

## Your Rights and Responsibilities

This form lists what the Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) agrees to do for you. These are your “rights.” It also lists what you agree to do when you apply for or get any of the below:

- Cash assistance
- Child care
- Domestic violence assistance
- Medical assistance
- Food benefits

These are your “responsibilities.”

Please read this form carefully. You can ask DHS staff to explain this form to you. Ask questions if there is something you do not understand. You agree to do certain things when you (and your family) get benefits from DHS or OHA. You may lose those benefits or need to pay DHS or OHA back, if you get more than you should.

### **Your rights (*what you can expect from DHS and OHA*):**

- DHS and OHA will treat you with respect in a fair and polite way.
- You have the right to ask about and apply for any DHS or OHA program. We may also refer you to other services you need.
- You can ask for a receipt for any form you turn in to a DHS or OHA office.
- You can ask for a meeting with a worker. You can also ask to talk with a person in charge.
- You can ask for help to apply, fill out forms, or report changes in your preferred language.
- DHS or OHA will give you information in a format or language you can understand.
- DHS or OHA will do its best to meet your special needs if you have a disability. DHS and OHA follow the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- You can ask to see statements about you in your case file.
- If you have “good cause,” you can ask to not work with child support. Good cause means that collection of child support would endanger you or your children. DHS and OHA will give you forms that explain good cause. These forms tell you how the Oregon Child Support Program may be able to help you get child support, including cash medical support, while keeping you and your children safe. DHS and OHA can also answer your questions about good cause.
- What you tell DHS and OHA we will keep private. You can view our ‘notice of Privacy Practices’ on line at <https://apps.state.or.us/Forms/Served/me2090.pdf> or posted in DHS offices.
- If you are a senior, you have the right to receive Senior Farm Direct Nutrition Program (SFDNP) checks, if eligible. However, you cannot if you take part in another state’s Senior Farmers’ Market Nutrition Program (SFMNP).
- DHS and OHA will tell you if you qualify for benefits within the below number of days:
  - 30 days for food and cash benefits

- 30 days for a Temporary Assistance for Domestic Violence (TA-DVS) grant – a decision made within 16 working hours of completing your intake with us unless you ask otherwise
- 45 days for other benefits
- 7 days for food benefits faster, if you qualify
- 90 days for a medical decision based on disability (except in unusual circumstances)
- You can ask for a hearing if you disagree with a DHS or OHA decision. You must use an Administrative Hearing Request form ([MSC 0443](#)) when the hearing request is about any of the below:
  - Cash
  - TA-DVS
  - Child care benefits

A DHS staff member can help you fill out the hearing request. For food benefits, you can ask for a hearing by phone, in writing or in person. If you receive home and community-based care or nursing home care there is no right for hearing about an estate recovery claim. Learn more in the Estate Recovery Program section. You must ask for a hearing within the below number of days below, if you are receive these benefits:

- 45 days for cash assistance, domestic violence assistance, or child care benefits
- 90 days for cash benefits if you were disqualified based off your JOBS case plan. This includes disqualification for not go to treatment for any of the below:
  - Mental health
  - Drugs
  - Alcohol
- 90 days for medical assistance and food benefits

## **Your responsibilities (*what you must do*):**

### ***If you are in any DHS or OHA program, you must:***

- Give DHS and OHA true, correct and complete information.
- Give proof of certain things you report. If you cannot get proof, you must let us contact other people or agencies for proof when we need to.
- Give statement of costs when accessing TA-DVS.
- Take part in an employment program and training if we require you to do so. We may also require that you find, accept and keep a job. This requirement does not apply to medical programs.
- Allow DHS and OHA staff to visit your home to get information about your case.
- Report changes to DHS and OHA.
- Help DHS and OHA get proof if your case is chosen for a review. Cases are chosen at random to take part in a review.
- Authorize release of your child support records from the Department of Justice, Division of Child Support, to DHS and OHA, unless you have good cause.

