premiums. I also agree to cooperate in pursuing any actual or potential source of support or payments, including establishing paternity for my dependent children, if necessary. I

understand that if I do not cooperate, my health care benefits will end although my children's health care benefits will continue.

Recovery of Medicaid payments. ESD must file a claim against my estate when I die to recover Medicaid payments made for me for services I received at age 55 or older while in a nursing facility or a home-based waiver program, and for related hospital and prescription drug services. ESD will not seek adjustment or recovery against my estate if, at the time of death, my spouse is still alive, I have surviving children who are blind, disabled, or under age 21, or ESD determines that adjustment or recovery would cause undue hardship. I understand I may find out more about recovery from my worker. (42 U.S.C. §1396p)

Medicare Part B payments. If I get Medicare Part B benefits while getting Medicaid, I want ESD to make any payments for future Medicare Part B medical and other health services directly to physicians and medical suppliers. This means I will not have to sign a separate form each time I get a service.

Assignment of support rights. As a condition of eligibility for public assistance, I agree to assign all my rights to support to ESD. I understand this includes all current support owed to me while I get public assistance, all arrears owed to me that are collected during this assignment, and all arrears collected through federal tax offset during or after this assignment, up to the amount I get or have ever gotten. The noncustodial parent(NCP) will owe me amounts over the total amount of public assistance. Arrears include, but are not limited to, unpaid support obligations, debts, and court-ordered and administrative judgments. While I am on assistance, I understand the NCP will pay all support directly to the Office of Child Support (OCS). While I am waiting for ESD to grant me assistance, I will tell ESD of any support the NCP pays directly to me. After I have been granted assistance, I will immediately turn over to OCS any support the NCP pays me directly.

Consent to bill Medicaid if child receives Special Education Services. I give permission to my child's school district to bill Medicaid for the specified services listed in his/her Individual Education Plan (IEP). I understand that if I refuse consent, my refusal only affects Medicaid billing of IEP services; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to bill Medicaid for IEP services at any time; if I revoke this consent it will apply to billing for services from that date forward.

Take part in Reach Up activities. I understand that I and members of my household may have to participate in certain Reach Up activities and that my worker will tell us what we have to do and what the penalty is if we do not.

Not fleeing prosecution. I certify that neither I nor any member of my household is fleeing prosecution or confinement for a felony or an attempt to commit a felony, or is violating a condition of probation or parole under a federal or state law. I understand ESD must disclose information to law enforcement agencies to apprehend fleeing felons.

No benefits from another state. If any member of my household gets duplicate Food Stamp benefits, Medicaid, or cash assistance from another state or has been convicted in the past ten years of fraudulently misrepresenting residence to get benefits from two or more states, I must tell ESD immediately.

Fraud penalties. I or any member of my household will be subject to prosecution for fraud or some other criminal offense for knowingly giving false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get Reach Up, Food Stamp, or health care benefits. If convicted, penalties may include up to three years of imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefits wrongfully received. Federal and other state penalties may also apply. (42 U.S.C. §1320a-7b; 33 V.S.A. §§141, 143)

Food Stamp fraud penalties. I or any household member cannot trade or sell Food Stamp benefits, use them to buy ineligible items such as alcohol or tobacco, or use someone else's food stamps. If convicted, the member may be barred from the Food Stamp program for one year for the first offense, two years for the second offense, or permanently for the third offense, and be fined up to \$250,000, imprisoned up to 20 years, or both. If convicted of buying or selling illegal drugs in exchange for food stamps, a member may be barred for two years or barred permanently for a second offense. If convicted of purchasing firearms, explosives, or ammunition with food stamps or of trafficking in Food Stamp benefits of \$500 or more, a member may be barred permanently. If convicted of falsely representing identity or residence, a member may be barred for 10 years and may be prosecuted under other federal and state laws. (7 C.F.R. §273.16(b).)

Emergency Needs

If you have little or no money for food, you may be able to get food stamp benefits within 7 days. Answer the questions in the box below to see if you can get expedited service.

