

Applicant's Information:

First Name: Kyrie
Middle Initial: Adonna
Last Name: Hick
Suffix:
Maiden Name:

Application Date/Time Stamp: 2023-06-17 05:56:02.426

Expedite: ☒

Application Sent To: DCF

PE Determination:

Contact Information:

Home Phone Number:
Mobile/Cell Phone Number: (316)347-1025
Work Phone Number:
Is it ok to call you at work?
Where are you applying from? Other
Email Address: kyrieadonna@hick@gmail.com
I would like to learn that I have important information waiting for me at the message center through: Text Message Email
If you select 'Text Message' you may be charged for text messages sent to you. Check with your carrier.

Do you want us to send you a voter registration card?

☐ Yes ☒ No

Address Information :

Address Line 1: HOMELESS
Address Line 2:
City: Wichita
State: KS
County: SEDGWICK
Zip: 67217
What is the school district number where you live? 259

Mailing Address (if different):

Address Line 1: 2802 WEST 31ST STREET SOUTH
Address Line 2:
City: Wichita
State: KS
County: SEDGWICK
Zip: 67217

Interview Information

If an interview is required, you will be notified of a time and date. A phone interview may be scheduled. You have the option to complete a face to face interview.

Office Selection

Your application for Food, Cash, and/or Child Care Assistance will be sent to the service center selected from the list below. If you want your application to be processed at another location, please select a different service center from the list.

Your Physical address as you entered is:

HOMELESS, Wichita, KS, SEDGWICK, 67217

Choose your preferred office location:

County

2601 S OLIVER ST

WICHITA, KS 67210, null

Phone: (888)369-4777

TTY/TDD: (800)766-3777

Fax: (316)337-7059

Business Hours: Mon-Fri 8:00am-5:00pm

Help Completing the Application

Are you filling the application for someone else? No

Is someone helping you fill out the application? No

Program Information:

FS - SNAP

Household Members:

First Name	MI	Last Name	Relationship	DOB	SSN	Apply	M/F	PW
Kyrie	Adonna	Hick	Applicant	07/07/1991	510-06-5877	Yes	F	No

Start Application

Expedited Service

Kyrie Adonna Hick

Is your total household income this month, before deductions less than \$150 and household cash/savings \$100 or less? Yes

Are your shelter costs (rent/mortgage and utilities) more than your monthly income and resources? Yes

Are any members of your household migrant or seasonal farm workers whose cash and savings is \$100 or less? No

Tell Us More

Kyrie Adonna Hick

Sex: Female

Are you pregnant? No

Date of Birth: 07/07/1991

Social Security Number: 510-06-5877

Marital Status: Divorced

Are you known by another name? No

Are you blind or disabled? No

Last grade completed in school: (If applying for Food Assistance only, this is not required.) HS diploma, GED, NEDP

Are you attending school? No

Background Information

Kyrie Adonna Hick

What language do you speak at home?	English
What language do you read at home?	English
Do you have other communication needs?	
What city were you born in?	El dorado
What state were you born in?	Kansas
Are you Hispanic or Latino?	No
What is your race? Mark all that apply.	White
What is your citizenship or non-citizenship status?	US Citizen

Job/Wages

Job Information

Kyrie Adonna Hick

Has anyone lost or quit a job in the last 60 days?	No
Is anyone currently working (or has been hired but not yet paid)?	No
Is anyone Self-Employed?	No

Other Income

Income Information

Kyrie Adonna Hick

Is anyone getting child support or spousal support?	No
Is anyone getting Social Security or SSI benefits?	No
Is anyone getting unemployment benefits?	No
Is anyone getting money from family, friends or others?	No

Is anyone getting or going to get money from any of these? This includes children. No

Veterans Administration payments such as Disability, Education, Aid and Attendance

Railroad Benefits

Retirement

Other pension or disability

Legal or Insurance settlements/ court actions pending

Trusts or annuities

Contract Sales

Oil Royalties/Mineral Rights

Rental Income

Strike Pay/Benefits

Per capita payments or Tribal payments

Workers Compensation

Training Allowances

Other

Resources

Resources Information

Kyrie Adonna Hick

Has anyone sold, traded, given away or changed ownership of any property such as a house or money, or any other property in the last 90 days?	No
Does anyone own a home? Is anyone buying a home or other property such as land, buildings, or mobile homes?	No
Does anyone own a vehicle?	No