### ***If you get food benefits, you must also:***

- Do all of the below, unless you have good cause:
  - Not quit a job
  - Not reduce your work hours to less than 30 hours a week
  - Accept a job offer
- Report and give proof of the below costs, if you want them used to figure out your food benefits:
  - Medical
  - Utility
  - Court ordered support
  - Dependent care

If you do not report these costs or verify them when asked, they will not be used to figure out your food benefits. If you don't report changes and get too many benefits, you may have to pay DHS or OHA back.

- Take part in any employment and training plan offered to you by DHS or OHA or our partner agencies.

***If you get Temporary Assistance for Needy Families (TANF) or refugee cash assistance, you must also:***

- Take any medical exam you need to see if you qualify for specific services.
- Apply for and use any other benefits or money for which you qualify. You must do this for you and others for whom you want help. This may include the below:
  - Unemployment Insurance
  - Social Security benefits
  - No-fault personal injury coverage, which is in all motor vehicle insurance
- Accept social services that the court orders or relates to training or employment.
- Go to mental health and drug or alcohol programs, if DHS or OHA determines you need the help. You only must do this if you can get into a program that is free to you.
- Report to Personal Injury Liens Unit within 10 days if **you or anyone in your family** do both below:
  - Get TANF benefits.
  - Have a claim against somebody for an injury they caused.

***In TANF, you must help get child support unless:***

- Any of the below are true:
  - You are in the JOBS Plus program
  - You are in the State Family Pre- Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) (SFPSS) program
  - You are in the Post-TANF program
  - You are eligible for cash for families as a two-parent family
  - You are receiving Employment Payments
- It would endanger you and your children. Be sure to tell DHS or OHA.

***If you get Employment Related Day Care (ERDC), you must:***

- Pay your ERDC copay to your child care provider each month to continue to be eligible.
- Tell DHS right away if you lose a job or you are on medical leave. DHS may continue to pay for child care for a time while you look for work or during your medical leave.
- You have the right to choose your child care provider. Contact DHS or call 211 for help to find a child care provider.
- Choose a child care provider who be able to do all the below with DHS:
  - Meet child care provider requirements
  - Meet health and safety standards
  - Be listed and approved

***If you get Medical Assistance, you must:***

- Apply for and use certain benefits or money for which you qualify. This may include any of the below:
  - Social Security
  - Railroad retirement
  - Veterans’ benefits
  - Lodge and union benefits
  - No-fault personal injury coverage, which is in all motor vehicle insurance
  - Workers’ compensation insurance
  - Long-term care insurance
  - Medical insurance
  - Medicare
- Take any medical exam you need to complete your application for medical assistance.
- Tell medical providers if you have other health coverage. Examples listed below:
  - Medicare
  - Veterans’ benefits
  - Workers compensation insurance
  - No-fault personal injury coverage which is in all motor vehicle insurance
  - Other health coverage

Providers should bill other insurance before they bill DHS or OHA for your medical care. Give your state issued medical ID number before receiving services.

- If required, make a monthly payment to keep getting medical and service benefits. These amounts may adjust, to changes in your financial situation.
- Report to Personal Injury Liens Unit within 10 days if **you or anyone in your family** do both below:
  - Get medical assistance or Oregon Health Plan (OHP) benefits.
  - Have a claim against somebody for an injury they caused.

**Program acknowledgements**

**Information about Cash Assistance**

Cash benefits is also known by the two names below:

- Temporary Assistance for Needy Families (TANF)
- Refugee Cash Assistance

Cash assistance intends to meet a family's basic needs. Examples for things like the below:

- Food
- Clothes
- Shelter
- Utilities

Issuance of an Electronic Benefit Transfer (EBT) card is the way most people receive cash benefits in Oregon. The card is also known as an Oregon Trail Card. The card cannot be used for cash assistance benefits may not be used in any of the below:

- Liquor store. This includes retail businesses that only or mostly sell beer or wine.
- Casino or gaming facility
- Retail adult entertainment business in which people are nude or partially nude. This includes adult video stores that mostly sell or show adult videos or movies.
- Marijuana dispensary

These restrictions apply everywhere you use your Oregon Trail Card to withdraw or spend cash benefits. These restrictions also apply when you withdraw or spend cash benefits from a private bank account.

