



**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
RIGHTS AND RESPONSIBILITIES**

W-0016RR  
(Rev 5/16)

**The following statements apply to all who ask for or receive help from the Department:**

**FOR ALL PROGRAMS**

For all programs, except SNAP, I will notify the Department of Social Services (DSS) within 10 days of any change in income, assets or living arrangements.

I may request a hearing if I disagree with an action taken on my case. Hearing requests must be in writing for all programs, except SNAP. Requests for SNAP hearing may also be made by telephone. You may represent yourself at a hearing, or you may have a lawyer, relative, friend or someone else represent you.

All information given on forms is subject to verification by federal, state and local officials. I will cooperate with these officials by providing authorizations, documents and other proof to prove what I have said. I authorize DSS to verify any information given on forms I submit.

All information given on forms, including Social Security numbers, is confidential, except as permitted or required by court order, state or federal law. With certain exceptions, it will be used only to administer DSS programs. If DSS believes that there is imminent danger to a child's or family's health, safety or welfare, DSS will provide the child's address and telephone number to the Department of Children and Families. For all programs, except Medicaid, DSS will give my address to a law enforcement official to locate me if I am fleeing to avoid prosecution or custody for certain crimes or for violating a condition of probation for certain crimes or if I have information that a law enforcement official needs to do his or her job concerning certain crimes.

DSS may disclose information about me and others in my family or household who are receiving benefits for purposes directly connected with the administration of DSS programs. Purposes directly connected with the administration of DSS' programs include, but are not limited to: establishing eligibility, determining the amount of help, providing services, and for investigations, prosecutions, or civil proceedings related to the administration of DSS programs.

DSS may disclose to its contractors confidential information from the Department of Labor concerning unemployment compensation benefit and quarterly wage information pertaining to individuals who have signed an application only as necessary to determine and review eligibility for medical assistance, SNAP, SAGA, TFA and State Supplement.

The State may verify (check) information it gets about child support payments, which are made to the State on behalf of my child, with the Bureau of Child Support Enforcement (BCSE).

If I make a false or misleading statement, I may be subject to civil or criminal penalties.

I authorize DSS to verify any information regarding anyone's non-citizen status with the U.S. Citizenship and Immigration Services (USCIS). I understand that DSS will not share the information given on this form with USCIS. I also understand that USCIS cannot use this application to deny admission to the U.S., harm permanent resident status or deport me or anyone I am applying for.

Any information I give on forms, including Social Security numbers, will be used to verify identity and eligibility for those people in my household who are going to receive benefits. People who live with me who are not going to receive benefits do not need to give their Social Security numbers, but if they are willing to do so then it may speed up the application process. Social Security numbers will be cross-matched against federal, state and local government files by computers. DSS is allowed to request Social Security numbers based on the following statutes: for SNAP, the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), 7 USC §§ 2011-2036; 7 USC § 2025(e)(1) and 42 USC §§ 1320b-7(a)(1) and (b)(4); for TFA, 42 USC §§ 1320b-7(a)(1) and (b)(1); for Medicaid, 42 USC §§1320b-7(a)(1) and b)(2); for State Supplement to the Aged, Blind and Disabled, 42 USC §§ 1320b-7(a)(1) and (b)(5); for SAGA, the Tax Reform Act of 1976, 42 USC § 405(c)(2)(C)(i); for all programs except SAGA, Conn. Gen. Stat. § 17b-77.

DSS will use information available to it through the Income and Eligibility Verification System (IEVS) and through the National Directory of New Hires (for the Temporary Family Assistance program) to determine my eligibility and benefits. This information will come from the Labor Department, the Social Security Administration, the Internal Revenue Service and other agencies when allowed by law. DSS may verify (check) the information it receives from these sources directly with other sources, such as banks and employers. These results may affect my household's eligibility and level of benefits.

Giving the information asked for on forms is voluntary. If I do not give certain information, however, benefits or services may be denied. For SNAP, if I fail to report or verify any of the listed expenses, DSS will treat this as a statement that I do not want to receive a deduction for the unreported expense.

I will cooperate with state and federal personnel in Quality Control Reviews.