Expedited Food Stamps for New Applicants

Have you received food stamps this month in any state?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is anyone in your household a migrant or seasonal farm worker?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
What is your household's total income for this calendar month?			\$	_____
How much money does your household have in cash, checking, and savings accounts? Give your best guess if you're not sure.			\$	_____
What is your monthly rent or mortgage?			\$	_____
How much are your monthly utilities?			\$	_____

General Assistance

You may also be able to get general assistance to help meet your emergency needs. Ask your worker for a general assistance application if you need emergency help.

Head of Household for Food Stamp Benefits

If your household has adult parents with children or adults with parental control of children, you may choose the head of household for food stamp benefits.

- ESD sends notices, forms, and benefits to the head of household.
- If you leave this line blank, ESD will make the selection.
- You may change the head of household when your case is reviewed or when the people in your household change.

Head of household _____

 Have you visited the Food Stamp website at www.vermontfoodhelp.com? Yes No

For ESD use only

Interview date	<input type="checkbox"/> Applicator	<input type="checkbox"/> Reach Up	<input type="checkbox"/> Food Stamps	Worker
	<input type="checkbox"/> Review	<input type="checkbox"/> Health care	<input type="checkbox"/> Essential person	



1. List anyone living in your home including people not asking for assistance. People in your household who are not applying do not have to give their social security number or citizenship information but must provide all other information. If you are applying for food stamps only, answer just the questions with the apple (🍏).

MEMB

1.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you Self	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

2.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

3.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

4.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

5.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

6.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

7.	First name Initial Last name	Assistance applying for: <input type="checkbox"/> Reach Up <input type="checkbox"/> Food Stamps <input type="checkbox"/> Essential Person <input type="checkbox"/> Medicaid/Dr. Dynasaur <input type="checkbox"/> VHAP or pharmacy <input type="checkbox"/> None	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social security number	Citizenship status <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other
	Relationship to you	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed	Birth date	Last grade completed	

Please answer the following questions about all the people listed on the previous page.
If you need more room, attach another sheet of paper.

1a. Has anyone moved to Vermont in the past 12 months?

Yes No

First name	Initial	Date arrived in Vermont	State or country moved from

 1b. Has anyone received food stamp or cash assistance from another state since 1996?

Yes No

First name	Initial	State or country	Date started	Date ended

 1c. Did anyone receive a Vermont earned income tax credit (EITC) in the past 12 months?

Yes No

First name	Initial	Date received

 2. Is anyone living outside your home in a facility that is not a school or college?

Yes No

Some examples are:

hospital correctional facility residential care home
nursing home treatment facility group home

First name	Initial	Name of facility	Date of admission	INST

 3. Is anyone in high school, college, vocational school, or a training program?

Yes No

SCHL

First name	Initial	Name of school	Expected completion date	Is health insurance offered here?	Status
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> full-time <input type="checkbox"/> half-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> full-time <input type="checkbox"/> half-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> full-time <input type="checkbox"/> half-time <input type="checkbox"/> less than half-time

Does any child listed above have an Individualized Education Program (IEP) or a disability preventing graduation before age 19? Yes No

4. Is anyone known by any other name, such as a maiden name or alias?

Yes No

ALIA

Current name			Other name		
First name	Initial	Last name	First name	Initial	Last

 5. Does anyone have a physical, mental, or emotional condition that limits activities such as working, going to school, or taking care of the children?

Yes No

DISA

First name	Initial	Caused by an accident?	Applied for SSI/AABD?	Condition
		<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	

 6. Is there anyone living with you who is a parent to your minor child?

Yes No

Do not list your husband, wife, or civil union partner.

PARE

First name	Initial	Name of child	Name of child

 7. Did anyone leave a job in the last 60 days or go on strike?

Yes No

QUIT

First name	Initial	Reason for leaving	Date left

 8. Does anyone live with you who does not share your food?

Yes No

EATS

First name	Initial	Last	First name	Initial	Last	First name	Initial	Last

Answer question 9 only if you are applying for the Essential Person program.

9. Does anyone live with you to provide care so you can live at home?

Yes No

Do not list your husband, wife, or civil union partner.

ESSP

First name	Initial	Last name	Kind of care	Is this paid for by another agency?
				<input type="checkbox"/> Yes <input type="checkbox"/> No



10. Is anyone pregnant?

Yes No

PREG

First name	Initial	Expected due date	Does this prevent her from working?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Are there children in your home who do not have both parents living with them?

