



**\*\*\*Keep in mind that you do not need to mail this printout to your local agency.\*\*\***

**“Thank you for using Gateway to apply for benefits!”**

**CURTIS WILSON your application has been submitted to Online Services on October 16, 2023 at 06:38 PM.**

If you submit your application after regular business hours or on a weekend or holiday, your filing date is the next business day October 17, 2023.

We will review your application and contact you if we need additional information.

If you need to make changes to your TANF, Food Stamps, or Medical Assistance application, please contact on-line services at 1-877-423-4746.

**In your application, you have asked for these benefits:**

- Food Stamps (SNAP) – T32131248

Be sure to write the number(s) down or print this page for your records.

As a next step, your worker may ask for proof of some of the things you told us in your application. This checklist will help you gather these items. If you can not find something, your worker may be able to help you get the proof you need.

Keep in mind that this list is based only on what you told us today. There may be other items that your worker will ask you to provide.

**Proof of Identity**

Proof of who you are, like a driver's license, ID card.

**Proof of Residence**

Current Georgia issued Driver License/ID Card, current lease, current mortgage statement, statement from landlord or person with whom you reside, utility bill (gas, electric, telephone)

**Social Security Number**

Social Security Numbers for everyone you want to receive benefits. Immigrants may potentially be eligible for benefits without a social security number. Social Security Number is not required for WIC.

**Proof of Citizenship or Immigration Status (Only for those seeking benefits)**

Proof of citizenship such as a birth certificate, U.S. passport, hospital record. Proof of immigration status such as resident immigration card, passport, visa, I-94, I-181, or other Department of Homeland Security (DHS) documentation. Additional examples of Proof of Citizenship for Medical applicants can be found in Form 218. Proof of Citizenship/Immigration Status is not required for WIC.



## Application Summary

Here is a summary of what you told us as well as important information about your rights and responsibilities.

	First Name	Middle Initial	Last Name	Relationship to Applicant	Applying for Benefits
Person1	CURTIS		WILSON	Self	Food Stamps (SNAP)

	Date of Birth	Social Security Number	Gender	US Citizenship (Y/N)	Pregnant (Y/N)
Person1	05/10/1991	325-86-7697	Male	Y	N

	Lives in the Home (Y/N)	Income (Y/N)	Tax Dependent (Y/N)	Disabled/Blind (Y/N)	Expenses (Y/N)
Person1	Y	N	N	N	N

Application Information-	T32131248
Submission Date and Time	2023-10-16 18:38:07.567

Program Information	
Programs	Food Stamps (SNAP)

Basic Information	
Applicant Details	
First Name	CURTIS
Middle Initial	
Last Name	WILSON
Suffix	--
Gender	Male
Date of Birth	05/10/1991
Primary Language	English
Do you live in Georgia?	
County	Dekalb
Marital Status	
Driver's License/State ID Number	055776952
Issuing State	GA
Expiration Date	05/10/2028
Physical Address	
Street Number and Name, P.O. Box Number	1711 McKenzie Dr
Apartment, Suite, Unit, Building, Floor, etc.	
City	Decatur
State	Georgia
Zip Code	30032-4660
Homeless	No
What is your living arrangement?	In This Home
If not living at home, what date did current living arrangement start?	
State lived in before moving in to current living arrangement	
Mailing Address	
Street Number and Name, P.O. Box Number	2584 Regency Dr W
Apartment, Suite, Unit, Building, Floor, etc.	
City	Tucker
State	Georgia
Zip Code	30084-2329
Previous Address	
Has the household lived at any other address in the past year?	
Contact Information	
Primary Phone	(470) 954-3387
Mobile?	Yes
Verified?	Yes

Work Phone	
Extension	
Mobile?	No
Verified?	No
Alternative Phone	(470) 266-3922
Mobile?	Yes
Verified?	Yes
Email Address	curtismwilson1711@gmail.com
Verified?	Yes
I have read and accept the Electronic Notice of eAlert Terms and Condition	Yes
What is the best way of getting in touch with you during the weekday?	Alternative Phone
What is the best time to call you during the weekday?	Early Morning (8AM-10AM)
When did this information change?	
<b>Notification Methods</b>	
You have an option to choose how you would like to receive notifications about your information. Select email and text message to receive an email and text message notifying you that you have a notice in My Notices in Benefits Summary ready to be viewed. If you select to receive an email and text message, you must provide us with your Email Address and Mobile Phone Number and accept the terms and conditions for paperless. If you want to receive a paper copy in the mail then select US mail. To receive a paper notice and email and text message notification, select the US mail and email and text message option.	US Mail and Email and Text Message
Would you like this notification method to apply to all of your cases?	No
I have read and accept the Electronic Notice of eAlert Terms and Condition	Yes
When did this information change?	