**Keep this page 1 for your records – do not return to DSS**



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**FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

**If I break any of the rules on purpose I can be barred from SNAP for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. I may also be subject to prosecution under any other applicable federal and state laws and I may also be barred from SNAP for an additional 18 months if court ordered.**

**If I am found guilty of buying a product with SNAP that has a container with a return deposit with the intent of getting cash by dumping the product out and returning the container for cash, the first time I break this rule I will not be able to get SNAP for 12 months, the second time I will not be able to get SNAP for 24 months, the third time I will not be able to get SNAP ever again.**

My application/recertification for and receipt of my SNAP benefits is a registration for work for myself and all members of my SNAP assistance unit who are required to register. I further understand that I and all other members of the SNAP assistance unit who are required to do so must participate in Employment and Training services unless there is good cause not to participate.

**If I am found guilty of buying or trading a controlled substance or receiving SNAP benefits as payment for a controlled substance, the first time I break this rule I cannot get SNAP for 24 months and the second time I will not be able to get SNAP ever again.**

I will notify the Department of Social Services (DSS) by the 10th day of the month following the month when my income increases above 130% of the federal poverty level for my family size.

**If I am found guilty of buying or trading firearms, ammunition or explosives or receiving SNAP benefits as payment for firearms, ammunition or explosives, I will not be able to get SNAP ever again.**

I will notify the DSS by the 10th day of the month following the month when anyone in my household who is considered an Able Bodied Without Dependents works less than 20 hours per week or participates in an Employment and Training activity less than 20 hours per week.

**If I intentionally misuse an Electronic Benefit Transfer (EBT) card, I may no longer get SNAP. I may also be fined up to \$250,000 or sent to jail for up to 20 years or both. Misuse of an EBT card means altering, selling, or trading a card, using someone else's card without permission or exchanging benefits.**

**If I break a SNAP rule on purpose, I am ineligible to get SNAP. The first time I break a rule I will not be able to get SNAP for one year. The second time I will not be able to get SNAP for two years. The third time I will not be able to get SNAP ever again.**

**I am not allowed to buy nonfood items, such as alcohol or cigarettes, or to buy food on credit. I understand this is an intentional misuse of an EBT card and could result in a disqualification.**

**If I am found guilty of trafficking SNAP benefits of \$500 or more, I cannot get SNAP ever again. Trafficking in SNAP means selling them instead of using them to buy food.**

**If I make a false statement about the identity or address of myself or household members to get more than one SNAP benefit for the same time period, I will not be able to get SNAP for 10 years.**

If a SNAP claim arises against my household, the information on forms I submit to DSS, including all Social Security numbers, may be referred to federal and state agencies, as well as private claims collection agencies for claims collection action.

**FOR SAGA CASH**

If money is due to me because of an inheritance, settlement of a pending or future lawsuit, lottery winnings, the sale of property or from many other sources, this money will go ( be assigned) to the State. The State may recover from that money an amount up to the total amount of benefits paid to me or anyone for whom I receive benefits.

I will give DSS a security mortgage on all non-home property outside of the State that I or my spouse owns.

The State will place a lien against my home and my spouse's property and any non-home property that either of us owns in the State in the amount of benefits I receive. The State will also place a lien against the property of the parent(s) of children under 18 years old who live in my household.

I must cooperate with the State in getting support from my spouse and from parents of children under 18 years old who live in my household.

If a member of my household has a substance abuse problem, he or she may be required to be in treatment in order to receive SAGA cash benefits.

If I make false or misleading statements when I apply for SAGA, this is breaking the law and I may not be able to get SAGA for up to a year.



**STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
RIGHTS AND RESPONSIBILITIES**

**FOR MEDICAL ASSISTANCE**

Money from a pending or future lawsuit will go (be assigned) to the State to recover any medical expenses paid by the State related to the lawsuit.

If I knowingly give false (wrong) or misleading information to DSS about myself or someone I am applying for, I am breaking federal law and I may be fined up to \$25,000 or put in prison for 5 years or both.

By applying for medical assistance, I give (assign) my right of support from third parties to DSS (section 1912 of the Social Security Act).

If I am in a nursing facility or if I am applying for home and community-based services, and I want to assign my support rights against my spouse, I must sign an additional assignment of support (section 1924 of the Social Security Act).

The State may bill my legally liable relative to repay the State for the costs of my medical care.

I will not alter (change), trade, sell or use someone else's medical services identification card.

The State recovers money from my estate if I receive long-term care services and also if I am at least 55 years old when I receive community medical assistance benefits and I do not have a living spouse or child who is under 21 years old or blind or disabled.

The State may place a lien on my home, under certain conditions, if I enter a nursing facility and I will not be returning to my home in the community.

DSS or its representative may apply for Medicare on my behalf if DSS thinks I am eligible for Medicare. DSS or its representative may also file Medicare claims and appeals on my behalf.