Yes No

ABSP

1.	Absent parent's full name and address	Social security number (optional)	Date of birth	Children of absent parent 1 2 3 4
	Your relationship to absent parent <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed - date _____	Absent parent's current marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed		
2.	Absent parent's full name and address	Social security number (optional)	Date of birth	Children of absent parent 1 2 3 4
	Your relationship to absent parent <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed - date _____	Absent parent's current marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed		
3.	Absent parent's full name and address	Social security number (optional)	Date of birth	Children of absent parent 1 2 3 4
	Your relationship to absent parent <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed - date _____	Absent parent's current marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> Dissolved civil union <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed		

12. If there are two parents in your home who are able to work, please list the parent who is most likely to meet a work requirement? _____

 **13. Is anyone who is applying covered by Medicare?**

Yes No

MEDI

First name _____ Initial _____		Medicare claim number _____	
Part A: Start date _____ Premium \$ _____	Part B: Start date _____ Premium \$ _____	Part C: Start date _____ Premium \$ _____	Part D: Start date _____ Premium \$ _____

First name _____ Initial _____		Medicare claim number _____	
Part A: Start date _____ Premium \$ _____	Part B: Start date _____ Premium \$ _____	Part C: Start date _____ Premium \$ _____	Part D: Start date _____ Premium \$ _____

13a. Is anyone enrolled in a Medicare prescription drug plan?

Yes No

Contract and Plan ID numbers are found in the bottom right-hand corner of your Medicare drug plan card.

First name	Initial	Plan name	Contract ID	Plan ID	Plan start date
			CMS- -		
			CMS- -		

13b. Has anyone applied for the low income subsidy for Part D (prescription coverage) through Social Security?

Yes No

First name	Initial	Start date	Denial reason	I did not apply because
			<input type="checkbox"/> Over income <input type="checkbox"/> Over resources <input type="checkbox"/> Other: _____	<input type="checkbox"/> Over income <input type="checkbox"/> Over resources <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Over income <input type="checkbox"/> Over resources <input type="checkbox"/> Other: _____	<input type="checkbox"/> Over income <input type="checkbox"/> Over resources <input type="checkbox"/> Other: _____

14. Is anyone covered by a health or dental insurance plan, such as group insurance, veteran's or military benefits?

Yes No

Include insurance for any child in your home even if covered by a parent not in your home. Do not include Medicare or state health care programs.

Please send copies of both sides of all insurance cards.

INSU

1. Name of policy holder _____		Type of coverage (check all that apply) <input type="checkbox"/> Doctors <input type="checkbox"/> Prescriptions <input type="checkbox"/> Hospitals <input type="checkbox"/> Major Medical <input type="checkbox"/> Dental <input type="checkbox"/> Outpatient <input type="checkbox"/> Other _____	Names of people covered _____	Name, address, and phone number of insurance company _____
Policy number _____	Group number _____			
Premium amount \$ _____ per _____	Date coverage began _____			

2. Name of policy holder _____		Type of coverage (check all that apply) <input type="checkbox"/> Doctors <input type="checkbox"/> Prescriptions <input type="checkbox"/> Hospitals <input type="checkbox"/> Major Medical <input type="checkbox"/> Dental <input type="checkbox"/> Outpatient <input type="checkbox"/> Other _____	Names of people covered _____	Name, address, and phone number of insurance company _____
Policy number _____	Group number _____			
Premium amount \$ _____ per _____	Date coverage began _____			

14a. Could anyone else in your family be covered under the above plan?

Yes No

First name _____ Initial _____	First name _____ Initial _____
--------------------------------	--------------------------------

14b. Has health insurance ended for anyone in the past 12 months?

Yes No

Do not include state health care programs.

LOSS

First name	Initial	Date ended	Reason

14c. Does anyone have unpaid medical or dental bills for services received in the past 3 months? If yes, Medicaid may be able to help you pay them.

Yes No

First name	Initial	Estimate of amount owed	First name	Initial	Estimate of amount owed

14c. Does anyone have unpaid medical bills older than 3 months?