<b>People In Your Home- CURTIS WILSON</b>	
<b>Personal Information</b>	
First Name	CURTIS
Middle Initial	
Last Name	WILSON
Suffix	--
Gender	Male
Date of Birth	05/10/1991
What is the primary language of household?	English
Other Language	
If an interview is needed do you need an interpreter?	
What is this person's Marital Status?	
What is this person's Living Arrangement?	In This Home
If person is living out of home, what is the reason?	
Does this person intend to file taxes?	

Is this person claimed as a dependent by someone living outside of the home?	
Does this person have a disability that will require a Reasonable Modification or Communication Assistance?	No
Reasonable Modification Type	
If Other, brief explanation of Reasonable Modification Type	
Does this person need this Reasonable Modification or Communication Assistance one-time or ongoing?	
Brief explanation of when and how long this person needs this Reasonable Modification or Communication Assistance	
<b>Program Selection</b>	
Programs	Food Stamps (SNAP)
<b>Alternative Name Information</b>	
Is this person known by any other name?	Yes
First Name	
Middle Initial	
Last Name	
Suffix	
<b>Social Security Number (SSN) Information</b>	
Social Security Number	325-86-7697
If this person doesn't have a Social Security number (SSN), but has applied for one, when did he or she apply?	
<b>Ethnicity</b>	
Ethnicity	Not Hispanic or Latino
<b>Race</b>	
Race	Black / African American
If this person is American Indian/Alaskan Native, are they a member of Federally recognized tribe	
If yes, tribe name	
<b>Personal Information Continued</b>	
Does this person live in Georgia?	
Is this person Blind or disabled?	No
Is this person United States Citizen?	Yes
<b>Military Information</b>	
Are you a veteran or active duty member?	No
Is your spouse a veteran or active duty member?	
If you are applying on behalf of a child, is the parent of the child in the home a veteran or an active duty member?	
When did this information change?	
<b>Other Household Questions</b>	
Children under age 18 who have special needs.	
Anyone who aged out of foster care at age 18 or older.	

Children in the house currently in foster care.	
Children in the house currently involved in a Child Protective Services case	
Anyone in the independent living program.	
Anyone who is a grandparent caring for a child.	
Anyone violating conditions of probation or parole	
Anyone who is or has been a victim of domestic violence.	
Is anyone in your home who is a migrant or seasonal farm worker.	No
If yes, did his or her job recently end?	
If yes, will he or she get more than \$25 from a new job or other source in the next 10 days?	
Has the primary applicant on this application received Food Stamp benefits in any state in the application month?	

Other Benefits	
Anyone who used to get Supplemental Security Income (SSI), but is no longer getting the benefit.	
Anyone currently receiving Community Care Services (CCSP) from the division of Aging	
Anyone for whom you wish to apply for Katie Beckett Medicaid.	
Anyone who has received health services from the Indian Health Services, a tribal health program, an urban Indian Health program, or through a referral from one of these programs.	
Anyone who is eligible to receive health services from the Indian Health Services, a tribal health program, an urban Indian Health program, or through a referral from one of these programs.	
Anyone who received Emergency Medical care in the last 3 months.	

Utility Bill Details	
Utility Bill Type	
Utility Bill Total Amount	
Utility Bill Amount Paid	
Heating Cooling Source	Electricity
When did this information change?	

School Enrollment Details - CURTIS WILSON	
School enrollment status	Not in school
Type of school attended	
Education Level Completed	Bachelor's Degree
Is this a federal or state funded work-study program	

Name of school	
Address Line1	
Address Line2	
City	
State	
Zip Code	
Anticipated graduation date	
When did this information change?	

Account Level Contact Information	
Account Level Email Address	curtismwilson1711@gmail.com
Account Level Mobile Phone Number	(470) 954-3387

#### Electronic Signature

I have agreed to submit this application for myself and/or my family. By signing this application electronically, I certify under penalty of perjury and false swearing that my answers are true and accurate to the best of my knowledge, including information provided about the citizenship or immigration status for each household member applying for benefits. I also certify that:

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same ways as a written signature.

I understand the questions and statements on this application.

I have read and understand my Rights & Responsibilities in the box above.

I understand the penalties for giving false information or breaking the rules.