Does anyone have any cash, stocks, bonds or bank accounts?	No
Cash	
Checking account	
Savings account	
Credit Union account	
Certificate of Deposit (CD)	
Money Market	
Stocks/Bonds	
Other Accounts	
You are not required to tell us about Retirement Plans to receive Food Assistance or Child Care benefits.	
Does anyone have any retirement plans?	No
Pension	
IRA, Keough, or 401(K)	
Employee Compensation Plan	
Annuity	
Other Retirement plan	
Does anyone have any of these types of property?	No
Life Insurance	
Life Estate	
Burial/Funeral Plan	
Oil/Mineral Rights	
Trust Fund	
Promissory note or loan	
Reverse mortgage	
Other Property	
Does anyone have any of these types of personal property?	No
Boats, 3-Wheelers, off-road vehicles, snowmobiles, mobile homes, campers or trailers	
Business equipment, inventory, etc.	
Livestock	
Other property	

Expenses

Expense Information

Kyrie Adonna Hick

Is your household responsible for paying any of the following	No
Rent	
Lot Rent	
Mortgage	
Property taxes	
Homeowner's insurance	
Medical expenses for persons 60 and older or disabled	
Is your household responsible for paying any of the following	No
Child or Dependent Care	
Child Support	
Does the household have Heating and/or Cooling expense?	No
Does anyone in your home pay for Water, Sewer or Trash?	No
Does anyone in your home pay for Telephone or Cellphone?	No
Does anyone in your home pay for Electricity/Gas for Cooking/Lights?	No

Help with Expenses

Kyrie Adonna Hick

Did your household receive LIEAP at this address in the past year?	No
Does anyone outside the household help pay for the household's expenses?	No

Other

Authorized Representative

Kyrie Adonna Hick

Do you want to name someone to be your authorized representative?	No
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Self-Disclosure

Kyrie Adonna Hick

Have you or any member of your household been convicted of buying or selling food assistance benefits of \$500 or more after September 22, 1996?	No
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Are you or any member of your household fleeing to avoid prosecution, custody, or jail for a crime that is a felony?	No
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Are you or any member of your household violating a condition of probation or parole?	No
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Have you or any member of you household been convicted of trading food assistance benefits for drugs after September 22, 1996?	No
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Have you or any member of your household been convicted of trading food assistance benefits for guns, ammunitions, or explosives after September 22, 1996?	No
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Have you or any member of your household been convicted of fraudulently getting food or cash assistance benefits from two places at the same time after September 22, 1996?	No
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For cash assistance, have you or any member of your household been convicted of a drug related felony on or after July 1, 2013?	No
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Does anyone in your household have a felony drug related conviction on or after August 22, 1996?	No
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Has anyone in your household been convicted of one of more of the following crimes after February 7, 2014? (1) Aggravated sexual abuse (2) Murder (3) Sexual exploitation and other abuse of children (4) Sexual assault.	No
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Facilities and Shelters

Kyrie Adonna Hick

Does anyone live in any of these places?	No
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Shelter for Battered Women

Drug/Alcohol Rehabilitation Center

Correctional Facility/Penal Institution

Psychiatric Hospital/Mental Institution

Assisted Living Facility

Hospital or Nursing Home

Group Home for Persons with Disabilities

College Dormitory

Other Information

Kyrie Adonna Hick

Does everyone live in Kansas?	Yes
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Does anyone own, lease or maintain a home outside of Kansas?	No
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Is anyone currently getting public assistance from Kansas or another state?	No
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Is there anyone planning to leave the home for more than 180 days? You are not required to answer this question to receive Food Assistance Benefits.	No
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Have you, or any member of your household, served in the U.S. military?	No
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Are you the spouse or widow of someone who served in the U.S. military?	No
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Are you, or any member of your household, in the U.S. Military?	No
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Do any household members get benefits from the Food Distribution Program on Indian Reservations?	No
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SUBMIT APPLICATION

Optional Release Of Information For Food Assistance

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific request.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or ask us for help to get it.
- If you do not give us the information or ask for help by the due date , your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide the information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Provide your electronic signature below to give us permission to get needed information.

Release of Information:

I hereby authorize any person or organization give the Kansas Department for Children and Families requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information

This release is good for 12 months from the date signed.

