



Date: _____
Case name: _____
Case number: _____
County number: _____
Supervisor/worker number: __ / __

Responsibilities and Signature for Benefits

For use with Forms 08MP001E and 08MP002E.

Case name

General responsibilities for all programs

I agree to:

- let OKDHS give information about me to other government agencies or private organizations to get their help for me.
- let OKDHS make any necessary investigation or request to verify the information I have given.
- provide the documents necessary to establish my eligibility.
- notify the local OKDHS office of changes in income, assets, people in my house, address, work/school/training schedule, need for child care, or which child care provider I am using.
- cooperate with the Office of Inspector General when asked to do so to determine my initial and continuing eligibility for benefits or in the audit or investigation of any child care facility my child attends.

I understand:

- OKDHS has the right to deny my application if I have given false information in order to get benefits.
- criminal charges can be filed against anyone who knows they are giving false information to get benefits from OKDHS.
- the Social Security number (SSN) of persons included in the case will be used to match with income data from other government agencies, such as the Social Security Administration, Internal Revenue Service, Oklahoma Employment Security Commission, and data brokers. Information gathered will be used to determine my eligibility for assistance.
- I am certifying under penalty of perjury that every person in my household for whom I am applying for benefits is a U.S. citizen or an alien in lawful immigration status. I understand I must advise OKDHS of the immigration status of any person applying for benefits even if that person is not in lawful immigration status and is applying only for emergency medical services.
- if OKDHS approves my household for benefits and it is later determined that I made a false claim of U.S. citizenship or lawful immigration status for anyone in

my household, a complaint will be filed by OKDHS with the U.S. Attorney, and I may be subject to criminal prosecution.

- information provided on this application will be verified by federal, state, and local officials and that information obtained through these sources could affect my eligibility and benefits.
- I will be responsible to repay any established overpayment.

Child support responsibilities

- I agree to help OKDHS establish and collect child support for all programs, except food benefits, unless good cause is determined by OKDHS.
- If OKDHS decides that giving my address or location puts me and my children at risk for violence, I understand I can contact the local child support office to request my home address or physical location not be released.
- If OKDHS tells me to, I agree to turn over all child support payments to the Oklahoma Centralized Support Registry.

Read these statements if you are applying for food benefits

There are penalties for:

- hiding information or making false statements;
- using food benefits to buy alcohol or tobacco; and
- trading or selling food benefits or Access Oklahoma cards.

For most situations, the penalties are loss of or reduction of benefits for:

- one year for the first offense;
- two years for the second offense; and
- permanently for the third offense.

The penalties for trading food benefits for controlled substances are loss of benefits for:

- two years for the first offense; and
- permanently for the second offense.

The penalty for trading food benefits for firearms, ammunition, or explosives, or for trafficking food benefits of \$500 or more is loss of food benefits permanently for the first offense. You may also:

- be fined up to \$250,000;
- receive a prison sentence of up to 20 years;
- receive both a fine and prison sentence; and
- **be prosecuted under other federal laws.**

I understand the penalty warnings as stated on this form.

- Unless exempt, I and any person for whom I am applying or receiving assistance agree to meet work-related requirements, and failure to comply may result in ineligibility for the person who failed to comply and all others in the household.

- I understand failure to report or verify any of the expenses listed in my application for food benefits will be seen as a statement by my household that we do not want to receive a deduction for the unreported or unverified expenses. I also understand that this failure may reduce the amount of my food benefits.

The collection of this information, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, Sections 2011 - 2036 of Title 7 of the United States Code. The information will be used to determine whether my household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP). OKDHS will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

- This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- If there is a food benefit overpayment, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.
- I understand food benefits are prorated from the date of application.
- I understand that providing requested information, including the SSN of each household member, is voluntary. However, failure to provide this information will result in the denial of food benefits to my household.

Read these statements if you are applying for Temporary Assistance for Needy Families (TANF)

If you receive TANF, you must:

- show proof that every child from kindergarten through 18 years of age goes to school regularly;
- show proof that all children have current immunizations, unless you have a good reason for not being current;
- cooperate in identifying absent parent(s), establishing paternity, and establishing court order(s) when required, unless you have a good excuse;
- participate in TANF work activities;
- assign current and future child, spousal, and medical support to OKDHS. OKDHS will no longer keep child support payments received after your TANF benefit ends; and
- cooperate with Oklahoma Child Support Services (OCSS) staff to try to get child support.

I understand that failure to comply with any of the following TANF program requirements may result in a 25% reduction of the TANF payment standard for each program violation. TANF program requirements are:

- providing or applying for a SSN for each household member;
- maintaining regular school attendance for all household members from kindergarten through 18 years of age;
- providing proof of current immunizations for all children in the household unless good cause has been determined; and
- cooperating in identifying absent parent(s), establishing paternity, and establishing court order(s) unless good cause has been determined.