I understand that the agency may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.

The Georgia Department of Human Services ("DHS") collects Personally Identifiable Information (PII), such as names, addresses, telephone numbers, email addresses, and dates of birth, etc., during your application for benefits. By submitting any personal information to us, you agree that we may collect, use, and disclose any such personal information in accordance with DHS policies, procedures, and as permitted or required by law or regulations.

I understand that I am not required to report reduction or loss of income, that I may be able to get a higher Food Stamps benefit if I do. I understand that as long as I do not report this reduction or loss in income, my Food Stamps benefit will not increase.

I understand that if I fail to tell DHS-DFCS about some of my expenses during my application or renewal process or fail to verify them, DHS-DFCS will not budget that expense in calculating the amount of my SNAP benefits.

I understand I can be punished by law if I do not tell the complete truth.

Signing Your Application Details	
Would you like to apply to register to vote where you live now?	Don't want to answer
Citizenship Agreement Complete	
Renewal of Coverage in Future Years	

Electronically Signed	Yes
Signed By	CURTIS M WILSON



HIPAA Notice of Privacy Practices  
Georgia Department of Human Services

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact:

Georgia Department of Human Services

HIPAA Privacy Officer  
HIPAADHS@dhs.ga.gov  
(404) 657-9761 phone  
(404) 657-1123 fax

The Department of Human Services (DHS) is an agency of the Executive Branch of Georgia government charged with the administration of numerous federal programs responsible for the storage, use and maintenance of medical and other confidential information. Federal and state laws establish strict requirements for these programs regarding the use and disclosure of confidential and protected information. DHS is required to comply with those laws as noted throughout this Notice.

OBLIGATIONS OF THE DEPARTMENT OF HUMAN SERVICES:

DHS is required by law to:

- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice currently in effect.

HOW DHS MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways DHS may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, DHS will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to the HIPAA Privacy Officer at the contact information above.

**For Treatment.** DHS may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, DHS may disclose Health Information to doctors, nurses, technicians, or other personnel who are involved in your medical care and need the information to provide you with medical care.

**For Payment.** DHS may use and disclose Health Information so that DHS or others may bill and receive payment related to your care, an insurance company, or a third party for the treatment and services you received. For example, DHS may provide your health plan information so that treatment may be paid for.

For Health Care Operations. DHS may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that quality care is received and to operate, manage, and administer the functions of the agency. For example, DHS may use and disclose information to make sure the medical care you receive is of the highest quality. DHS also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. DHS may use and disclose Health Information to contact you to remind you of an appointment with a physician. DHS also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, DHS may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. DHS also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, DHS may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before DHS uses or discloses Health Information for research, the project will go through a special approval process. Even without special approval, DHS may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

#### SPECIAL SITUATIONS:

As Required by Law. DHS will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. DHS may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. DHS may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, DHS may utilize the services of a separate entity to perform billing services. All DHS business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, DHS may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, DHS may release Health Information as required by military command authorities. DHS also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military. Draft Copy. Not

Workers Compensation. DHS may release Health Information for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** DHS may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if it is believed a patient has been the victim of abuse, neglect or domestic violence. DHS will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** DHS may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** DHS may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, DHS may disclose Health Information in response to a court or administrative order. DHS also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** DHS may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** DHS may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. DHS also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** DHS may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** DHS may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, DHS may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## USES AND DISCLOSURES THAT REQUIRE DHS TO PROVIDE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, DHS may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, DHS may disclose such information as necessary if it is determined that it is in your best interest based on the professional judgment of DHS.

Disaster Relief. DHS may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. DHS will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to DHS will be made only with your written authorization. If you do provide DHS an authorization, you may revoke it at any time by submitting a written revocation to the above-referenced Privacy Officer. Upon receipt, DHS will no longer disclose Protected Health Information under the authorization. However, disclosures made in reliance upon your authorization before you revoked it will not be affected by the revocation.

## YOUR RIGHTS:

You have the following rights regarding Health Information DHS has about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the above referenced HIPAA Privacy Officer. DHS has up to 30 days to make your Protected Health Information available to you and DHS may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. DHS may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. DHS may deny your request in certain limited circumstances. If DHS does deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and DHS will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. DHS will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format. If you do not want this form or format, a readable hard copy form will be provided. DHS may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information DHS has is incorrect or incomplete, you may request DHS to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures DHS made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information DHS uses or disclosed for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information DHS discloses to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that DHS not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer. DHS is not required to agree to your request unless you are requesting DHS restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid 'out-of-pocket' in full. If DHS agrees, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that DHS communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that DHS only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted. DHS will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the above-referenced HIPAA Privacy Officer.

