

## Louisiana Department of Children and Family Services Information about the Application for Assistance

### What kind of assistance does the Department of Children and Family Services Economic Stability offer?





- Family Independence Temporary Assistance Program (FITAP) – Provides temporary cash assistance to eligible low-income families who need assistance for children.
- Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) – Provides monthly benefits that help low-income households buy the food they need for good health.
- Kinship Care Subsidy Program (KCSP) – Provides cash assistance for eligible children who reside with qualified relatives other than parents.
- For more information about programs and services or for specific information about your case, call 1-888-LAHELPU (1-888-524-3578).

### How do you apply for assistance?

- Complete the Application for Assistance, form OFS 4APP.
- The Application for Assistance may be completed online and submitted electronically on the DCFS website at [www.dcfslouisiana.gov](http://www.dcfslouisiana.gov).
- You may also apply online or pick up a paper application at one of your [local community partners or DCFS office](#).
- Return the completed form to any parish DCFS office, if a paper application is completed.
- Call 1-888-LAHELPU (1-888-524-3578) and apply over the telephone.
- One form may be used to apply for the FITAP, SNAP, and KCSP.
- You may file a separate application for SNAP. Whether you file a SNAP application (paper or online) with another program or separately, your SNAP application will be processed according to the same SNAP procedures, including timeliness, notice, and fair hearing requirements.
- If you file an application for SNAP jointly with another program and are denied benefits from the other program, you do not have to turn in another application for SNAP. You may not be denied SNAP benefits just because you may not be eligible for benefits from another program.
- We will determine your eligibility for all programs for which you apply.
- You need to be interviewed if you are applying for FITAP, SNAP, or KCSP. You may request an in person interview.

- You need to provide verification to DCFS. Verification is explained below.

Submit your application or verification through one of the following ways:

| How to submit the Application for Assistance to the Department of Children and Family Services (DCFS):   |   |   |   |
|--|---|---|---|
|  Upload<br><br><a href="http://www.dcfslouisiana.gov/CAFE">www.dcfslouisiana.gov/CAFE</a> |  Mail<br><br>DCFS ES<br>Document Processing Center<br>PO Box 260031<br>Baton Rouge, LA<br>70826-9918 |  In Person<br><br>Find office:<br><a href="http://www.dcfslouisiana.gov/directory">www.dcfslouisiana.gov/directory</a> |  Fax<br><br>225-663-3164 |

### Do you need help completing the application form?

- You may ask someone to help you fill out the form, or
- You may ask the worker during your interview to help you fill out the application.

### What happens after we receive your application form?

- You will receive an appointment letter to schedule your interview.
- You will receive a list of verification that is required.
- Your eligibility will be determined within 30 days from the date of application.
- If you applied for FITAP, you may be required to participate in the Strategies to Empower People (STEP) Program. The STEP Program provides opportunities for work-eligible FITAP families to receive job training, employment, and supportive services to enable them to become self-sufficient.

### What will we do with the information that you provide?

- Information you give us on your application form will be verified by federal, state, and local offices including computer cross-matching with other agencies. Someone from our agency may contact other people in order to verify your eligibility for benefits.
- The alien status of household members is subject to verification through the United States Citizenship and Immigration Service (USCIS) and may affect eligibility and benefit amount.

- You will not have to provide immigration status information or documents for any household members who are not eligible because of immigration status and who are not asking for benefits. If a member of your household does not wish to provide information about his/her citizenship or immigration status, he or she will not be eligible for benefits. Other family or household members may still receive benefits, if they are otherwise eligible. You can apply for and get benefits for eligible household members even if your household includes other members who are not eligible because of immigration status.
- If you or your household is approved for FITAP benefits, your information will automatically be sent to the Louisiana Department of Health (LDH). LDH will see who qualifies for Medicaid and send you a letter with more information about the Medicaid program. Individuals approved for KCSP benefits who are interested in receiving Medicaid can visit the LDH website to learn how to apply.

### **Why do we need your Social Security Number and are you required to provide it?**

- The collection of information requested on the application form, including Social Security Numbers (SSNs) of household members, is voluntary and authorized under the Food and Nutrition Act of 2008, (7 U.S.C. 2011-2036), as amended. Failure to provide required information including SSNs or proof you have applied for an SSN for household members may result in that person's ineligibility for SNAP and cash assistance. You will not have to provide Social Security Numbers for any household members who are not eligible because of immigration status and who are not asking for benefits.
- SSNs are used to:
  - collect information from other sources,
  - check identity of household members,
  - determine whether your household is eligible, and
  - prevent households from getting more benefits than they are entitled to receive.
- SSNs are used in state and federal program reviews, audits, and computer-matching with other agencies such as Louisiana Workforce Commission, Social Security Administration, Internal Revenue Service, etc., through the State Income and Eligibility Verification System.
- Under the Privacy Act of 1974(P.L. 93-579), SSNs may be released for various reasons including those directly connected to the administration of the Child Support Enforcement Program.