Yes No

If yes, they may help you qualify for Medicaid or Dr. Dynasaur.

First name	Initial	Estimate of amount owed	First name	Initial	Estimate of amount owed

 **15. Does anyone have cash that is not in a bank, such as at home, on hand, or held by others?** Include cash owned by children.

Yes No

CASH

First name	Initial	Amount	First name	Initial	Amount
		\$			\$

 **16. Does anyone have money in a bank, credit union, or other institution?**

Include accounts that are owned or co-owned by children.

Yes No

BANK

Type	Name of owner and co-owner	Name of bank, credit union, or other institution	Identifying number	Balance or value
Savings account				\$
Savings account				\$
Checking account				\$
Checking account				\$
Christmas club				\$
IRA , Keogh Plan, 401K				\$
Savings bond or trusts				\$
Certificate of deposit (CD)				\$
Pension or retirement				\$
Other _____				\$

Does any portion of these savings come from money earned as a "Working Person with Disabilities?" Yes No



17. Does anyone own any vehicles?

Yes

No

CARS

Type of vehicle	Name of owner and co-owner	Year, make, and model	Leased?	Amount owed	For ESD use only Value
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Motorcycle or ATV				\$	\$
Snow machine or jet ski				\$	\$
Trailer or boat				\$	\$
Camper or RV				\$	\$
Other _____				\$	\$



18. Does anyone own or jointly own land, mobile homes, buildings, or other real estate?

Yes

No

Do not list the home you live in.

PROP

Name of owner and co-owner, if any	Type of property	Location	Assessed value	Amount owed
			\$	\$
			\$	\$



19. Does anyone own any other resources? Include resources owned by children.

Yes

No

STOK

Type of Resource	Name of owner and co-owner, if any	Value
Life insurance: <input type="checkbox"/> term <input type="checkbox"/> whole		Face value \$ Cash value \$
Life insurance: <input type="checkbox"/> term <input type="checkbox"/> whole		Face value \$ Cash value \$
Life insurance: <input type="checkbox"/> term <input type="checkbox"/> whole		Face value \$ Cash value \$
Account set up for burial expenses Is this irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Burial plot		
Stocks, bonds, or mutual funds		\$
Trust funds or collections		\$
Promissory notes		\$
Other _____		\$

 **20. Has anyone sold, traded, or given away anything of value in the last two years?** Yes No

If you are applying only for food stamps, list only those in the last three months.

TRAN

First name	Initial	Type of resource	Date transferred	Sale price or value
				\$

 **21. Does anyone have income from a job?** Include income of children. Include income from a training program. List income from the past 30 days before any deductions such as taxes, insurance, child support, or union dues. If income has ended or you expect it to change in the next 30 days, attach a note explaining the change. Yes No

JINC

First name	Initial
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
Employer's name and phone number:	

Date paid	Hours worked	Income before deductions	Tips and commissions
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

First name	Initial
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
Employer's name and phone number:	

Date paid	Hours worked	Income before deductions	Tips and commissions
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

22. Does anyone get food, housing, clothing, or anything else instead of, or in addition to, being paid for work? Yes No

INKD

First name	Initial	Item received	Value
			\$ per

 **23. Does anyone get paid for taking care of children?** List income from the past 30 days before deductions and list the number of meals you provide each month that you are not paid for. Yes No

DCIN

First name	Initial	Income before deductions	Breakfast	Lunch	Dinner	Snacks
		\$ per				

 **24. Does anyone get paid for providing room or meals?** Include payments from children. Yes No

RBIN

First name	Initial	Payment	Names of people paying	Check all that apply
		\$ per		<input type="checkbox"/> room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day
		\$ per		<input type="checkbox"/> room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day

 **25. Does anyone have income from self-employment, such as farming, home party sales, logging, or property rental?** Send copies of your most recent federal tax return, including all forms and schedules. If you have not filed taxes, send a statement of business income and expense from January 1st to now.