## CHANGES TO THIS NOTICE:

DHS reserves the right to change this notice and make the new notice apply to Health Information already obtained as well as any information received in the future. DHS will post a copy of the current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

## COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint, in writing, by contacting the above-referenced HIPAA Privacy Officer. You will not be penalized for filing a complaint.

You may also file with the Secretary of the Department of Health and Human Services. For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, <http://www.acog.org> or call (202) 863-2584.

## ADA 504 STATEMENT:

### **Help for People with Disabilities**

The Georgia Department of Human Services and the Georgia Department of Community Health ("the Departments") are required by federal law\* to provide persons with disabilities an equal opportunity to participate in and qualify for the Departments' programs, services, or activities. This includes programs such as SNAP, TANF and Medical Assistance.

The Departments provide reasonable modifications when the modifications are necessary to avoid discrimination based on disability. For example, we may change policies, practices, or procedures to provide equal access. To ensure equally effective communication, we provide persons with disabilities or their companions with disabilities communication assistance, such as sign language interpreters. Our help is free. The Departments are not required to make any modification that would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens.

### **How to Request a Reasonable Modification or Communication Assistance**

Please contact your caseworker if you have a disability and need a reasonable modification, communication assistance, or extra help. For instance, call if you need an aid or service for effective communication, like a sign language interpreter. You may contact your caseworker or call DFCS at 877-423-4746 or the DCH Katie Beckett (KB) Team at 678-248-7449 to make your request. You may also make your request using the DFCS ADA Reasonable Modification Request Form, which is available at your local DFCS office or online at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>, or you may obtain the DCH ADA Reasonable Modification Request Form at the KB Team or online at <https://medicaid.georgia.gov/programs/all-programs/tefrakatie-beckett>, but you do not have to use a form.

### **How to File a Complaint**

You have the right to make a complaint if the Departments have discriminated against you because of your disability. For example, you may file a discrimination complaint if you have asked for a reasonable modification or sign language interpreter that has been denied or not acted on within a reasonable time. You can make a complaint orally or in writing by contacting your case worker, your local DFCS office, or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746. For DCH, contact the KB Team ADA/Section 504 Coordinator at: 2211 Beaver Run Road, Suite 150, Norcross, GA 30071 or P.O. Box 172, Norcross, GA. 30091, 678-248-7449. The DCH email is: [dch.adarequests@dch.ga.gov](mailto:dch.adarequests@dch.ga.gov).

You can ask your case worker for a copy of the DFCS civil rights complaint form. The complaint form is also available at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>. If you need help making a discrimination complaint, you may contact the DFCS staff listed above. Individuals who are deaf or hard of hearing or who may have speech disabilities may call 711 for an operator to connect with us. The email for DCH Civil Rights complaints is: [dch.civilrights@dch.ga.gov](mailto:dch.civilrights@dch.ga.gov). The link for the DCH Civil Rights process and complaint form is located at: <https://dch.georgia.gov/adasection-504-and-civil-rights>.

This Institution is an equal opportunity provider.



*\*Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; and the Americans with Disabilities Act Amendments Act of 2008 ensure persons with disabilities are free from unlawful discrimination.*

## **NON-DISCRIMINATION:**

In accordance with federal civil rights laws 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 (including gender identity and sexual orientation), 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. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

## **CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS**

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR\\_P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR_P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), 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:** 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. **phone:** (833) 620-1071; or
4. **email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov).

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

## **CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS**

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Under the Department of Human Services (DHS), you may also file discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights and ADA/Section 504 Coordinator at the 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at the 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303 877-423-4746 (voice).

**Under the Department of Community Health (DCH) policy**, the Medical Assistance programs cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or religion.

To report suspected Medicaid fraud on recipients or providers, call the Georgia Department of Community Health-Office of Inspector General at (local) or (toll free) (800) 533-0686; by email at [oiganonymous@dch.ga.gov](mailto:oiganonymous@dch.ga.gov); by mail at Department of Community Health, OIG PI Section, ; or visit <https://dch.georgia.gov/report-medicaidpeachcare-kids-fraud>.

