

## Client responsibilities and rights

**Note: Cash on an Electronic Benefit Transfer (EBT) card is provided to help families meet their basic needs, including:** food, shelter, clothing, utilities and transportation. These funds are provided until families can support themselves. It is illegal for an EBT user to buy or attempt to buy tobacco products or alcohol with the EBT card. If you do, it is fraud and you will be removed from the program. Do not use an EBT card at a gambling establishment or at a retail establishment that provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

### Your responsibilities

- **If you receive cash assistance and/or child care assistance,** you must report changes that may affect your benefits to the county or tribal agency within 10 days after the change has occurred. **If you receive Supplemental Nutrition Assistance Program (SNAP) benefits, report changes by the 10th of the month following the month of the change.** Each program may have different requirements for reporting changes. Talk to your caseworker about what you must report.

#### You may be required to report changes in:

- **Employment** – starting or stopping a job or business; change in hours, earnings or expenses
- **Income** – receipt or change in child support, Social Security, veteran benefits, unemployment insurance, inheritance or insurance benefits
- **Property** – purchase, sale or transfer of a house, car or other items of value, or if you receive an inheritance or settlement
- **Household status** – When a person dies or becomes disabled, moves in or out of your home or temporarily leaves; pregnancy; birth of a child
- **Citizenship or immigration status**
- **Address**
- **Housing costs and/or rent subsidy**
- **Utility costs**
- **Parent custody or visitation rights**
- **Marital status**
- **School attendance**
- **Health insurance coverage and premiums.**

You may also be required to report if you are party to a newly filed lawsuit, or if you have been convicted of a drug-related felony.

**Note:** If you are enrolled in child care assistance and change child care providers, you must tell your child care worker and provider at least 15 days before the change goes into effect.

**If you have any questions or are unsure** about any reporting rules, contact your worker. If your worker is not available, leave a message so the worker can get back to you.

- **The county, tribal, state or federal agency** may check any of the information you provide. To obtain some forms of information, we must have your signed consent. If you don't allow the county to confirm your information, you might not receive assistance.
- If you give us information you know is untrue, withhold information or do not report as required, or we discover your information is untrue, you may be investigated for fraud. This may result in you being disqualified from receiving benefits, charged criminally, or both.
- The state or federal quality control agency may randomly choose your case for review. They will review statements you provided and will check to see if your eligibility was determined correctly. The state may seek information from other sources and will inform you about any contact they intend to make. **If you do not cooperate, your benefits may stop.**
- **Cooperation requirements:**
  - If the county or tribal agency approves you for the Minnesota Family Investment Program or the Diversionary Work Program, you must cooperate with employment services, unless you are exempt. You must develop and sign an employment plan or your Diversionary Work Program application will be denied.
  - You must cooperate with child support to receive Minnesota Family Investment Program benefits, Diversionary Work Program benefits and/or child care assistance program.

If you receive child support directly from the noncustodial parent, you must report it to your worker.

## For Cash and Supplemental Nutrition Assistance Program (SNAP) benefits:

- **Each time you use your Electronic Benefits Transfer (EBT) card or sign your check**, you state that you have informed the county or tribal agency about any changes in your situation that may affect your benefits.
- **Each time your EBT card is used**, we assume you have received your cash or SNAP benefits, unless you reported your card lost or stolen to the county or tribal agency.

**Note:** If you sign the application as an authorized representative of a person who is requesting or receiving assistance, **you are agreeing to assume all of the responsibilities listed above on behalf of that person.**

## For child care assistance:

- **You may be required to pay a co-payment fee** to your child care provider. If you do not pay the fee, your child care assistance will be terminated until fees are paid in full or satisfactory payment agreements have been made with the county or tribe and your child care provider.
- **You may be required to pay additional costs** when your child care provider charges a rate that is more than the maximum rate in your county or tribe.
- **You must document** the immigration or citizenship status of the children in your family for whom you are applying for child care assistance.

## Your rights

- **Your right to privacy.** Your private information, including your health information, is protected by state and federal laws. Your worker has given you a Notice of Privacy Practices (DHS-3979) information sheet explaining these rights.
- **You have the right to reapply** at any time if your benefits stop.
- **You have the right to receive** a paper OR electronic copy of your SNAP application.
- **You have the right to know why**, if we have not processed your application within:
  - 30 days for cash, SNAP and child care assistance
  - 60 days for cash related to disability.
- **You have the right to know the rules** of the program you are applying for and for the agency to tell you how your benefit amount was figured.
- **You have the right to choose** where and with whom you live.
- **Expenses.** You have the right to report expenses such as shelter, utilities, child care, child support or medical costs. These expenses may affect the amount of Supplemental Nutrition Assistance Program (SNAP) benefits that you receive. Failure to report or verify certain expenses listed will be a statement by your household that you do not want a deduction for the unreported expenses.

For SNAP, you may appeal **within 90 days** by writing or calling the county or the State Appeals Office. You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

**If you wish your assistance to continue until the hearing**, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county or tribal worker to explain how the timing of your appeal could affect your present or future assistance.

- **Access to free legal services.** Contact your worker for information on free legal services.
- **Appeal rights.** If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. For cash, child care assistance and health care, you may appeal **within 30 days** from the date you receive the notice by writing to the county or tribal agency, or directly to the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing your cash and health care **within 30 days**, the agency can accept your appeal **for up to 90 days** from the date you receive the notice.)

## Civil Rights Notice

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- national origin
- religion
- public assistance status
- age
- sex
- color
- creed
- sexual orientation
- marital status
- disability
- political beliefs

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator  
 Minnesota Department of Human Services  
 Equal Opportunity and Access Division  
 P.O. Box 64997  
 St. Paul, MN 55164-0997  
 651-431-3040 (voice) or use your preferred relay service

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (voice)  
 1-800-657-3704 (toll free)  
 711 or 1-800-627-3529 (MN Relay)  
 651-296-9042 (fax)  
 Info.MDHR@state.mn.us (email)

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 Customer Response Center:  
 Toll-free: 800-368-1019  
 TDD Toll-free: 800-537-7697  
 Email: ocrmail@hhs.gov

### U.S. Department of Agriculture

**You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.**

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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 1-800-877-8339. 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](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 1-866- 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, DC 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮች ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ၣ်ဟ်သးဘၣ်တၢ်က့ၢ်. ဝဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံက့ၢ်ဘၣ်ပုၤဂ့ၢ်ဝီအပုၤမၤစၢၤတၢ်လၢနီၢ်မ့တ မ့ၢ်ကိးဘၣ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຕາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kum bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.


Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

DA1 (8-18)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)