## What type of verification do you need to provide?

Verification means proof of the information you report. The following table lists the information that must be verified by each program and the examples of the proof that is required. Let your worker know if you have any questions about what you must provide or if you need help in getting the proof. It is our responsibility to help you get the proof that you need.

| What Must be Verified and Examples of Proof   | SNAP | FITAP (Cash) | KCSP (Cash) |
|---|------|--------------|-------------|
| <b>Identity</b> – driver’s license, work or school ID, ID for health benefits or another social services program, voter’s registration card, check stub, or birth certificate   | ✓    |              |             |
| <b>Age/Relationship</b> - birth certificate, baptismal certificate, or hospital birth records of the person to be included. If not your own child, birth records to prove how the child is related to you                               |      | ✓            | ✓           |
| <b>Social Security Number</b> - copy of the social security card or papers you received at the hospital for a newborn. A Social Security number is not required for any household member who is not eligible due to immigration status. | ✓    | ✓            | ✓           |
| <b>Alien status</b> - if not a U.S. citizen, forms or cards from USCIS that prove the person is a legal alien (unless you choose not to apply for this person)  | ✓    | ✓            | ✓           |
| <b>Wages</b> - last 4 pay check stubs or employer’s statement for each person who works   | ✓    | ✓            | ✓           |
| <b>Self-employment</b> - income tax returns, sales records, quarterly tax records, personal wage record   | ✓    | ✓            | ✓           |

|   |   |   |   |
|---|---|---|---|
| <b>Other income such as contributions, child support, alimony, Social Security, SSI, VA, retirement checks, Unemployment Compensation (UCB)</b> - award letters, court orders, statements from contributors | ✓ | ✓ | ✓ |
| <b>Income that stopped within the last 2 months</b> – pink slip, termination notice, or statement from former employer, termination notice or statement from source of any income that ended                | ✓ | ✓ | ✓ |
| <b>Medical expenses</b> - receipts, pharmacy printouts for last 3 months, doctor bills or other papers that show medical expenses for household members who are disabled or over age 59                     | ✓ |   |   |
| <b>Child support payments made to someone outside your home</b> - court order or other legal papers and proof that you are making payments such as cancelled checks or wage withholding statements          | ✓ | ✓ | ✓ |
| <b>Immunization</b> - shot, school, or doctor's records   |   | ✓ | ✓ |
| <b>Custody</b> - court order, other legal papers, or provisional custody by mandate   |   |   | ✓ |
| <b>Home</b> - proof of who lives in the home; such as current school records, landlord's written statement or the name and phone number of two people (not related to you) who know your situation          |   | ✓ | ✓ |

## Rights and Responsibilities

When you receive benefits from the Louisiana Department of Children and Family Services, you have certain rights and responsibilities that are explained below. Keep this important information for future reference.

### What are your rights?

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>,

from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to: 1. **Mail:** Food and Nutrition Service, USDA, 1320 Braddock Place, Room 334, Alexandria, VA 22314; or; 2. **Fax:** (833) 256-1665 or (202) 690-7442; or 3. **Email:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

If you feel you have been discriminated against based on race, political beliefs, color, national origin, sexual orientation, religion, age, and/or disability you can file a complaint with the Department of Children and Family Services (DCFS) by completing the Civil Rights Complaint Form. Turn the form into a local office; mail the form to DCFS Civil Rights Section, P. O. Box 1887, Baton Rouge, LA 70821; email [DCFS.BureauofCivilRights@LA.Gov](mailto:DCFS.BureauofCivilRights@LA.Gov); or call the Call Center at 1-888-LAHELPU (1-888-524-3578). A program complaint may be filed with the Department of Children and Family Services (DCFS) by emailing [LaHelpU.DCFS@LA.GOV](mailto:LaHelpU.DCFS@LA.GOV) or by calling 225-342-2342.