#### Electronic Signature

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have read, understand, and acknowledge receipt of the DHS HIPAA Notice of Privacy Practices

Electronically Signed	Yes
Signed By	CURTIS M WILSON



### **In all programs, you have the right to:**

- Request assistance filling out this form and free language assistance services (interpreters, translated materials, or direct in-language services) if you have trouble reading, writing, speaking or understanding the English language.
- Request auxiliary aids and services and reasonable modifications if you or someone in your household has a disability.
- Decide if you want to provide information about your race and ethnicity. We collect data on race and ethnicity solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.
- Request a fair hearing in writing or in person. You have the right to be represented by a household member, legal counsel, a relative, a friend or other spokesperson. If you are not satisfied with the action we have taken on your case, you can request a hearing by contacting the county office where you applied for benefits or by calling 1-877- 423-4746.
- Review some of the material and information in your case file. However, you may not be able to see all of the information in the case file, such as names of people who have given us information about you or your household members or information about any criminal prosecutions involving you or any of your household members.
- Decide if you want to provide a Social Security Number (SSN), citizenship, or immigration status. Only the people who give information to us about their SSN, citizenship, or immigration status will be eligible to receive benefits. This information will be used to check the "Income and Eligibility Verification System" (IEVS) and other computer matches with other agencies to verify your income and other points of eligibility. We may also give this information to other Federal and State agencies to review and to law enforcement officials for them to use in catching people who are running from the law. If your household has a Food Stamp or SNAP claim, the information on this application, including the SSN, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS); however, if alien status information has been submitted on your application, this information may be subject to verification through USCIS and may affect your household's eligibility and benefit level. We will not deny help to people asking for help because other household members do not provide their SSN, citizenship, or immigration status. The following federal laws and regulations: 7 U.S.C. § 2011-2036, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, 42 C.F.R. § 435.920, authorize DFCS to request you and your household members social security number(s).

### **In all programs, you are responsible for:**

- Giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- Telling the truth at all times. If you or someone who is applying for you provides incorrect information, you may be committing a crime, and you may go to jail.
- Providing proof that you or anyone in your household applying for benefits is a U.S. citizen or eligible immigrant. Note: Your worker will give you a list of the ways you can prove your citizenship or immigration status. WIC does not require citizenship or immigration status to determine your eligibility for the program. For Child Care, you are responsible for providing proof that any child applying for benefits is a U.S. citizen or qualified alien.
- Reporting certain changes in your household situation. Each program has different reporting requirements. See the responsibilities section for each program for things you need to report.

## **Food Stamps (SNAP) Rights and Responsibilities**

**Please read the following information carefully.**

### **YOU HAVE THE RIGHT TO**

- Receive an application on the day you ask for it.
- Have your application accepted when you file it.
- Have an adult apply for your household if you are unable to.
- A telephone interview.
- Receive fair treatment without regard to age, sex, race, color, handicap, religious creed, national origin, or political beliefs.
- Have a fair hearing if you disagree with any action on your case.
- Examine your case file and the rules of the program.
- Be notified in advance if your benefits are reduced or stopped due to a change that is not reported in writing.

### **YOUR RESPONSIBILITIES:**

- You must answer all questions completely.
- You must sign your name to certify, under penalty of perjury, that all answers are true.
- You must provide proof that you are eligible.
- You must report when your total gross monthly income goes over the income limit for your household size. You must report this change no later than the 10th day from the end of the month in which the change occurred. If you are a working adult with no children, you must also report When your work hours fall below 20 hours a week or 80 hours per month.
- You must report when your household receives substantial lottery and gambling winnings. This is a cash prize won in a single game. If you or a household member receives lottery or gambling winnings, gross amount of \$4250 or more (before taxes or other amounts are withheld), you must report these winnings within 10 days of the end of the month in which the household received the winnings.
- Do not give false information or hide information to get benefits that your household should not get.
- Do not sell, trade, or give away your food stamp benefits.
- Use food stamp benefits to buy only eligible items.
- Food Stamps (SNAP) households CAN NOT use their benefits to purchase non-food items such as beer, Wine, liquor, cigarettes, tobacco, pet foods, soaps, paper products and household supplies. Food Stamps (SNAP) households also ARE NOT allowed to purchase food on credit with their benefits.