I understand there is a 60 month time-limit for receipt of TANF for families that include an adult.

I understand and agree that I will not apply for TANF for one year from today's date if I am approved for Diversion Assistance.

Assignment.

- If approved for TANF benefits, I do hereby assign all my right, title, and interest to all child, spousal, and medical support (accrued, pending, and continuing) to OKDHS. I understand that this assignment includes all support payments or medical benefits. I authorize OKDHS to endorse and negotiate any checks received in my name as and for support to which OKDHS has an interest pursuant to this agreement. Yes No
- I understand if I check no, the TANF payment will be denied or terminated.
- I understand the Assignment is subject to the terms and conditions of Section 402(a)(26) of Title IV of the Social Security Act as amended. **This assignment shall be effective as of the date I am certified to receive assistance.** This assignment shall terminate with respect to:
 - current support rights upon termination of eligibility for cash assistance; and
 - support rights attributed to periods during which cash assistance was granted upon the repayment of past due public assistance and care.

Read these statements if you are applying for Medical benefits

You must choose a primary care provider for all household members included in the medical benefit unless you are applying for help with nursing home care. Call the SoonerCare help line at 1-800-987-7767 to choose a primary care provider.

I understand the Oklahoma Health Care Authority (OHCA) has the right to make payments from SoonerCare (Medicaid) directly to doctors or other medical providers for health services I receive while on assistance.

I do hereby transfer, assign, and authorize payment to OHCA all claims I have or may have against health insurance or liability insurance companies, or any third parties for all payments for medical services made by OHCA for my dependents or me. Yes No

Checking no to this statement will result in the medical benefits being denied.

Read these statements if you are applying for Child Care Subsidy

I understand I must:

- report changes in my work/school/training schedule;
- report if my child no longer attends child care;
- report when I change child care providers;
- swipe my electronic benefit transfer (EBT) card every day my child attends child care;
- never swipe attendance for any day my child does not attend child care;
- pay for child care OKDHS will not pay because:
 - I did not swipe my EBT card for the correct days and times my child attended child care;
 - swipes were denied and I did not get them corrected within ten days; or
 - my provider loses the absent days payment for a weekly authorization because I did not swipe correct attendance for every day my child attended that month.
- contact my worker if I do not receive an approved message on the point of service (POS) machine; and
- never give my EBT card or personal identification number (PIN) to anyone, including my child care provider.

Signature for all programs

- My signature on this form can be used on any other forms required to complete this application for benefits.
- My signature authorizes the use of my (our) SSN(s) for any program I have applied for, including child support services.
- My signature authorizes the release of any necessary information, documents, or forms to OKDHS from individuals, businesses, schools, banking institutions, data brokers, public or private organizations, Oklahoma state agencies, including personal and/or business income tax returns from the Oklahoma Tax Commission, or federal agencies to determine my eligibility for assistance or to determine the accuracy of any payments to vendors on my behalf.

I declare under penalty of perjury that all of the information I gave to OKDHS to complete this application is true and correct and that I agree to all the rights and responsibilities shown.

Signature of applicant (name as shown on Social Security card) or Date
person applying for applicant

Signature of spouse when applying for TANF, if applicable

Complete when an applicant **cannot read or write, is blind, or signs by mark.**

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

Witness:

Signature	Date
Signature	Date

OKDHS has assured compliance with Department of Health and Human Services (DHHS) Regulation, Title 45, Code of Federal Regulations, Part 80 (which implements Public Law 88-352, Civil Rights Act of 1964, Section 601), Part 84 (which implements Public Law 93-112, Rehabilitation Act of 1973, Section 504), and Part 90 (which implements Public Law 94-135, Age Discrimination Act of 1975, Section 301, and U.S. Department of Agriculture (USDA) policy. These laws and regulations prohibit OKDHS from excluding from participation in, denying the benefits of, or subjecting to discrimination under any program or activity receiving federal financial assistance any person on the grounds of race, sex, color, national origin, religion, political beliefs or any qualified person on the basis of disability, or unless program-enabling legislation permits on the basis of age. Under these requirements, payment cannot be made to vendors providing care and/or services under federally assisted programs conducted by OKDHS unless such care and/or service is provided without discrimination on the grounds of race, sex, color, national origin, religion, political beliefs, disability, or without distinction on the basis of age except as legislatively permitted or required. Written complaints of noncompliance with any of these laws should be made to the Director of Human Services, P.O. Box 25352, Oklahoma City, Oklahoma 73125, or the Secretary of DHHS, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410. Complainants regarding food benefits may also call (202) 720-5964 [voice and telecommunications for the deaf (TDD)]. USDA is an equal opportunity provider and employer.

OKDHS routing information: The original is filed in the case record. Upon request, a copy is given to the client.