- Fair Hearing - If you do not agree with any decision made on your case, you have the right to ask that your case be reviewed. You can tell us that you want a fair hearing in writing, in person, or by calling the office. You have the right to look at your case record before the hearing.
- Confidentiality – All the information you give us is confidential. This means that we cannot give information about your case to other people except under special conditions. Examples of those conditions include official review by other State and Federal agencies or Federal, State and private collection agencies for the collection of claims against SNAP benefits. Information from your case may also be given to law enforcement officials for the purpose of catching persons fleeing to avoid the law and for investigation of a felony or probation/parole violation.
- Voter Registration - If you are not registered to vote where you live now, you may indicate that you would like to apply to register to vote on the Application for Assistance. Please note that the information you give to the agency will remain confidential and will be used only for voter registration purposes. Applying to register or refusing to register to vote will not affect the amount of assistance or services that you may receive from the Department of Children and Family Services. DCFS will assist you with completing a Louisiana Voter Registration Application unless assistance is refused. You may fill out the application form in private.

## What are your responsibilities?

- Cooperation - You have to cooperate by providing the information we need to determine your eligibility for benefits for you and others for whom you are applying. You also have to provide proof of the information you report. You will be expected to cooperate if a home visit is necessary to determine your eligibility. If your case is selected for a quality control review by state or federal reviewers, you have to cooperate with them.
- Report changes – If you receive SNAP benefits, you must report if:
  - Your household's monthly income increases to more than 130% of the Federal Poverty Level for your household size. This includes reporting the income of a person who moves into your home if that person's income combined with your SNAP household's income is more than 130% of the Federal Poverty Level for your household.
  - Your household includes an Able-Bodied Adult Without Dependent (ABAWD), you must report changes in work or training hours of the ABAWD who is subject to the SNAP time limit if the change results in the ABAWD working or participating in training an average of less than 20 hours per week or less than 80 hours per month.
  - Your household receives lottery or gambling winnings of \$4,500 or more, won in a single game before taxes or other withholdings.

These changes must be reported by the 10<sup>th</sup> of the month following the month in which the change occurs.

In addition, if you are receiving:

- FITAP – You have to:
  - Follow the reporting requirements explained in your Family Success Agreement and report these changes within 10 days of your knowledge of the change.
  - Report within 10 days if the only eligible child receiving FITAP benefits moves out of your home.
- KCSP – You have to report within 10 days if the only eligible child receiving KCSP benefits moves out of your home.

If you are **not** receiving SNAP benefits, **and are** receiving:

- FITAP or KCSP – You have to report within 10 days if:
  - There is a change in the source of any income received in your household. This includes changes in employers and new sources of income such as child support, Social Security, SSI, etc.



- The amount of your household's unearned income changes by more than \$100 per month.
- The amount of your household's earned income changes by more than \$100 per month.
- Someone moves into or out of your household.
- You move.
- FITAP or KCSP - In addition to the changes listed above, you have to report within 10 days any changes in:
  - School attendance of any 18 year old in your household.
  - Marital status of anyone in your household.

If you are receiving Post-FITAP benefits, you must also report within 10 days if:

- You stop working.
- The only child in the home moves out of the home.
- You move out of state.

## Information on Non-Cash Services

Your household may be authorized to receive the following non-cash TANF/MOE funded services. For additional information, please visit our website at [www.dcfslouisiana.gov](http://www.dcfslouisiana.gov) or contact your local DCFS Office.

- **Jobs for America's Graduates LA (JAGS-LA) Program** - Helps keep in school students (age 12 through 21) at risk of failing who face at least two barriers to success which may include economic, academic, personal, environmental, or work related barriers; assists out-of-school youth in need of a high school education; provides an avenue for achieving academically; and assists students in ultimately earning recognized credentials that will make it possible for them to exit school and enter post-secondary education and/or the workforce.
- **Nurse Family Partnership Program** - Serves low-income, first-time mothers who are no more than 28 weeks pregnant by providing nurse home visitation services beginning early in pregnancy and continuing through the first two years of the child's life.
- **Court Appointed Special Advocates (CASA)** - Enhances family stability by facilitating links between the particular child/family and community resources/systems through trained, qualified, and supervised advocates who provide skilled communication, necessary transportation, efficient and thorough information

- gathering, and other services identified in an individual case.
- **Drug Court Programs** - Combines both treatment and educational components with the ability of a supervising judge to award incentives and sanctions based upon the performance of the clients while in treatment. Treatment is community-based and drug court participants are required to meet with the judge on a regular basis to review progress.
- **Alternatives to Abortion** - Provides intervention services including crisis intervention, counseling, mentoring, support services, and pre-natal care information, in addition to information and referrals regarding healthy childbirth, adoption, and parenting to help ensure healthy and full-term pregnancies as an alternative to abortion.
- **LA 4 Public Pre-Kindergarten Program** - Provides high quality early childhood education for low income 4-year-olds in participating public school districts and Charter schools.

