



YOUR RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.
- 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 Department of Children and Families 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 complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at 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. 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. 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.
- Apply for help on-line through our web application. Or you can turn in a paper application at a local service center or a community partner, or you can mail or fax it. You can turn in an incomplete application (either web or paper), as long as it has your name and address on it, and is signed by you, or another responsible member of your household, or someone acting for you as your authorized or designated representative.
- Be interviewed and notified of your eligibility within 30 days from when you turned in a signed application (90 days for Medicaid if your disability is considered in deciding your eligibility).
- Have DCF staff, or someone else, help you fill out forms. Let us know if you need help getting information we need.
- Receive, or have someone receive for you, the benefits for which you are eligible and be notified quickly of any action we take on your application or any change we make in your benefits.
- Be told about other programs we have that might help you or your family.
- Ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the Customer Call Center or coming into the office within 90 days from the mailing date of your notice of case action. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.
- Have the information received by us about you or the people in your household protected as required by federal and state laws.
- Name the adult parent of children or someone acting in the role of parent as the payee (the person who will receive your food assistance benefits). If there are no children in your assistance group, then the payee must be the person who earns the most money.

YOU HAVE THE RESPONSIBILITY TO:

(NOTE: You have these same responsibilities if you are applying on behalf of someone else.)

- Give us complete and correct proof of requested information, within the time limits given to you, to determine if you are eligible for help.
- Use your temporary cash assistance benefits to the best benefit of the children in the assistance group. Florida law says that anyone who uses the money given for the support of a child or children for some other reason can be fined, sent to jail, or both.
- Declare the U.S. citizenship or noncitizen status of your household members, who are applying for help, by signing the application for assistance. You must provide proof of noncitizen status, from the United States Citizenship and Immigration Services (USCIS), for all persons who are not U. S. citizens for whom you are requesting help. We may ask USCIS to confirm this information. Information received from USCIS may affect your eligibility and amount of benefits. Proof of USCIS status is not required for individuals for whom you are not asking help.
- Apply for benefits from other sources if this application, or information received by us, shows that you might be eligible for those benefits. (This does not apply to the Food Assistance Program.)
- Assign your rights to child support to the state and cooperate with Child Support Enforcement (CSE) in establishing paternity and obtaining support from an absent parent of the children who are in your care, unless you can show CSE good cause for not doing so. (For the Temporary Cash Assistance Program, you must assign your rights to the state. Assigning rights to the state does not apply to the Food Assistance Program.)

- Report any insurance or other health plan which may pay medical costs for you or a member of your household for whom you are asking help. You must also assign the state your rights to any payments from insurance or other health plans, unless you can show us good cause for not doing so. (This applies to anyone asking for or receiving help from the Temporary Cash Assistance, Refugee Assistance or Medicaid Programs.)
- Participate in the work activities of the Food Assistance, Temporary Cash Assistance and Refugee Assistance Employment and Training Programs. This includes registering for employment, unless we have told you that you don't have to do so.
- Report to us, within 5 calendar days, if a child in your family is expected to be out of the home for 30 days or more. (This applies to the Temporary Cash Assistance Program only). Report to us, any change in your situation according to program requirements.
- If your household only receives food assistance, report when your household's gross monthly income goes higher than the 130% gross income limit for your household size by the 10th day of the month after the month of the change. If your household receives Temporary Cash Assistance and/or Medicaid (with or without food assistance), you must report changes within 10 days, including any change in the household living and/or mailing address. Report any change in the household email address for contact purposes.
- For food assistance, an able-bodied adult without dependents is ages 18 through 49; physically or mentally fit for employment; does not live and eat with a child under age 18; is not pregnant; and is not exempt from food assistance general employment program work requirements. Able-Bodied Adults Without Dependents must report when their hours of work fall below 20 hours per week averaged to 80 hours per month.
- Make sure that your school age child (ages 6 through 17) attends school. If your child is identified as truant or a drop out, that child may be removed from your Temporary Cash Assistance and your cash benefit amount lowered, unless you can show that the child has good cause for missing school. (This applies to the Temporary Cash Assistance Program only.)
- Have a conference with a school official for each school age child (ages 6 through 17) during each semester to talk about the child's schoolwork progress or problems at school. If you fail to have this conference, you may be removed from the Temporary Cash Assistance and your cash benefit amount lowered, unless you can show that you have good cause for not having the conference. (This applies to the Temporary Cash Assistance Program only.)
- Have your preschool age children's (ages 0 through 4) immunizations up-to-date. (This applies to the Temporary Cash Assistance Program only.)
- Cooperate with state and federal officials when they review your case and answer their questions if you are able.
- Repay the Department of Children and Families for any benefits received for which you are not eligible. The amount owed can be subtracted from your monthly cash assistance payments or food assistance benefits until the entire amount is paid back. If a Medicaid overpayment occurs, you will have to personally repay the amount.
- Give us the Social Security Number (SSN), or apply for a SSN, for all household members for whom you're asking help. This applies to the Food Assistance, Temporary Cash Assistance, and Medicaid programs. You do not have to apply for or give us a SSN for any household members for whom help is not being requested. However, you may have to give us income and asset information about those individuals for us to determine the eligibility of other household members for whom help is requested.