Yes No

First name		Initial	Type of business	Date business began

BUSI

 **26. Does anyone have income from work study, a student grant, or loan?**

Yes No

First name		Initial	Grant or loan amount	Tuition and fees amount	Period covered
			\$	\$	month/year to month/year

STIN

 **27. Does anyone have unearned income?** Some examples are:

Yes No

Social Security unemployment compensation veteran's compensation dividends or interest
 SSI/AABD worker's compensation veteran's pension trusts or annuities
 child support pensions or retirement money from others insurance settlement

List income before any deductions, such as Medicare premiums, taxes, insurance, child support, or union dues.

First name		Initial	Income before deductions	Type of income	Due to disability?
			\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No

UNEA

 **28. Does anyone pay child support or alimony?**

Yes No

First name		Initial	Alimony paid	Child support paid	Names of children for whom support is paid
			\$ per	\$ per	
			\$ per	\$ per	

DCEX

 **28a. Does anyone pay for day care?** List each child or adult separately.

Yes No

First name		Initial	Amount	Names of children or adults in day care	Reason
			\$ per		<input type="checkbox"/> working <input type="checkbox"/> looking for work <input type="checkbox"/> going to school
			\$ per		<input type="checkbox"/> working <input type="checkbox"/> looking for work <input type="checkbox"/> going to school

 29. Does anyone 60 or older or with a disability pay for medical expenses not covered by insurance? *Some examples are:*

Yes No

pain relievers antacids insurance premiums hearing aid batteries vitamins
 eyeglasses dental care copayments lifeline bracelet/necklace

FMED

First name	Initial	Product or service needed	How often	Average monthly cost
				\$
				\$
				\$
				\$

 29a. Does anyone 60 or older or with a disability pay for trips to medical services?

Yes No

drug stores doctor's office hospital

First name	Initial	Type and location of provider	How often do you make these trips?

If you rent only a room, answer "No" to questions 30-32a

 30. Does anyone (including yourself) pay rent for the home you live in?

Yes No

RENT

First name	Initial	Amount you pay	What's included?	Type of housing
		\$ per	<input type="checkbox"/> heat <input type="checkbox"/> utilities	Public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No

 31. Does anyone pay a mortgage payment, property taxes, lot rent, home equity loan, condo fees, or other costs for the home you live in?

Yes No

List each separately.

HOME

First name	Initial	Type of payment	Amount and how often	Date due
		Mortgage	\$ per This amount includes: <input type="checkbox"/> taxes <input type="checkbox"/> insurance	
			\$ per	
			\$ per	
			\$ per	

 **32. Does anyone pay for fuel or utilities?** Yes No UTIL

First name	Initial	Check all that apply
		<input type="checkbox"/> heat <input type="checkbox"/> air conditioning <input type="checkbox"/> hot water <input type="checkbox"/> cooking <input type="checkbox"/> lights

 **32a. Do you share any housing expenses?** Yes No

Names of people who share expenses with you	Shared expenses

 **33. Does anyone pay phone or homeowners insurance expenses?** Yes No PHON

First name	Initial	Check all that apply
		<input type="checkbox"/> phone <input type="checkbox"/> homeowner's insurance \$ _____ per _____

 **34. Does anyone pay for room or meals?** Yes No RBEX

First name	Initial	Amount and how often	Check all that apply
		\$ _____ per _____	<input type="checkbox"/> room <input type="checkbox"/> 1-2 meals <input type="checkbox"/> 3 or more meals

To get the most food stamp benefits, report all expenses asked for in this application. Deductions for these expenses are only applied after they are reported. Expenses can be reported any time to get these deductions for future benefits.

The applicant is responsible for the accuracy of information given on this application, including information about the applicant's husband, wife, or civil union partner.

I give my word, under penalty of perjury, the information I give in this application is true and complete to the best of my knowledge and belief.

Signature of applicant
or authorized representative _____ Date _____

Signature of person helping
fill out this form _____ Date _____

Other Information and Referrals

Racial and Ethnic Heritage

If you are willing, please answer the following regarding the racial and ethnic heritage of your head of household. You do not have to give this information. It is not required to determine eligibility for any program or the amount of assistance you get. This information is collected only to be sure everyone gets benefits on a fair basis.

Ethnicity (check one)

Hispanic or Latino Not Hispanic or Latino

Race (check all that apply)

American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander
 White

Children who are members of federally designated American Indian or Alaska Native tribes may not have to pay a Dr. Dynasaur premium. Call 1-800-250-8427 for more information.