**\*\*\*\*\*PENALTIES\*\*\*\*\***

**If you knowingly report incorrect information, your SNAP benefits or cash assistance may be denied, reduced, or ended and you may be subject to criminal prosecution.**

**What penalties apply in SNAP?**

| <b>If you do the following:</b>  | <b>You will:</b>  |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>Hide information or give false information</b></li> <li>• <b>Trade or sell SNAP benefits or EBT cards</b></li> <li>• <b>Use SNAP benefits to buy ineligible items, which includes alcohol, tobacco, hot food, and any food sold for on-premises consumption. Nonfood items are also not allowed.</b></li> <li>• <b>Use someone else’s SNAP benefits</b></li> <li>• <b>Pay for food purchased on credit with SNAP benefits</b></li> </ul> | <p><b>Lose your SNAP benefits for:</b></p> <ul style="list-style-type: none"> <li>• <b>1 year for the first violation</b></li> <li>• <b>2 years for the second violation</b></li> <li>• <b>Permanently for the third violation</b></li> </ul> <p><b>You may also be fined up to \$250,000 or imprisoned for up to 20 years or both.</b></p> |
| <ul style="list-style-type: none"> <li>• <b>Trade SNAP benefits for illegal drugs</b></li> </ul>   | <p><b>Lose your SNAP benefits for:</b></p> <ul style="list-style-type: none"> <li>• <b>2 years for the first violation</b></li> <li>• <b>Permanently for the</b></li> </ul>   |

|  |  |
|--|--|
|  | <b>second violation</b>  |
| <ul style="list-style-type: none"> <li>• Trade SNAP benefits for firearms, ammunition, or explosives</li> <li>• Trade, buy, or sell SNAP benefits of \$500 or more</li> </ul>      | <ul style="list-style-type: none"> <li>• Lose your SNAP benefits permanently</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Give false information about who you are or where you live in order to receive benefits in more than one case at the same time</li> </ul> | <ul style="list-style-type: none"> <li>• Lose your SNAP benefits for 10 years</li> </ul> |

**What penalties apply in FITAP and KCSP?**

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|---|--|
| <b>If you do the following:</b>   | <b>You will:</b>   |
| <ul style="list-style-type: none"> <li>• Hide information or give false information</li> </ul>  | <p>Lose your benefits for:</p> <ul style="list-style-type: none"> <li>• 1 year for the first violation</li> <li>• 2 years for the second violation</li> <li>• Permanently for the third violation</li> </ul> <p>You may also be fined up to \$50,000 or imprisoned for up to 20 years or both.</p> |
| <ul style="list-style-type: none"> <li>• Use your EBT card: <ul style="list-style-type: none"> <li>➢ in a liquor store,</li> <li>➢ in a gambling casino or gaming establishment,</li> <li>➢ in a retail establishment that provides adult entertainment in which performers disrobe or perform in an unclothed state for entertainment purposes,</li> <li>➢ at any adult bookstore, any adult paraphernalia store, or any sexually oriented business,</li> <li>➢ at any tattoo, piercing, or commercial body art facility,</li> <li>➢ at any nail salon,</li> <li>➢ at any jewelry store,</li> <li>➢ at any amusement or video arcade,</li> <li>➢ at any bail bonds company,</li> </ul> </li> </ul> | <p>Lose your benefits for:</p> <ul style="list-style-type: none"> <li>• 1 year for the first violation</li> <li>• 2 years for the second violation</li> <li>• Permanently for the third violation</li> </ul>   |

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|--|---|
| <ul style="list-style-type: none"> <li>➤ at any night club, bar, tavern, or saloon,</li> <li>➤ on any cruise ship,</li> <li>➤ at any psychic business; or</li> <li>➤ at any establishment where persons under age 18 are not permitted, or</li> <li>➤ at an ATM in any of these establishments.</li> <li>● Use your EBT card: <ul style="list-style-type: none"> <li>➤ at any retailer for the purchase of an alcoholic beverage,</li> <li>➤ at any retailer for the purchase of tobacco products, or</li> <li>➤ at any retailer for the purchase of lottery tickets,</li> <li>➤ at any retailer for the purchase of jewelry.</li> </ul> </li> </ul> |   |
| <ul style="list-style-type: none"> <li>● Give false information about where you live in order to receive benefits in two or more states at the same time</li> </ul>  | <ul style="list-style-type: none"> <li>● Lose your benefits for 10 years</li> </ul> |