## **PENALTIES:**

- Any household member who breaks any of the food stamps (SNAP) rules on purpose can be barred from the Food Stamp Program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. She/he may also be subject to prosecution under other applicable Federal and State laws. She/he may also be barred from the Food Stamp Program for an additional 18 months if court ordered.
- Any household member who intentionally breaks the rules may not get Food Stamps (SNAP) for one year for the first offense, two years for the second offense, and permanently for the third offense.
- If a court of law finds you or any household member guilty of using or receiving Food Stamps (SNAP) benefits in a transaction involving the sale of a controlled substance, you or that household member will not be eligible for benefits for two years for the first offense, and permanently for the second offense.
- If a court of law finds you or any household member guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition, or explosives, you or that household member will be permanently ineligible to participate in the Food Stamps (SNAP) Program upon the first offense of this violation.
- If a court of law finds you or any household member guilty of having trafficked benefits for an aggregate amount of \$500 or more, you or that household member will be permanently ineligible to participate in the Food Stamps (SNAP) Program upon the first offense of this violation.
- If you or any household member is found to have given a fraudulent statement or representation with respect to identity (who they are) or place of residence (where they live) in order to receive multiple Food Stamp benefits, you or that household member will be ineligible to participate in the Food Stamps (SNAP) Program for a period of 10 years.
- For more information about Community Outreach Services, please visit our website at:  
<http://www.dfcs.dhs.georgia.gov> or call 1-877-423-4746

Individuals who are applying for public assistance must provide or apply for an SSN, and/or verify their citizenship or immigration status. Some immigrants are eligible and some are not, depending on their legal status. If you or anyone in your household does not have an SSN, we can help you apply for one. Applying for an SSN will not delay a decision on your application for benefits. An individual, who is not applying for public assistance and who does not provide an SSN, citizenship or immigrant status may be designated as a non-applicant.

A non-applicant is not required to provide an SSN, citizenship, or immigrant status but is required to provide other information that may affect the eligibility of other applicant household members such as income or resources. A non-applicant is not eligible to receive benefits. Only the people who give information to us about their SSN, citizenship, or immigration status will be eligible to receive benefits. We will use this information to check the Income and Eligibility Verification System (IEVS). We will also match your information with other Federal, state, and local agencies to verify your income and eligibility. This information may also be given to law enforcement officials to use to catch people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSNs, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS); however, if immigration status information has been submitted on your application, this information may be subject to verification through USCIS and may affect your household's eligibility and benefit level. We will not deny benefits to applicant household members because other household members fail to provide their SSN, citizenship, or immigration status. Applying for or receiving Food Stamp benefits does not make a non-citizen a public charge. Receiving or accepting Supplemental Security Income (SSI), TANF cash assistance, Institutionalized Long Term Care Medicaid, or state General Assistance could make a non-citizen a public charge if all eligibility criteria are met. However, receiving these benefits does not automatically make an individual inadmissible or ineligible to adjust his/her status to lawful permanent resident on a public charge basis. A "public charge" means you are a person who is likely to become "primarily dependent" on the government to maintain your way of life, as demonstrated by either the receipt of public cash assistance for income maintenance or by institutionalization for long-term care at the government's expense." If you are considered to be a public charge, you will not be deported, or denied permanent status because you have applied for or receive public assistance. Emergency Medicaid, including labor and delivery, is available for pregnant non-qualified and undocumented immigrants.

- decide if you want to provide information about your race and ethnicity. We collect data on race color, and national origin to ensure we are in compliance with Federal civil rights laws. By providing this information, you will assist us in administering our programs in a non- discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

## Benefits of Child Support Services

The Division of Child Support Services (DCSS) may be able to provide the following benefits:

- finding the absent parent
- legally establishing your child's paternity
- receipt of child support payments that may give you more money than if you receive TANF
- acquisition of private health insurance through the absent parent, and
- acquisition of rights of future Social Security, veterans or other government benefits

## Cooperation with DFCS and DCSS

The law requires you to help the Division of Family and Children Services (DFCS) and the Division of Child Support Services (DCSS) get any support owed to you and the children for whom TANF is requested, unless you have good cause for not helping.

In helping DFCS or DCSS, you must do one or more of the following:

- Name the absent parent of any child for whom you are requesting TANF and/or Medicaid.
- Provide information to help find the absent parent.
- Help determine who the legal father is if your child was born out of wedlock.
- Agree to have a DNA test if the person you name as the father denies paternity.
- Help the state get money owed to you and/or the child who receives TANF.
- Provide information about medical insurance the absent parent has on your child.

You must come to the DFCS office, DCSS or court to sign papers or provide needed information.

#### Good Cause

You may have good cause for not wanting to help DCSS collect child support or medical coverage for your child. You may not have to help if you believe helping is not in your child's best interest, and if you can prove it. If you want to claim good cause, you must tell your worker. You can do this at any time.