Your Signature:Kyrie Hick

Other Adult Signature:

Date:2023-06-17 05:00:00.0 UTC

Rights and Responsibilities

Processing times for your application are:

- within 30 days for child care and food assistance;
- within 45 days for cash.

If you are eligible, benefits will start from the date a signed application is received in the DCF office.

You may be able to get food assistance within 7 calendar days if you qualify.

We will let you know if you qualify for this special processing.

The following information applies to all programs:

Your Responsibilities

You have a responsibility to:

- Provide all information needed to determine your eligibility;
- Report changes as required - we will tell you what must be reported;
- Turn alimony and child support payments over to DCF if you receive TANF cash assistance, and cooperate with Child Support Services (CSS) if you receive TANF cash assistance, child care assistance, or food assistance;
- Pay your child care provider for services;
- Cooperate with Quality Assurance staff if your case is reviewed; and
- Look for a job and participate in work related services, starting from the date that you apply for TANF cash assistance.

DCF Rights

DCF has a right to:

- The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. We 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 will also be used to make sure you are getting the correct amount of benefits. For Child Care assistance only, SSN is voluntary.
- Verify the alien status of applicant household members by submitting information from the application to the U.S. Citizenship and Immigration Service (USCIS). The information received may affect the household's eligibility and amount of benefits.
- Deny benefits to your household if you do not provide requested information;
- Disclose the information on your application to other federal and state agencies for official examination, and to law enforcement officials for the purpose of arresting people who are running from the law;
- Refer the information on this application to federal and state agencies, as well as private claims agencies, for claims collection if overpayments arise against your household;
- Conduct a full investigation of your eligibility including contacting employers, child care providers, banks, doctors, or by visiting your home;
- Deny your application or prosecute you for fraud if you knowingly give us false information so you can receive assistance.

Your Rights

You have a right to:

- Have an interpreter provided at no cost if English is not your primary language
- Have information given to DCF kept confidential, unless directly related to the administration of DCF programs
- Withdraw your application at any time
- Request a fair hearing within 30 days for cash assistance and child care assistance, or within 90 days for food assistance if you disagree with the decision. For food assistance, you may request a fair hearing verbally or in writing. Your case may be presented by a household member or by a representative such as legal counsel, a relative, a friend or other spokesperson
- Know that if you apply for food assistance benefits, your application for food assistance may not be denied solely because benefits have been denied for other programs
- Have your benefits determined from the date this application is received by DCF
- Special considerations and confidential services, if looking for a job or pursuing child support puts you in danger of domestic violence or sexual assault.

CIVIL RIGHTS PROVISION:

Do Not Send Applications Here.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Do Not Send Applications Here.

Violations and Penalties

Families may lose benefits for not cooperating with the following agency programs:

I. Work Programs - looking for work, preparing for employment and keeping a job. (Does not apply to child care.)

A. For TANF cash assistance, the following penalties apply for failure to cooperate with work Programs without good cause:

1st Penalty

Your family will not get TANF cash assistance benefits for a minimum of 3 months.

2nd Penalty

Your family will not get TANF cash assistance benefits for a minimum of 6 months.

3rd Penalty

Your family will not get TANF cash assistance benefits for a minimum of 1 year.

4th and subsequent penalties

Your family will lose TANF cash assistance benefits for a period of 10 years.

To get your TANF cash reopened, you must reapply and the penalized individual must cooperate with Employment Services. These penalties will not carry forward if children in your family become adult TANF cash recipients.

B. For Food Assistance, a comparable penalty as described above will be applied only against the person who failed to cooperate. The rest of the food assistance household can get benefits if otherwise eligible. Eligibility will be redetermined at the end of the penalty period.

II. Food Assistance Employment and Training Program - looking for work, preparing for employment and keeping a job (does not apply to TANF cash assistance and child care assistance). The following violations apply for failure to cooperate with Food Assistance Employment and Training program without good cause:

1st Violation

Person who failed to cooperate will not get Food Assistance for minimum of 3 months.

2nd Violation

Person who failed to cooperate will not get Food Assistance for a minimum of 6 months.

3rd Violation

Person who failed to cooperate will not get Food Assistance for a minimum of 1 year.

III. Child Support Services - establishing a child's paternity and collecting child support.

A. For TANF cash assistance and, child care assistance, the following penalties apply for failure to cooperate with Child Support Services without good cause:

1st Penalty

Your family will not get TANF cash assistance or child care benefits for a minimum of 3 months.