Voter Registration

If you are not registered to vote where you live now, would you like a voter registration application? **Yes** **No**
If you do not check either box, you will be considered to have decided not to register at this time.

Applying to register or declining to register to vote will not affect your eligibility for benefits or the amount of assistance that ESD will provide you.

If you want help filling out the voter registration application, we will help you. The decision 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 decline to register to vote, you may file a complaint with the Secretary of State's Office at Redstone Building, 26 Terrace Street, Drawer 09, Montpelier, VT 05609-1101 (telephone 1-802-828-2363).

Referrals to other programs

Lifeline is a monthly credit on your home or Unicef wireless phone bill. **Link Up** is payment for part of the installation cost of a new phone. You can get these credits if you are an adult recipient of ESD benefits. The phone must be listed in your name or you must pay part of the bill. *Call your telephone company for more information.*

If you are not receiving a Lifeline credit now, would you like to? **Yes** **No**
If yes, you must send us a copy of your bill.

Fuel Assistance – Help paying heating bills. Applications are accepted July 15 through the last day of February. Your local office can give you an application during this time; otherwise you can ask the *Office of Home Heating Fuel Assistance (OHHFA)* to mail you an application in June. *Call OHHFA at 1-800-479-6151 for more information or an application.*

Would you like a brochure about fuel assistance? **Yes** **No**

Weatherization – Help with insulating, caulking, or weatherstripping your home or apartment to lower your heating costs. *Call toll free 1-877- 919-2299 for more information about weatherization.*

Would you like a brochure about weatherization services? **Yes** **No**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – Health screening, nutrition education, and food for pregnant women, nursing women, and children under five. *Call your local Department of Health office for more information about WIC.*

If you are not already receiving WIC, would you like to? **Yes** **No**
To enroll in WIC, you must make an appointment with your local Health Department office.

Individual Development Account (IDA) - Learn about finances and save money for education, purchasing a home, or developing a small business. Your money in an IDA is matched by state money dollar for dollar up to an annual and lifetime limit. *Call your local Community Action Agency for more information.*

Would you like a brochure about IDAs? **Yes** **No**

**Take this page with you
It has information that may be helpful,
and it is your copy of your Rights and Responsibilities.**

You must report changes



Reporting requirements for food stamps

If the only benefit I get is food stamps, I must report:

- my household expenses when I am determined eligible for food stamps and when my case is reviewed. If I don't, I lose the right to a deduction of these expenses during this period.
- when my household income in a calendar month reaches 130% of the federal poverty level for my household size. Your worker can tell you this amount. I must report this no later than 10 days after the end of the month it happens.
- when the status of an able-bodied adult without dependents (ABAWD) in my household changes. Some examples are:
 - loses a job
 - reduces hours of work
 - becomes exempt

Reporting requirements for other programs

If I get health care, Reach Up, or PSE benefits, I must report when someone in my household:

- has an increase or decrease in the number of regularly scheduled hours of work;
- gets a job or stops working;
- has a change in the amount of money coming into the household, including winnings;
- moves in, moves out, gets married, becomes pregnant, or has a baby;
- is given money, land, a car, or other property; or
- gets or changes private health insurance, including prescription coverage.

See the Agreement to Report Change, ESD 201A, for exactly what you must report. You may report changes to your local office in person, by telephone, by writing, or by sending a Change Report, ESD 200. If you have any questions about what changes you must report, ask your worker.

Contact information

1-800-287-0589
www.dcf.state.vt.us

People who are deaf or hard of hearing can call the statewide relay service at 711

If you do not speak English, we can provide free translation for our services.
Please tell us if you need an interpreter for any language.