DSS or any other health insurer or provider may release information about me and my family as necessary for the delivery of medical and program services, as permitted by federal and state law.

By receiving medical assistance, I allow the State to recover the cost of my medical bills that are covered by a third party, such as other insurance, directly from that third party.

**FOR JOBS FIRST / TFA CASH**

The State will place a lien against my home and my spouse's property and any non-home property that either of us owns in the State in the amount of benefits I receive. The State will also place a lien against the property of the parents of children under 18 years old who live in my household.

I and all other members of the Jobs First / TFA household who are required to do so must participate in Employment Services, unless there is an exemption for that person.

If money is due to me from an inheritance or from the settlement of a pending or future lawsuit, lottery winnings, the sale of property or from any other sources, this money will go (be assigned) to the State. The State may recover from that money an amount up to the total amount of benefits paid to me or anyone for whom I receive benefits.

DSS may conduct an unscheduled home visit.

The State recovers money it paid to me from my estate when I die.

My legally liable relative may be billed to repay the State for cash paid to me.

If I knowingly give false (wrong) information to DSS about myself or someone I am applying for in order to get Jobs First / TFA benefits or get the wrong amount of money, I will not get the benefits for 6 months the first time this happens and 12 months the second time. If it happens a third time, I will never again be able to get Jobs First / TFA benefits.

I will not use my EBT card to conduct electronic benefit transfer transactions in a liquor store, an adult-oriented entertainment establishment, or a casino, gambling casino or gaming establishment.

I will give DSS a security mortgage on the non-home property outside of the State that I or my spouse own.

**FOR STATE SUPPLEMENT CASH**

If money is due to me because of an inheritance, settlement of a pending or future lawsuit, lottery winnings, the sale of property or from many other sources, this money will go (be assigned) to the State. The State may recover from that money an amount up to the total amount of benefits paid to me or anyone for whom I receive benefits.

The State will recover money from my estate after I die.

The State will place a lien against my home and my spouse's property and any non-home property either of us owns in the State in the amount of benefits I receive.

I will give DSS a security mortgage on all non-home property outside of the State that I or my spouse owns.

My legally liable relative may be billed to repay the State for cash the State paid to me.



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**CHILD SUPPORT ASSIGNMENT AND COOPERATION**

By applying for help from the State, I assign (give) to the State all the rights I have to current support from any person for any family member included in the application.

When my TFA cash help ends, all current child support will come to me. Any unpaid child support that was due to me during the time I was receiving TFA cash help is owed to the State.

For as long as I am getting help from the State, I must fully cooperate with the State in order to get other responsible persons to contribute to my family's support.

The State will continue to enforce my child support order after I stop receiving help, unless I notify the State that I do not want this service.

The State will keep child support due to me while I am receiving cash help, which means that I will not collect it during that time.

**NON-DISCRIMINATION STATEMENT:** This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

**You may also file discrimination complaints or request reasonable accommodations as follows:**

You have the right to make a discrimination complaint if you think we have taken action against you because of your race, color, religion, sex, gender identity or expression, marital status, age, national origin, ancestry, political beliefs, sexual orientation, intellectual disability, mental disability, learning disability, or physical disability, including, but not limited to, blindness.

An individual with a disability may request and receive a reasonable accommodation or special help from the Department of Social Services when it is necessary to allow the individual to have an equal and meaningful opportunity to participate in programs administered by the Department.

If you asked for an accommodation or special help and we refused to provide it, you may make a complaint to the Department or any of the agencies listed below:

**Commissioner of Social Services  
Attn: ADA Coordinator**  
55 Farmington Ave, Hartford, CT 06105  
Ph: 1-860-424-5040 Toll free: 1-800-842-1508  
TDD: 1-800-842-4524 Fax: 1-860-424-4948

**Connecticut Commission on Human Rights & Opportunities**  
25 Sigourney Street, Hartford, CT 06106  
Ph: 1-860-541-3400 Toll free: 1-800-477-5737  
TDD: 1-860-541-3459 Fax: 1-860-246-5265

Web: <http://www.ct.gov/chro/site/default.asp>

**U.S. Dept. of Health and Human Services  
Office for Civil Rights**  
JFK Federal Building, Rm 1875, Boston, MA 02203  
Ph: 1-617-565-1340 Toll free: 1-800-368-1019  
TDD: 1-800-537-7697 Fax: 1-617-565-3809

Web: <http://www.hhs.gov/ocr/office/file/index.html>