2nd Penalty

Your family will not get TANF cash assistance or child care benefits for a minimum of 6 months.

3rd Penalty

Your family will not get TANF cash assistance or child care benefits for a minimum of 1 year.

4th and subsequent penalties

Your family will lose TANF cash assistance or child care benefits for a period of 10 years.

To get your TANF cash and/or child care assistance reopened, you must reapply and the penalized individual must cooperate with Child Support Services.

- B. For food assistance, any adult household member who fails to cooperate with Child Support Services without good cause will be ineligible for food assistance benefits until DCF determines the household has cooperated. The rest of your food assistance household can get benefits if otherwise eligible.

IV. Fraud Penalties

A. Food Assistance - Any member of your household who breaks any of the following rules on purpose can be barred from the food assistance program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under other applicable Federal and State laws and may also be barred from the food assistance program for an additional 18 months, if court ordered.

- Do not lie or hide information to get benefits that your household should not get.
- Do not use, or have in your possession, Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.
- Do not use food assistance benefits to purchase nonfood items, such as alcohol or cigarettes, or to pay on credit accounts.

If you make false or misleading statements and you are found guilty of misrepresentation, or committed any act that constitutes a violation of food assistance, food assistance regulations, or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of food assistance benefits or EBT cards, you will not be able to get food assistance benefits:

- For 1 year if your misrepresentation was about something other than identity or residence and it is your first program violation;
- For 2 years if your misrepresentation was about something other than identity or residence and it is your second program violation;
- For 10 years if your misrepresentation was about where you live or who you are in order to get duplicate benefits;
- Permanently if your misrepresentation was about something other than identity or residence and it is your third program violation.

Your food assistance eligibility will be suspended for 2 years for the first offense if you trade benefits for controlled substances such as drugs. You will be permanently disqualified for the second offense.

You will lose food assistance permanently if you:

- Trade food assistance benefits for firearms, ammunition or explosives;
- Trade, buy, or sell food assistance benefits for \$500 or more;
- Traffic food assistance benefits, including but not limited to:

- Buying, selling, stealing or exchanging benefits for cash;
- Buying soda, water, or other items in a container to get the cash deposit;
- Buying an item with food assistance and then purposely selling the item for cash; and/or
- Trading cash for items paid for with food assistance benefits.

In all of these cases, the remainder of your food assistance household can get benefits if they are otherwise eligible, and the rest of the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified.

B. TANF cash assistance and child care assistance - If you or any adult member of your TANF or child care household intentionally break any of the following rules or are otherwise found to have committed fraud (civil, criminal or administrative), in either TANF or child care, all adults in your household are permanently ineligible for TANF cash and child care assistance.

- Do not lie, make misleading statements, or hide information or fail to report changes as required to get benefits that your household should not get.
- Do not use, or have in your possession, Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.
- Do not use TANF cash assistance or transact your Kansas Benefits Card in any liquor store, casino, gambling casino or gaming establishment, jewelry store, tattoo parlor, massage parlor, body piercing parlor, spa, nail salon, lingerie shop, tobacco paraphernalia store, vapor cigarette store, psychic or fortune telling business, bail bond company, video arcade, movie theater, swimming pool, cruise ship, theme park, dog or horse racing facility, parimutuel facility, or sexually-oriented business or any retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment or in any business or retail establishment where minors under age 18 are not permitted.
- Do not use your TANF cash assistance benefits to buy alcohol, cigarettes, tobacco products or lottery tickets, concert tickets, professional or collegiate sporting events tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.
- Do not use your TANF cash assistance benefits for purchases outside of the state of Kansas.

The remainder of your TANF or child care household can get benefits if they are otherwise eligible.

Adults in the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified. A protective payee must be assigned to access your TANF benefits. You and any member of your household may not access your TANF benefits.

V. Drug Felony Convictions

In a TANF cash assistance household, any individual who is convicted of a state or federal felony offense occurring on or after July 1, 2013, which includes as an element of such offense the manufacture, cultivation, distribution, possession or use of a controlled substance or controlled substance analog is ineligible for TANF cash assistance for five years from the date of the conviction for a first offense. A second drug-related felony conviction will result in that individual being ineligible to receive TANF cash assistance for his/her lifetime.

