

**RIGHTS AND RESPONSIBILITIES**

Date: _____	HEA+ APP ID: _____	Office Interview	Phone Interview
Case Name: _____		AZTECS Case No.: _____	

**Offer of Voter Registration and Complete NVRA-5.**

**Ensure Rights and Responsibilities Pages are Given to the Client.**

**The Appeal Process**

- If you do not agree with any of the decisions the agency has made in determining your benefit eligibility, you have the right to file for an appeal, verbally or in writing, within 30 calendar days for Cash Assistance (CA), 35 calendar days for Medical Assistance (MA), and 90 calendar days for Nutrition Assistance (NA) from the date the eligibility notice is mailed.

**First Contact Resolution**

- If you are able to provide all the necessary documents and/or the agency is able to obtain all mandatory information needed to determine your benefits at the interview, your case may be completed the same day.

**Reporting Changes**

Changes should be reported as follows:

1. Standard reporting CA/NA: Changes must be reported no later than 10<sup>th</sup> day of the month following the month the change occurred.

Standard reporting MA: When future events become known. Unanticipated changes must be reported within 10 calendar days of the date the change occurred.

*For standard reporting, all address changes must be reported.*

2. Simplified reporting CA/NA: When the gross monthly income of all participants included in the household exceed 130% of the current federal poverty level (FPL). This must be reported no later than the 10<sup>th</sup> calendar day of the month following the month the change occurred.

Please check your decision notice for the Maximum Gross Monthly Income Limit for your household.

- Changes reported untimely may result in an overpayment.

**The Penalties for Trafficking, Fraud and/or Misrepresentation/Intentional Program Violation**

- There are penalties for trafficking, fraud and/or misrepresentation/intentional program violation, including but not limited to, criminal prosecution, fines, imprisonment or other penalties provided by state and federal law.

**Quality Control Process**

- You are required to cooperate with Quality Control review, if contacted; refusal to cooperate may result in closure of your case as this is a federal requirement. This is to determine the accuracy of the decision made on your case and to ensure you were issued the correct amount of benefits.

**Electronic Benefits Transfer (EBT)**

- You may receive one free replacement card per calendar year; thereafter you will be charged \$5.00 per EBT card replacement. You may request up to 3 EBT cards per calendar year and after the 3<sup>rd</sup> replacement card, your SNAP account will be monitored and investigated if DES has reasonable cause to believe misuse of EBT card.

By signing this, I acknowledge I have reviewed and understand my rights and responsibilities.

X \_\_\_\_\_  
*Signature of Applicant / Authorized Representative*

By signing this, I acknowledge that I have reviewed and explained the rights and responsibilities with this applicant.

X \_\_\_\_\_  
*PSE Signature*

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 (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 (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](mailto:program.intake@usda.gov).

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