#### If You Do Not Help and Do Not Have Good Cause

- You will not be eligible to receive TANF for yourself and your child.
- You will not be eligible for Medicaid but your child may still be eligible. Good Cause Reasons

You may claim good cause for any of the following reasons:

- Your help may cause serious physical or emotional harm to your child or to you.
- The child was born as a result of rape or incest.
- Court proceedings are underway for adoption of the child.
- An agency is helping you to decide whether to place the child for adoption.

#### To Prove Good Cause, You Must

- give DFCS information it needs to decide if you have good cause for not helping. If you fear physical harm and cannot get proof, DFCS may still be able to make a good cause determination.
- give proof to DFCS within 20 days of claiming good cause. DFCS will give you more time only if you have trouble getting proof.

DFCS may excuse you from helping based on the information you provide. Or, DFCS may ask you to provide more information. DFCS will not contact the absent parent without telling you.

NOTE: If you are applying for TANF, you will not be approved until you give DFCS proof of your claim of good cause or the information DFCS needs to investigate your claim.

#### Examples of Proof Of Good Cause

- birth certificate, medical or law enforcement records showing that the child was born as a result of rape or incest
- court or other legal documents showing that adoption proceedings have begun
- court, medical, criminal, child protective services, psychological or law enforcement records showing that the absent parent may hurt you or the child
- medical records or written statements from a mental health professional showing the history and current status of your and/or the child's emotional health
- a written statement from a public or private agency showing you are being helped to decide whether to give your child up for adoption
- sworn statements from friends, neighbors, clergy, social workers, or medical professionals who know why you have good cause

If you need help in getting any of the documents, ask your worker.

## Child Support Rules

If you receive TANF, you give the state of Georgia, by law, any rights you have to receive child support. Once the court order is established, the absent parent will be required to pay child support through DCSS. After the court order is established, you will be required to report any money you receive directly from the absent parent. You must also help establish paternity for your child and cooperate and do not have good cause, you may not be eligible for TANF.

If you receive TANF and the absent pays child support through the Division of Child Support Services (DCSS), you probably will NOT receive the full amount of the child support payment. Instead you may receive a ""gap"" payment. All child support paid by an absent parent, which is in excess of the ""gap"" amount, is retained by DCSS and is used to pay back the TANF funds that you have received. Your TANF case manager can explain gap budgeting and the payment procedures to you.

If your TANF case is closed, child support payments will be sent to you up to the amount of the absent parent's current monthly obligation. Any child support amount paid over the current obligation will be kept by the state to repay past TANF grants received by you. Once the past TANF grants are repaid, you will be sent all child support paid by the absent parent.

If your TANF case is closed and then reopened, any child support back payments due you will be assigned to the State up to the amount of all TANF money you will have ever received. When the Unreimbursed Public Assistance (UPA) is repaid, then you will start receiving any back payments owed to you.

If you receive child support payments to which you are not entitled, you may have to repay the state. The state will notify you of the amount of the overpayment and the timeframe for repayment.

DCSS may review the DFCS good cause decision in your case. If you request a hearing about the decision, DCSS may participate in the hearing.

If you have a good cause for not helping, DCSS will not try to establish paternity or collect child support.

## Consent to Exchange Information

I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits. I understand that the Department of Human Services can disclose certain Information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Public Health, the Department for the Aging, the Department of Rehabilitative Services and the Department of Vocational Rehabilitation."

The state statute that provides the legal basis for safeguarding the confidentiality of assistance- related information is the Official Code of Georgia Annotated 49-4-14. This statute restricts the use or disclosure of information concerning applicants for or recipients of public assistance to purposes directly connected to the administration of public assistance.

In addition, various Federal regulations specifically forbid the release of TANF Program information to unauthorized persons or agency representatives.

All case record material is confidential, including names and addresses of applicants and recipients (A/R), as well as the types and amounts of benefits provided.

Interviews should be conducted in a confidential setting.

Records, information and communication of the Division, including county Departments of Family and Children Services, that identify applicants for, or recipients of, cash assistance under the TANF program, are confidential and are not considered public records.

The disclosure of information concerning applicants and recipients is limited to purposes directly connected with the administration of the TANF Division, and to the administration of other federal assistance programs and federally assisted state programs which provide assistance on a means-tested basis to low-income individuals/families.

These programs include:

- Food Stamps
- Child Support
- IV-E Foster Care
- Adoption Assistance
- SSI
- Medicaid
- Office of Inspector General-Benefits Recovery Unit
- Human Services
- Social Security Administration
- IEVS, and,
- the General Office of the U.S.