In a food assistance household, any individual who is convicted of a felony offense occurring after August 22, 1996 which includes as an element of such offense the manufacture, cultivation, distribution, possession or use of a controlled substance or controlled substance analog, will be ineligible to receive food assistance benefits until the individual participates in an approved drug treatment program and submits and passes an approved drug testing plan. A second drug-related felony conviction will result in that individual being ineligible to receive food assistance for his/her lifetime.

The remainder of your food assistance or TANF cash assistance household can get benefits if they are otherwise eligible.

Suspicion-based Drug Testing

Kansas requires any adult TANF applicant or recipient who meets the suspicion-based criteria to undergo mandatory drug testing.

A failure to test results in the following ineligibility periods for the individual:

1st failure - 6 months, and must undergo drug testing prior to regaining eligibility

2nd failure - 12 months, and must undergo drug testing prior to regaining eligibility

3rd failure - Lifetime ineligibility for TANF

A positive drug test results in the following ineligibility periods for the individual:

1st positive test - Until successful completion of substance abuse treatment and skills training prior to regaining eligibility

2nd positive test - 12 months, and successful completion of substance abuse treatment and skills training prior to regaining eligibility

3rd positive test - Lifetime ineligibility for TANF

Before you Sign

Rights, Responsibilities and Penalties

- I have read and understood my rights and responsibilities as listed on this application form.
- I understand the questions on this application form.
- I understand the penalties for hiding information as listed on this application form.
- I understand the penalties for giving false information as listed on this application form.

Citizenship Status

- Signing this form means that I agree everyone living in my home who is asking for assistance is a U.S. citizen or is in legal immigration status.

Changes You Must Report

- I agree to report changes such as changes in my address, income changes, changes in child care, and changes in individuals who live in my home.
- I understand I will be notified about the changes I am required to report.
- I will tell DCF of changes that might affect my eligibility or benefit level.

We Will Verify the Information You Give Us

- I understand you will verify the information I provide on this application form.
- I understand you may contact other agencies such as federal, state, local officials, employers, medical providers, businesses, financial organizations, and child care providers to verify information.
- I understand you will use the information you verify and that it could affect my eligibility or benefit level.

Information about Social Security Numbers

- I understand that I have to provide or apply for a Social Security Number for people in my household who are asking for assistance.
- I understand Department for Children and Families (DCF) use Social Security numbers to operate. The numbers are used for computer matches with the Social Security Administration, banks, the Internal Revenue Service, and other organizations and agencies.
- The information received from these agencies may be verified through collateral contacts when discrepancies are found by DCF; this information may affect your household's eligibility and level of benefits.
- Collection of Social Security Numbers is authorized under the Food and Nutrition Action of 2008, as amended, 7 U.S.C 2001-2036.

Information About Child Support Services

- I agree to help Child Support Services (CSS) go after support for the children in my home.
- I agree to give all alimony and/or child support to DCF for each person in my home receiving TANF cash assistance.

Information About Food Assistance Expenses

- I understand I must report and verify my household expenses or I will not get a deduction for them.

Information About Work Program Cooperation

- I agree that everyone applying for and getting cash assistance will cooperate with work requirements, unless exempt.
- I understand we may not get cash assistance if someone does not cooperate.
- I agree that everyone getting food assistance will cooperate with work requirements, unless exempt, by registering for work, looking for work, preparing for employment and keeping a job.

Information about Cash and Food Assistance Benefits

- I understand that my Temporary Assistance for Needy Families (TANF) cash assistance benefits cannot be transacted/used in any liquor store, casino, gambling casino or gaming establishment , jewelry store, tattoo parlor, massage parlor, body piercing parlor, spa, nail salon, lingerie shop, tobacco paraphernalia store, vapor cigarette store, psychic or fortune telling business, bail bond company, video arcade, movie theater, swimming pool, cruise ship, theme park, dog or horse racing facility, parimutuel facility, or sexually oriented business, or any retail establishment which provides adult oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment, or in any business or retail establishment where minors under age 18 are not permitted.
- I understand the time limit for receiving Temporary Assistance for Needy Families (TANF) cash assistance benefits is 24 months.
- I understand that to get TANF cash assistance, all children in the home ages 7-18 must be enrolled in school, including home school that is registered with the Kansas Department of Education. Ineligibility for the entire household will exist if a child in the home is not enrolled in school.
- I understand that I may not use TANF cash assistance to buy items such as alcohol, cigarettes, tobacco products or lottery tickets, concert tickets, professional or collegiate sporting events tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.
- I understand that I may not use food assistance benefits to buy non-food items, such as alcohol or cigarettes, or to pay on credit balances.
- I understand that I may not use my TANF cash assistance for purchases at points of sale outside the state of Kansas.