## **If you receive Temporary Assistance for Domestic Violence Survivors (TA-DVS):**

Temporary Assistance for Domestic Violence Survivors (TA-DVS) are cash benefits to provide:

- Temporary financial assistance and support to families affected by domestic violence.
  - During crisis or urgent situations.
  - When other resources are not available.

TA-DVS benefits are paid in a check to a vendor or dual-payee.

DHS will ask questions about your domestic violence situation. Before there is an approval for any payment, DHS requires you create a safety plan with us. Verification is needed for every payment TA-DVS issues. Funds not used for safety during your 90-day eligibility period remain with DHS. If you ask for domestic violence assistance more than once in 12-months, your new application may require review.

## **If you receive TANF:**

### **Assignment of payments and liens**

To qualify for TANF, you must let DHS or OHA have any money that:

- You or others who get TANF with you receive or have the right to receive from those legally liable for an injury.

This includes money from any of the below:

- Private health insurance
- Automobile insurance
- People

- Other sources

The above is called “assigning payments” to DHS or OHA. To continue to receive TANF benefits you and other family members (which includes any child born in the future) must help DHS or OHA find and get these payments by all the below ways:

- Tell DHS, OHA and your coordinated care organization (CCO) that a third party injured you or a family member within 10 days.
- Give information about the parties that caused the injury.
- Help with any other information requested. This includes insurance information.

There is a limit on the money DHS or OHA may take. It cannot be more than the amount paid from date of injury to when you are paid by the party liable for the injury. If both of the below happens, you may also need to pay us back:

- DHS or OHA medical assistance paid for medical services.
- You receive a payment from those liable for your injury.

See the Information About Cash Assistance section.

### **What you need to know about “assigning support”**

“Support” means money you get for you or your children, such as alimony or child support.

When you get cash benefits, you “assign” the state the right to keep support you or anyone in your family get from another person. The money goes to repay the state for the cash you get.

**Note:** This does not apply during any period you receive cash benefits from any of the below:

- JOBS Plus
- State Family Pre-SSI/SSDI (SFPSS) program
- Post-TANF program
- When you are a two-parent family
- When you are receiving Employment Payments.

### **Support payments while you get cash benefits:**

The state will keep part of the support payments (both current and past-due payments) for you and members of your family. The state will not keep all your child support. The state will send you \$50 of current child support per child per month up to \$200 per family per month. The state will not count this money as income when figuring your eligibility and benefits.

**Note:** If you apply for cash assistance and are in any of the below, the state will generally not keep any of your child support:

- SFPSS program
- JOBS Plus
- Two-parent family

When we determine your eligibility and benefits, \$50 per child per month up to \$200 per family per month of the current child support will not count towards your monthly income.

### **When you leave the cash program:**

- Current support payments will go to you.

- The state will keep any past-due payments for months you were on cash assistance.
- You may be able to keep any past-due payments for months you were not on cash assistance.

### **Working with Child Support**

While you are getting cash benefits, you will need to work with the state's Child Support Program.

**Important:** You do not have to work with Child Support if you think collection of child support would endanger you or your children.

**Working with Child Support can mean that you do the below:**

- Help to locate your child's other parent.
- Legally name the child's father (to establish paternity).
- Get a support order.

## **Information about Medical Assistance**

### **Read this information carefully**

The information you provide on this form will be subject to review and verification by federal, state and local officials. When we determine your eligibility for medical assistance, DHS and OHA use the below:

- Income and Eligibility Verification System (IEVS)
- Asset Verification System (AVS)

AVS searches for the below about you and family members required to give financial information when you apply for and receive medical assistance. The AVS searches for the below, whether you report it or not.