Barre 5 Perry Street, Suite 150 Barre, VT 05641-4270 Tel: (802) 479-1041 Tel: 1-800-499-0113	Burlington 101 Cherry Street, Suite 101 Burlington, VT 05401-4405 Tel: (802) 863-7365 Tel: 1-800-775-0506	Newport 100 Main Street, Suite 240 Newport, VT 05855-4898 Tel: (802) 334-6504 Tel: 1-800-775-0526	St. Albans 20 Houghton Street Suite 313 St. Albans, VT 05478-9922 Tel: (802) 524-7900 Tel: 1-800-660-4513
Bennington 150 Veterans Memorial Drive, Suite 6 Bennington, VT 05201-1918 Tel: (802) 442-8541 Tel: 1-800-775-0527	Middlebury 700 Exchange Street, Suite 103 Middlebury, VT 05753-9943 Tel: (802) 388-3146 Tel: 1-800-244-2035	Rutland 320 Asa Bloomer Building State Office Building Rutland, VT 05701-9400 Tel: (802) 786-5800 Tel: 1-800-775-0516	St. Johnsbury 67 Eastern Avenue, Suite 7 St. Johnsbury VT 05819-9950 Tel: (802) 748-5193 Tel: 1-800-775-0514
Brattleboro 232 Main Street P.O. Box 70 Brattleboro, VT 05302-0070 Tel: (802) 257-2820 Tel: 1-800-775-0515	Morrisville 63 Professional Drive, Suite 4 Morrisville, VT 05661-8522 Tel: (802) 888-4291 Tel: 1-800-775-0525	Springfield 100 Mineral Street, Suite 201 Springfield, VT 05156-9900 Tel: (802) 885-8856 Tel: 1-800-589-5775	White River Junction 224 Holiday Dr., Suite A White River Jct., VT 05001-2097 Tel: (802) 295-8855 Tel: (802)1-800-775-0507

Rights and Responsibilities

You may request a copy of this page in larger print

True and complete information. I understand the information I provide to ESD to apply for assistance will be subject to verification by federal and state officials to determine if it is correct. This means that sources other than members of my household may be contacted to verify my eligibility for assistance. I understand that if any information is not true, ESD may deny assistance to me.

Reporting changes. I understand when I get assistance, I must report changes in my situation. The changes I must report may be different depending on the benefits I get. If I am not sure which changes I must report, I will ask my worker. I understand changes may affect the amount of benefits I get. I also understand I must report changes within 10 days from when they happen.

Social security number. I understand that, when I apply for assistance from ESD, I must give the social security number of everyone in my household who wants assistance. Federal law requires this as a condition of eligibility. If I am a member of a religious organization that objects to furnishing a social security number, ESD may disregard this requirement. (42 U.S.C. §1320b-7)

ESD uses the social security number: 1) for computer processing of program benefits, support enforcement, fraud investigation, audits, and Lifeline identification; 2) to verify social security and supplemental security income; 3) to prevent individuals from receiving duplicate benefits; 4) to identify groups of cases that must have benefits changed; 5) to exchange information with agencies such as the Social Security Administration, Department of Labor, Internal Revenue Service, or private claims collection agencies to verify income, determine eligibility and benefit amounts, and collect claims; 6) to determine the accuracy and reliability of information given to ESD; and 7) to make medical assistance payments.

No Discrimination. Federal and state law, U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, prohibit ESD from discriminating based on race, color, national origin, sex, age, disability, religion or political beliefs.

To file a discrimination complaint, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-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. Under Vermont law and rules, ESD may not discriminate based on marital status, sexual orientation or place of birth. To file a discrimination complaint, write: Deputy Commissioner, Department for Children and Families, Economic Services Division, 103 S. Main St., Waterbury, VT, 05671-1201.

Decision on application. ESD must make a decision on my application within 30 days (90 days if my Medicaid application is based on disability) unless delay is caused by examining physicians, an administrative emergency, or me. If I do not get a decision within 30 (or 90) days, I may call the ESD office for more information or request a fair hearing.

Fair hearing. I may ask for a fair hearing when my claim for assistance, benefits, or services is denied in whole or in part, or not responded to with reasonable promptness by contacting an ESD office or writing to the ESD Deputy Commissioner. (3 V.S.A. §3091)

Quality control review. ESD may select my application for a quality control review. If so, I agree to give proof of required information. If I am not able to give the proof needed, I authorize ESD to get it.

Release of tax records. I give permission to the Vermont Commissioner of taxes to disclose information from my state income tax returns to the Deputy Commissioner of ESD. (33 V.S.A. §112 (e))

Release of medical records. I agree that my health care providers may release my medical records when necessary for the purpose of administering ESD health care or Reach Up programs.