Information About the Lifeline Telephone Program

- For TANF cash assistance and food assistance, I agree that DCF may provide my name, address, and telephone number to telephone companies participating in the Lifeline data match. The Lifeline Program provides basic telephone service at a reduced rate.
- I understand that my information is confidential and will only be used by the participating telephone carriers to verify my eligibility for Lifeline telephone assistance.
- I understand that the Lifeline program is not mandatory and that I will have to apply for this service by contacting my local telephone company.
- I understand that not all telephone carriers participate in the Lifeline data match with DCF and that I may have to provide proof of my household income to my local telephone company for them to determine my Lifeline eligibility.

Food Assistance Work Registration

There are work rules for the Food Assistance Program. If you don't follow these rules, your Food Assistance benefits may decrease or end. Different people in your household may need to follow different work rules.

Not everyone needs to follow these rules. You may not have to follow them if you are:

- Younger than age 16, or age 60 or older,
- Taking care of a child younger than age 6 or someone who needs help caring for themselves,
- Already working 30 hours a week,
- Already earning \$217.50 or more per week,
- Receiving unemployment benefits, or you applied for unemployment benefits,
- Not able to work because of physical or mental reason,
- Going to school, college, or training program at least half-time (but college students are subject to other eligibility rules),
- Meeting work rules for Temporary Assistance for Needy Families (TANF), or
- Participating in a drug or alcohol addiction treatment program.

Work Registrant Rules

If you are a Work Registrant, you must follow these Basic Work Rules to keep your Food Assistance benefits:

1. Register for work.
2. Accept any job offer you receive, unless there is a good reason you can't.
3. If you have a job, don't quit your job or choose to work less than 30 hours each week without having a good reason, such as getting sick, being discriminated against, or not getting paid.
4. Tell us about your job and how much you are working, if asked.

You may lose your Food Assistance benefits if you don't follow these work rules and you don't have a good reason. If you have good reason for not following these rules, call us as soon as possible at 1-888-369-4777. Good reasons include issues you can't control such as getting sick, not having childcare for a child younger than age 12, or work conditions that are unreasonable. These are some examples of good reasons but not all of them. If we find that you have a good reason, there will be no change to your Food Assistance benefits.

How long will you lose Food Assistance benefits if you don't follow these rules?

- The first time you don't follow these rules, and you don't have a good reason, you can't get Food Assistance benefits for 3 months.
- The second time you don't follow these rules, you can't get Food Assistance benefits for 6 months.
- The third time, you can't get Food Assistance benefits for 12 months and you must follow these work rules before you can get Food Assistance benefits again.

Job Search and Training Rules

If you are an Able-Bodied Adult Without Dependents (ABAWD) working less than 30 hours per week, you must follow the Job Search and Training Rules. Keep reading to find out what to do. You are an ABAWD if you are between ages 18 and 49, do not live with a child under 18, and are considered physically and mentally able to work.

You must participate in the Mandatory Employment & Training program. This program can make it easier for you to find or keep a job.

You must follow these rules to keep your Food Assistance benefits:

1. Go to a program orientation. You will receive a letter with the appointment date, time & location. If you cannot make it to the orientation at this time or date, you must call the number on the letter or

- 1-888-369-4777 to reschedule.
2. Work with your career navigator at orientation to determine the right activities for you.
3. Complete the activities of the program each month (we will tell you what to do)

You may not have to follow these rules if you:

- Are temporarily laid off from your work, or
- Are a domestic violence survivor

Call us at 1-888-369-4777 as soon as possible if you think one of these might describe you. If we find that it does, you will not need to follow the Job Search and Training Rules.

We may pay for your costs to participate in this program. These costs include:

- Transportation
- Childcare
- Personal safety items or equipment
- Other reasonable required costs, such as tools, books, and uniforms

If we can't pay your costs, we must excuse you, and you will not need to follow the Job Search and Training rules.

If you think you have costs we need to pay, call us at 1-888-369-4777 as soon as possible.

If you do not follow these rules without a good reason, you may lose your Food Assistance benefits.

What if you have a good reason for not following these Job Search and Training Rules?