- Financial institutions
  - Bank accounts
  - Credit union accounts
- Real property records
  - Homes
  - Land
- Vehicle records
  - Vehicles

A legal spouse must provide financial information. DHS and OHA may also give any information on your application to law enforcement to help them arrest someone who flees from the law.

### **If you receive medical assistance**

#### **Assignment of payments and liens**

To qualify for medical assistance, you must let DHS, OHA and your CCO have any money that:

- You or others who receive medical assistance with you, receive or have the right to receive from those legally liable for injury or medical expense paid by medical assistance.

This includes money from any of the below:

- Private health insurance
- Automobile insurance
- People
- Other sources

This is called “assigning payments” to DHS or OHA and CCOs. Assigning payments is automatic for anyone who receives medical assistance. To continue to receive medical assistance, you and other family members (which includes any child born in the future) must help DHS or OHA find and get these payments all the below ways:

- Tell DHS, OHA and your CCO that a third party injured you or a family member within 10 days.
- Give information about the parties that caused the injury.
- Help with any other information requested. This includes insurance information.

There is a limit on the money DHS or OHA may take. It cannot be more than the amount paid for medical expenses that the party is legally liable to pay. If you received TANF you may have to be pay that back as well. See the Information About Cash Assistance section.

We may place a lien for any money paid by a legally liable party to guarantee payment to DHS, OHA or a CCO.

## **Release of information**

You must agree that the below can release medical records to insurance companies:

- Medical providers
- Hospitals
- Employers
- Government agencies

This covers records about you and other family members on medical assistance. This will only be done so that DHS or OHA will get paid back.

## **If you have other insurance**

If you or a member of your family have other medical insurance, tell the provider (doctor, clinic, pharmacy or hospital) before you get care. If you have motor vehicle insurance and are injured in a motor vehicle accident tell the provider about your motor vehicle insurance. They must bill the other insurance company before they bill OHA. If DHS or OHA pays a medical bill that should have been paid by insurance, DHS or OHA will act to get its money back. For example:

- If DHS or OHA pays a bill that private insurance should have paid, DHS or OHA will try to get the money back from the insurance company.
- If DHS or OHA pays a medical bill and the provider also gets paid by an insurance company, DHS or OHA will try to get its money back from the provider.
- If DHS or OHA pays a medical bill and an insurance company sends you a check for it, DHS or OHA will try to get its money back from you.



## Estate Recovery Program

The Estate Recovery Program is a complex program that applies to the below:

- Medical Assistance
- General Assistance
- Oregon Supplemental Income Program
- Certain people that received both Medicare and Medical Assistance at the same time

The purpose of estate recovery is to seek repayment from the assets of a deceased recipient. Some money is goes back to the federal government. The rest funds programs for other people in need. There are many exceptions to estate recovery.

### **The state's right to recover benefits from your estate**

**DHS and OHA may claim money** from your estate (as defined in ORS 416.350) after you die if you fit the situations below.

- If the below happens, the amount of medical benefits may be payable from your estate:
  - You got state medical benefits after Oct. 1, 2013.
  - You were older than age 54 and received long-term care benefits.  
This includes Oregon Health Plan payments made on your behalf to a managed care plan or payments to a CCO.
- If the below happens, the amount of medical benefits may be payable from your estate:
  - You got state medical benefits after Oct. 1, 2013.
  - You were older than age 54, or you have certain kinds of trusts:
    - Special needs trusts
    - Income cap trusts
- If you got benefits through any way below, there may be a claim to your estate:
  - Oregon Supplemental Income Program
  - Certain General Assistance
  - The state was required pay a monthly contribution for you because you got both medical assistance and Medicare Part D.

DHS and OHA will defer a claim for money if your spouse survives you.

**DHS and OHA do not claim this money from your estate** if any of the below members of your family are still alive:

- Any natural or adopted child of yours is under the age of 21. Note: This does not include step children.
- Any natural or adopted child of yours, of any age, is blind or disabled as defined by Social Security criteria.