The purpose of disclosing the client's information to other programs is establishing eligibility, determining the amount of benefits and providing services to the applicants and/or recipients. Information used solely for these purposes can be released without the consent of the applicant or recipient.

Childcare and Parent Services (CAPS) is a federally funded statewide program that assists families that meet program requirements to obtain and sustain self-sufficiency by subsidizing a portion of the cost of child care. The program is administered at the state level by staff at Bright from the Start: Georgia Department of Early Care and Learning (DECAL).

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

#### PEACHCARE FOR KIDS PRIVACY PROMISE TO YOU

We in the Georgia Department of Community Health (DCH) understand that health information about you and your family is private. We will protect your information. This notice tells you about your information privacy rights in the PeachCare for Kids program.

The privacy practices described in this notice will be effective August 29, 2003.

By law, PeachCare for Kids must use and disclose your child's medical information to provide information:  
To you or to someone who has the legal right to act for you or your child

- To the Secretary of the U.S. Department of Health and Human Services, if necessary
- Where required by law

#### YOUR MEDICAL INFORMATION RIGHTS

You have the following rights about your child's medical information: (Note: These rights may be limited by Georgia law or by court orders.)



- You have the right to see and have a copy of your child's health information held by PeachCare for Kids. Exceptions are psychotherapy notes and information that is needed for a legal action relating to DCH.
- You have the right to ask DCH to correct your child's medical information if you think that it is wrong. DCH may deny your request in some cases.
- You have the right to ask for a copy of disclosures that DCH has made of your child's medical information starting in April 2003. The list would not include disclosures to you or to your personal representative, or for payment for your child's health care, or for PeachCare for Kids administration.
- You have the right to ask for restrictions on some uses or disclosures of your child's health information. DCH is not required to meet your request.
- You have the right to ask for DCH to contact you about your child's health in a way or at a place that will help you keep your child's information private.
- You have the right to a paper copy of this notice. You may ask for another copy of this notice, or you may get a copy from DCH's Web site, [www.dch.ga.gov](http://www.dch.ga.gov).

## PRIVACY LAW'S REQUIREMENTS

DCH is required by law to:

- Maintain the privacy of your child's medical information
- Give you this notice of DCH's legal duties and privacy practices
- Follow the terms of this notice
- Not use or disclose your child's medical information without your written authorization, except for the reasons in this notice. You may take away your authorization in writing at any time, except for information that was already disclosed

DCH may change its privacy practices. We will provide a new notice to you if there is a material change in its privacy practices. We will post the new notice on the DCH Web site at [www.dch.ga.gov](http://www.dch.ga.gov).

## HOW DCH USES AND DISCLOSES HEALTH CARE INFORMATION

PeachCare for Kids contracts with other agencies and some private companies. We may disclose some or all of your child's information to the other agency or company so that they can do the job we have asked them to do. To protect your child's information, PeachCare for Kids requires the other agency or company to safeguard the information.

Below are ways that we may use and disclose your child's health information:

**For Payment:** We may use and disclose information about your child so that we can pay for the child's health care. When your child receives medical care, the child's health care provider sends a claim to PeachCare for Kids for payment. The claim includes information that identifies your child, as well as your child's diagnoses and treatments.

**For Medical Treatment:** We may use or disclose information about your child to ensure that she or he receives needed medical care. We may send you reminders of medical appointments.

**To Operate the PeachCare for Kids Program:** We may use or disclose information about your child to manage the PeachCare for Kids program and be sure that your child receives quality care. We may contract with a company that reviews health records to check on the quality of your child's care.

**To Keep You Informed:** We may mail information to you about your child's health. Examples are information about managing a disease and appointment reminders.

**For Overseeing Health Care Providers:** We may disclose information about you to the government agencies that license and inspect medical facilities, such as hospitals.

**As Required by Law:** We will disclose information about your child when required by law or by court order.



For more information or to report a privacy problem

If you have questions about your child's health or health care services, you should contact your child's health care provider (doctor, hospital, or others).

If you believe your child's privacy rights have been violated:

- You may file a complaint with PeachCare for Kids by calling the Member Inquiry Unit at 1-866- 211-0950
- You may file a complaint with the Health and Human Services Office for Civil Rights by writing to:

U.S. Department of Health & Human Services  
Office for Civil Rights, Region IV  
61 Forsyth Street SW, Suite 3B70  
Atlanta, GA 30303-8909

There will be no retaliation for filing a complaint.