Call us as soon as possible at 1-888-369-4777 if you think you have a good reason, or your program is not a good fit for you. You should also tell your job search and training provider. Good reasons for not following these rules include issues you can't control such as getting sick, not having childcare for a child younger than age 12, or not having a way to get to the program. You can also tell us if the program is not right for you. These are some examples of good reasons but not all of them.

If we find that you have a good reason or that the program is not a good fit for you, there will be no change to your Food Assistance benefits.

- The first time you do not follow these rules and you don't have a good reason, you can't get Food Assistance benefits for 3 months.
- The second time you do not follow these rules, you can't get Food Assistance benefits for 6 months.
- The third time, you can't get Food Assistance benefits for 12 months.

We offer different programs to help you develop your work skills and to help you find and keep a good job. You can learn more about the different types of programs available by calling 1-888-369-4777 to find out more.

Time-Limits Rules

Any ABAWDs on this case must follow the Time Limit Rules. These apply to you because you are between ages 18 and 49, do not live with a child under 18, and are considered physically and mentally able to work. This is often called the Able-Bodied Adult Without Dependents (ABAWD) work requirement.

You can only get Food Assistance benefits for 3 months in 3 years unless you meet these Time Limit Rules. You must follow these Time Limit Rules to keep your Food Assistance benefits:

Spend at least 80 hours each month doing one or more of the following activities:

- Working,
- Participating in a job program or similar activities we approved, or
- Volunteering.

Please tell us if you are doing one of these things. You can call 1-888-369-4777.

If your work hours drop below 80 hours a month, you must call us at 1-888-369-4777.

You may not have to follow any of these Time Limit Rules if:

- You are younger than age 18, or age 50 or older,
- Someone in your house is younger than age 18,
- You are not working because of a physical or mental health reason, or
- You are pregnant.

Call us at 1-888-369-4777 as soon as possible if you think one of these might describe you. If we find that it does, you will not need to follow these Time Limit Rules.

We will count each full month that you receive Food Assistance benefits but do not meet these Time Limit Rules without a good reason. Once we have counted 3 full months, you will lose your benefits until October 2025.

If you have good reason for not following these rules, call us as soon as possible at 1-888-369-4777. Good reasons include issues you can't control such as getting sick or not having transportation. These are some examples of good reasons but there are others, too. If we determine that you have a good reason, there will be no change to your Food Assistance benefits.

If you start meeting these Time Limit Rules, you can get Food Assistance benefits again.

You can also get Food Assistance benefits again if something changes in your life, and there are reasons you no longer need to follow these rules. For example, you may get Food Assistance benefits back if you have a new physical or mental health reason for not working or because of other reasons we discussed.

You have the right to ask DCF to do a formal review of your case decision. DCF calls this a *fair hearing*. You can contact DCF at 1-888-369-4777 for information about requesting a fair hearing.

If you have questions or need more information, please call DCF at 1-888-369-4777. Monday through Friday between 8am and 5pm.

Permission to Release Information and Signature

My signature on this application authorizes employers, child care providers, health care providers, financial institutions, insurance providers, benefit providers, and other persons or agencies with knowledge of my circumstances to release to Kansas Department for Children and Families (DCF) any information, including confidential and health information, necessary to establish my eligibility for benefits or to administer any program (including Child Support Services) for which I applied.

I authorize DCF to share medical information for administrative purposes with other agencies and contractors.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge, including the information concerning citizenship and alien status. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punished by imprisonment, fine, or both, and the offender may also be subject to prosecution under other applicable state and federal law.

Signature: Kyrie hick

Kansas Voter Registration Information

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ Yes ☒ No **(If you do not check either box, you will be considered to have decided not to register to vote at this time.)**

Applying to register or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. You may request the application form from a DCF office in person, or call 1-888-369-4777 to have one mailed to you.

You may also elect to apply online. Please be aware that to register to vote online, you must have a valid Kansas driver's license or non-driver's identification card. If you do not have either of these documents you may download the form here <https://www.kssos.org/forms/elections/voterregistration.pdf>

Apply online at <https://www.kdor.ks.gov/Apps/voterreg/default.aspx> You must re-register each time you change your name, address or party affiliation for voting.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political

party or other political preference, you may file a complaint with the Kansas Secretary of State's Elections Division by calling 1-800-262-VOTE (8683) or by sending an email to election@ks.gov