**Note:** Laws and rules about claims against an estate may change without notice.

Any person who receives assets from a client's estate may ask DHS or OHA to waive estate recovery if they meet requirements of a hardship waiver. Instructions on how to request a

hardship waiver are in information the Estate Administration Unit sends when it begins the recovery process.

Contact information for the Estate Administration Unit is below:

Estate Administration Unit  
PO Box 14021  
Salem, OR 97309-5024  
503-378-2884  
1-800-826-5675 (in Oregon only)  
Fax: 503-378-3137

## Time limits

### **TANF time limits**

Oregon has a five-year time limit to receive TANF benefits. Please talk to your worker about how this could affect you.

### **Refugee Cash Assistance time limits**

The maximum time allowed on Refugee Cash Assistance is eight months from the time of either below:

- You entered the country.
- You received your immigration status.

Please talk to your worker about how this could affect you.

### **Supplemental Nutrition Assistance Program (SNAP) time limits**

The time limit to receive SNAP benefits is three full months over three years for the below:

- Able bodied adults without dependents

Otherwise there are work requirements. Talk to your worker about how this could affect you.

## Reporting changes

If you get benefits from DHS or OHA, you must report certain changes that affect you and others who get benefits with you. If you don't report changes as required, you may get too many benefits. Anyone in your home who is age 18 or older could be asked to repay benefits.

When approved for benefits, your notice tells you what you must report and when. Each program has different reporting requirements. What you need to report and when may differ.

When you report a change, the worker will let you know if you need to give proof. If the change affects other benefits you receive, the agency will let you know. If you are not sure if you need to report a change, you can ask a worker.

## Penalties

### Information about Cash Assistance program penalties

If you knowingly do any of the below to get Temporary Assistance for Needy Families (TANF) or Refugee Cash Assistance (RCA) there is a penalty:

- Give false information about you or someone you apply for.
- Hide information about you or someone you apply for.
- Give false information about where you live.

This is what will happen if you do any of the above:

- The first time you will not get TANF for 12 months.
- The second time you will not get TANF for 24 months.
- The third time you will not be able to get TANF at all.
- You will have to pay back all the TANF you were not supposed to get.
- Your food benefits will not go up even though you get less in TANF.

In the TA-DVS Program if you knowingly do any of the below, you may face a penalty:

- Give false information about having care and custody of your children.
- Give false information about Oregon residency.

### Information about Supplemental Nutrition Assistance Program (SNAP) penalties

If you do the below:	You will lose food benefits for this long:
<ul style="list-style-type: none"> <li>• Hide information or make false statements.</li> <li>• Use Electronic Benefits Transfer (EBT) cards that belong to someone else.</li> <li>• Use food benefits to buy alcohol or tobacco.</li> <li>• Trade or sell benefits or EBT cards.</li> <li>• Dump containers only for the cash redemption value.</li> <li>• Resell food bought with food benefits for cash.</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months for the first offense</li> <li>• 24 months for the second offense</li> <li>• Permanently for the third offense</li> </ul>
<ul style="list-style-type: none"> <li>• Trade food benefits for controlled substances such as drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• 24 months for the first offense</li> <li>• Permanently for the second offense</li> </ul>
<ul style="list-style-type: none"> <li>• Trade food benefits for firearms, ammunition or explosives.</li> </ul>	<ul style="list-style-type: none"> <li>• Permanently</li> </ul>

<ul style="list-style-type: none"> <li>• Trade, buy or sell food benefits of \$500 or more.</li> </ul>	<ul style="list-style-type: none"> <li>• Permanently</li> </ul>
<ul style="list-style-type: none"> <li>• Give false information about whom you are or where you live so you can get extra food benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• 10 years for each offense</li> </ul>

You may also be subject to the below:

- Receive a fine up to \$250,000
- Put in prison for up to 20 years
- Receive charges under federal laws

<b>If you knowingly do the below:</b>	<b>You may be subject to the below:</b>
<ul style="list-style-type: none"> <li>• Use EBT cards that are not yours.</li> <li>• Transfer your EBT cards to other people.</li> <li>• Get or have EBT cards that are not yours.</li> </ul>	<ul style="list-style-type: none"> <li>• Found guilty of a felony or misdemeanor.</li> <li>• Receive a fine.</li> <li>• Put in prison.</li> <li>• Be ineligible for food benefits for a time.</li> </ul>

## Penalty for the transfer of assets

You may be ineligible for some benefits if you transfer an asset for less than its value. When you give away or sell an asset, we say that you transfer the asset. Assets are income and things of value. Examples are the below:

- Homes
- Property
- Vehicles
- Money

Talk to your worker before you sell or give away any assets.