THE DEPARTMENT OF CHILDREN AND FAMILIES HAS THE RIGHT TO:

- Contact anyone necessary to decide your eligibility for help or any other person for whom you are applying or receiving help.
- Use computer matches with other agencies to confirm the amount of income and assets available to you and the individuals for whom you're applying or receiving help. Your benefit amount may be changed based on this information.
- Apply a 48 month limit on the number of months families can receive temporary cash assistance benefits. This limit applies to families with at least one eligible adult, unless he or she qualifies for an exemption or is granted a hardship extension by the Regional Workforce Board.

THE AGENCY FOR HEALTH CARE ADMINISTRATION HAS THE RIGHT TO:

- Release medical and Medicaid benefit information to insurance companies or other health plan carriers making medical payments so that they can bill for health care services received by members of the Medicaid assistance group. (This does not apply to the Food Assistance or Temporary Cash Assistance Programs.)
- Get payment for medical expenses from sources other than Medicaid, such as insurance companies or other health plan carriers. (This does not apply to the Food Assistance or Temporary Cash Assistance programs.)
- Collect and review copies of medical and financial information about health care costs paid by Medicaid.
- Be repaid for Medicaid payments made for a person who is receiving money from a judgment, award, settlement, insurance or some other legally responsible source. The person, the person's attorney or the person's insurance company must tell AHCA about all possible payments from any of these sources.
- File a claim against a deceased Medicaid recipient's estate for repayment of the Medicaid debt. Receiving Medicaid benefits, by a person age 55 or older, creates a debt to AHCA for the amount of Medicaid payments made before the person's death. The person representing the estate must tell AHCA's Estate Recovery Unit, when the process begins for approval of the will by the court. (This does not apply to Medicare Savings Programs.)

FLORIDA FRAUD LAW INFORMATION

Any person (including the designated or authorized representative) who knowingly does not tell the truth, hides information, pretends to be someone else, does not give all the information needed about themselves, the person(s) they are applying for, or other people in their home, or does anything else unlawful in order to get state or federal public assistance benefits is guilty of a crime and will be punished as state or federal law allows. Further, any person (including the designated or authorized representative) who knowingly does not report a change in circumstances in order to continue to receive such aid or benefits which they should not get, or more benefits than they should get, is guilty of a crime and will be punished as state or federal law allows. Any person who purposely helps another person to do any of the above acts is guilty of a crime, and will be punished as federal and state law allows. This information is located in Section 414.39, Florida Statutes. You can get more information about this law in the local public assistance office or on the Internet.