Assignment of medical support. As a condition of eligibility for health care assistance, I agree to assign to the state all rights to medical support and to third party payments (such as insurance) for medical care. I agree to enroll in a group health plan if the state requires me to, and I understand the state may pay the premiums. I also agree to cooperate in pursuing any actual or potential source of support or payments, including establishing paternity for my dependent children,

if necessary. I understand that if I do not cooperate, my health care benefits will end although my children's health care benefits will continue.

Recovery of Medicaid payments. ESD must file a claim against my estate when I die to recover Medicaid payments made for me for services I received at age 55 or older while in a nursing facility or a home-based waiver program, and for related hospital and prescription drug services. ESD will not seek adjustment or recovery against my estate if, at the time of death, my spouse is still alive, I have surviving children who are blind, disabled, or under age 21, or ESD determines that adjustment or recovery would cause undue hardship. I understand I may find out more about recovery from my worker. (42 U.S.C. §1396p)

Medicare Part B payments. If I get Medicare Part B benefits while getting Medicaid, I want ESD to make any payments for future Medicare Part B medical and other health services directly to physicians and medical suppliers. This means I will not have to sign a separate form each time I get a service.

Assignment of support rights. As a condition of eligibility for public assistance, I agree to assign all my rights to support to ESD. I understand this includes all current support owed to me while I get public assistance, all arrears owed to me that are collected during this assignment, and all arrears collected through federal tax offset during or after this assignment, up to the amount I get or have ever gotten. The noncustodial parent (NCP) will owe me amounts over the total amount of public assistance. Arrears include, but are not limited to, unpaid support obligations, debts, and court-ordered and administrative judgments. While I am on assistance, I understand the NCP will pay all support directly to the Office of Child Support (OCS). While I am waiting for ESD to grant me assistance, I will tell ESD of any support the NCP pays directly to me. After I have been granted assistance, I will immediately turn over to OCS any support the NCP pays me directly.

Consent to bill Medicaid if child receives Special Education Services. I give permission to my child's school district to bill Medicaid for the specified services listed in his/her Individual Education Plan (IEP). I understand that if I refuse consent, my refusal only affects Medicaid billing of IEP services; my refusal does not relieve the school district of its responsibility to provide IEP services at no cost to me. I understand that I may revoke this consent to bill Medicaid for IEP services at any time; if I revoke this consent it will apply to billing for services from that date forward.

Take part in Reach Up activities. I understand that I and members of my household may have to participate in certain Reach Up activities and that my worker will tell us what we have to do and what the penalty is if we do not.

Not fleeing prosecution. I certify that neither I nor any member of my household is fleeing prosecution or confinement for a felony or an attempt to commit a felony, or is violating a condition of probation or parole under a federal or state law. I understand ESD must disclose information to law enforcement agencies to apprehend fleeing felons.

No benefits from another state. If any member of my household gets duplicate Food Stamp benefits, Medicaid, or cash assistance from another state or has been convicted in the past ten years of fraudulently misrepresenting residence to get benefits from two or more states, I must tell ESD immediately.

Fraud penalties. I or any member of my household will be subject to prosecution for fraud or some other criminal offense for knowingly giving false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get Reach Up, Food Stamp, or health care benefits. If convicted, penalties may include up to three years of imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefits wrongfully received. Federal and other state penalties may also apply. (42 U.S.C. §1320a-7b; 33 V.S.A. §§141, 143)

Food Stamp fraud penalties. I or any household member cannot trade or sell Food Stamp benefits, use them to buy ineligible items such as alcohol or tobacco, or use someone else's food stamps. If convicted, the member may be barred from the Food Stamp program for one year for the first offense, two years for the second offense, or permanently for the third offense, and be fined up to \$250,000, imprisoned up to 20 years, or both. If convicted of buying or selling illegal drugs in exchange for food stamps, a member may be barred for two years or barred permanently for a second offense. If convicted of purchasing firearms, explosives, or ammunition with food stamps or of trafficking in Food Stamp benefits of \$500 or more, a member may be barred permanently. If convicted of falsely representing identity or residence, a member may be barred for 10 years and may be prosecuted under other federal and state laws. (7 C.F.R. §273.16(b).)