If you transfer an asset you may be ineligible for the below benefits:

- Long-term care (LTC) services:
  - Adult foster homes
  - Assisted living facilities
  - In-home services
  - Nursing facilities
  - Other care settings
- Refugee Cash
- Refugee Medical Assistance
- Supplemental Nutrition Assistance Program (SNAP) food benefits
- Temporary Assistance for Needy Families (TANF) cash benefits.

We look back before you applied to see if any transfer of assets results in a penalty.

- For LTC we look back 5 years.
- For TANF we look back 3 years.
- For Refugee Cash and Refugee Medical we look back 3 years.
- For SNAP we look back 3 months.

The penalty for a transfer of assets begins when you apply and would be eligible. The penalty will apply only to benefits listed above. The penalty will be that we will deny your request for that benefit. If you transfer an asset while you get benefits there will also be a penalty. The penalty will be to stop that benefit for a time. If your LTC benefits end it could reduce or close your other medical benefits.

## Information for all programs

### **Our non-discrimination policy**

The Department of Human Services (DHS) and Oregon Health Authority (OHA) do not discriminate against anyone. This means DHS and OHA will help all who qualify. DHS and OHA will not treat anyone differently because of any of the below:

- Age
- Race

- Color
- National origin
- Gender
- Religion
- Political beliefs\*
- Disability
- Sexual orientation†
- Marital status‡

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons. To file a complaint, you can call or write the Governor’s Advocacy Office:

Governor’s Advocacy Office  
 500 Summer Street NE, E17  
 Salem, OR 97301  
 503-945-6904  
 1-800-442-5238  
 TTY 711  
 Email: [DHS.info@dhsoha.state.or.us](mailto:DHS.info@dhsoha.state.or.us)

**Equal opportunity is the law!**

We work with the U.S. Department of Agriculture (USDA) and U.S. Health & Human Services (HHS). Both are equal opportunity providers and employers. Auxiliary aids and services are available on request to individuals with disabilities.

To file a complaint with USDA and HHS, please read the “Client Discrimination Complaint Information” form ([DHS 9001](#)). You can find this form in the “Information and Referral Packet” ([DHS 6609](#)).

- \*SNAP clients have protection from political belief discrimination.
- †Sexual orientation has protection from state, but not federal laws.
- ‡Medical clients have protection from marital status discrimination.

**Why we need your Social Security number**

The below require anyone who applies for cash or food benefits to give DHS and OHA their Social Security number (SSN):

- Federal laws (42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920 and 42 CFR 457.340(b))
- Oregon Administrative Rule (OAR 461-120-0210)

If you provide an SSN, it can speed up the application process. If someone doesn’t have an SSN, visit [www.ssa.gov](http://www.ssa.gov) for information on how to apply for one.

- DHS and OHA will use your SSN to help decide if you are eligible for benefits. We will use your SSN to do the below:

- Verify your income
- Verify other assets
- Match other state and federal records such as the below:
  - Internal Revenue Service (IRS)
  - Medicaid
  - Child support
  - Social Security Administration
  - Unemployment insurance benefits
  - Other public assistance programs.
- DHS|OHA may use your SSN to prepare a collection of information or reports that program funding sources ask for when you apply for or receive benefits.
- DHS and OHA may use or disclose your SSN:
  - If we need it is to run the program you apply for or receive benefits from.
  - To conduct quality assessment and improvement activities.
  - To verify the correct amount of payments and recover overpaid benefits.
  - To verify that no one has benefits in more than one household.

**We do not require Social Security numbers for Refugee Cash Assistance and Employment Related Day Care (ERDC).**

We may be able to waive the Social Security number requirement for TA-DVS. You do not have to get or provide one if it would put you or your family at risk for domestic violence.

**By my signature (which includes a verbal or electronic signature), I agree with the below:**

- I gave DHS and OHA true, correct and complete information.
- I sign this application under penalty of perjury. That means, to the best of my knowledge, I gave true answers to all the questions on this form. I know that under federal law if I provide false and or untrue information I may be subject to the below:
  - Penalties
  - Liable for overpayments
- DHS and OHA can review my case. This can include that DHS comes to my home.
- I will report changes in information I give DHS and OHA when they require me to.
- I gave true citizenship information about me and others I apply for or get benefits.
- I know that DHS and OHA will check the immigration status of me and others who I apply for or get benefits.
- I know information DHS and OHA gets from U.S. Citizenship and Immigration Services (USCIS) could affect who gets benefits. DHS and OHA will not contact USCIS for anyone who does not seek benefits.
- I authorize release of my child support records to DHS and OHA from the Department of Justice (DOJ), Division of Child Support (DCS).
- Adults between age 16 and 60 on this form who apply for food benefits (SNAP) will register for the state's employment program. If I add people of those ages to the program in the future, they will also register.

- If I do not give DHS and OHA the Social Security number for someone who wants benefits, that person may not be able to get them.
- DHS and OHA will not use costs for the below to figure my benefits if I do not report them:
  - Shelter
  - Medical
  - Child care
  - Court ordered child support
- DHS and OHA may use computers to check all information on this form. This includes matching records with the below:
  - Bank
  - Income
  - Unemployment insurance benefits
- I understand that DHS and OHA may use or disclose my SSN and the SSN of each person I apply for. The All programs section lists why.
- DHS and OHA may give information on this application to:
  - Federal and state agencies who do reviews.
  - Law-enforcement officials, to help them arrest someone who flees from the law.
  - Federal and state agencies and private collection agencies, if I have to repay benefits to DHS or OHA.
- DHS and OHA may use my information to administer other public assistance programs that I receive from DHS or OHA.
- I understand DHS or OHA may check where I use or withdraw cash benefits through my Oregon Trail Card. I understand that I may not use my Oregon Trail Card to spend cash benefits or withdraw cash benefits at any:
  - Liquor store. This includes retail businesses that only or mostly sell beer or wine.
  - Casino or gaming facility.
  - Retail adult entertainment business in people are nude or partially nude. This includes adult video stores that mostly sell or show adult videos or movies.
  - Marijuana dispensary.

I understand the person who signs this form must repay benefits to DHS or OHA when there is an overpayment in my case. Those who must apply with me and an authorized representative may also be liable for overpayments.

If I appoint an authorized representative or alternate payee, I understand the below:

- If they give wrong or incomplete information so my household gets too many benefits, I will have to pay back the part that is too much.
- My alternate payee has full access to use my benefits. I cannot get benefits replaced if this person uses them without my permission.
- I can't use an authorized representative or alternate payee in the TA-DVS program.



**If I apply for cash benefits** — I give the state the right to keep support payments. This is explained in Program information, cash assistance section. I understand I do not have to work with the child support program if it would mean endanger for me or my children.

**If I apply for cash and food benefits** — I understand I cannot get food benefits from the Food Distribution Program on Indian Reservations (FDPIR) and SNAP at the same time.

**If I apply for Employment Related Day Care** — I understand that any child care benefits I receive will be reported to the Oregon Department of Revenue. This may affect my tax debt or potential return.

**If I apply for Medical Assistance** — I understand some medical services and equipment require prior authorization (PA). I need to have the PA from DHS or OHA or my coordinated care plan before I can take delivery.

I and my spouse agree that for any annuity that we report, DHS or OHA will become a beneficiary.

I understand the rights and responsibilities as explained in this application.