



# Tennessee Department of Human Services Family Assistance Application

Please tell us if you need assistance with this application because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

## THIS BOX TDHS USE ONLY

Case #: \_\_\_\_\_  
Date received: \_\_\_\_\_  
County: \_\_\_\_\_

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than \$150, and you now have resources of \$100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at <https://onedhs.tn.gov/>.

<b>Name (First/MI/Last)</b>			<b>I am applying for:</b> <u>Families First</u> <u>SNAP</u>		
<b>Home Address</b>			We may use your home or cell phone number to call and remind you of an appointment. We will leave a message if you do not answer.		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell/Other Phone</b>
<b>Mailing Address (if different)</b>			We use Social Security Numbers to check that you are who you say you are. We use them to make sure you get the right amount of aid, to change the amount of aid you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check the United States Citizenship and Immigration Services (USCIS) records. If those records don't match what you say, it may affect whether you can get help and how much Families First or SNAP you get. If you give incorrect information on purpose to get help, you may go to jail.		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	By providing Race/Ethnicity information, it helps show if Tennessee is following civil rights laws. Please use the following to indicate race: <b>W</b> = White, <b>B</b> = Black/African American, <b>A</b> = Asian, <b>H</b> = Native Hawaiian/Other Pacific Islander, <b>I</b> = American Indian/Alaskan Native ( <b>Your household is not required to give us this information and it will not affect your eligibility or benefit level.</b> ) <b>Marital Status:</b> Use one of the following below for each adult member of the household: <b>married, single, divorced, widowed, separated</b>		
<b>Email Address</b>			Are you homeless: ( ) Yes ( ) No		
Do you need an EBT card? ( ) Yes ( ) No					

List everyone in your household (including self) To add more people, please attach another application or sheet of paper	Is this person applying for benefits? (Yes/No)	<u>(NOT needed if person does not want to receive benefits)</u> For more information, see page 1 of the Statement of Understanding		Sex (M/F)	(Optional) Check box if Hispanic/Latino	(Optional) Race (see above) Enter all that apply	Marital Status (see above)	Date of Birth	Check box if person is pregnant	Check box if person is disabled
		Social Security Number	Check box if U.S. citizen							

I certify under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding. If you apply for SNAP, you may be subject to a Quality Control review. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at <https://OneDHS.tn.gov/>.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness (if signed with an X): \_\_\_\_\_ Date: \_\_\_\_\_ Guardian or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

<p><b>THIS BOX For Families First only:</b> Permission to release school attendance records I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities. The records will be destroyed when they are no longer needed.</p> <p>Signature: _____ Date: _____</p>	<p>My information will be shared with Books from Birth unless I decline.</p> <p>Check here to decline ____.</p> <p>Are you willing to comply with child support? (FF Only)</p> <p>Yes ____ No ____</p>	<p>Would you like a copy of your completed application?</p> <p>____ Yes ____ No</p> <p>If so, would you prefer a paper copy or electronic copy?</p> <p>____ Paper Copy ____ Electronic Copy</p>	<p style="text-align: center;"><b>Your SNAP benefits may end if you:</b></p> <ul style="list-style-type: none"> <li>*Give incorrect information or hide facts to get SNAP benefits;</li> <li>*Use someone else's Benefit Security Card without their permission;</li> <li>*Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.</li> </ul> <p><b>If you break these rules, you will not get SNAP benefits for:</b></p> <p>1 year the first time, 2 years the second time, and forever the third time.</p> <p><b>If you trade SNAP benefits for drugs. You can be cut off for:</b></p> <p>2 years the first time and forever the second time.</p> <p><b>You may be cut off SNAP forever if you're found guilty of:</b></p> <ul style="list-style-type: none"> <li>*Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);</li> <li>*Selling SNAP benefits worth \$500 or more.</li> </ul> <p><b>Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.</b></p> <p><b>Federal and/or State Convictions:</b></p> <p>Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time? Yes ____ No ____</p> <p>Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)</p> <p>Yes ____ No ____</p> <p>Have you or any household member been convicted of buying or selling SNAP benefits over \$500? Yes ____ No ____</p> <p>Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP &amp; TANF)? Yes ____ No ____</p> <p>Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation? Yes ____ No ____</p> <p>Have you or any household member been convicted of trading SNAP benefits for drugs or controlled substance? Yes ____ No ____</p> <p>Has anyone you are applying for received SNAP &amp; TANF from another state within the last 30 days? Yes ____ No ____</p>
<p><b>I understand I may have one or two authorized representatives:</b></p> <p>_____ may apply for these benefits for me: SNAP ( ); Families First ( )</p> <p>_____ may use my SNAP benefits for me ( ); may use my Families First benefits for me ( )</p> <p>_____ may apply for these benefits for me: SNAP ( ); Families First ( )</p> <p>_____ may use my SNAP benefits for me ( ); may use my Families First benefits for me ( )</p>			
<p><b>Voter Registration</b></p>			
<p>Are you registered to vote where you live now? ( ) Yes ( ) No</p> <p>Would you like to register to vote? ( ) Yes ( ) No</p> <p>Do you want TDHS to mail a voter registration form to you? ( ) Yes ( ) No</p> <p><b>The benefits you may receive from TDHS will not change whether you register to vote or not nor does it keep you from applying for benefits.</b></p>			
<p><b>Enter information about your household's INCOME in the boxes below.</b> Income includes but is not limited to employment, self-employment, alimony, child support, disability benefits, Social Security/SSI, Worker's Compensation, Unemployment benefits, pensions, stipends, and interest income.</p>			
<p><b>Person with Income taxes/expenses</b></p>	<p><b>Source of income (such as job, Social Security, child support)</b></p>	<p><b>Monthly amount before taxes/expenses</b></p>	
<p><b>List any household Resources (cash, checking, savings, or other bank accounts, certificates of deposit, stocks, bonds, mutual funds, retirement accounts, trust funds, annuities, or other liquid assets)</b></p> <p>Type: _____ Value: \$ _____ Type: _____ Value: \$ _____</p> <p>Type: _____ Value: \$ _____ Type: _____ Value: \$ _____</p>			
<p><b>Any member who breaks any of the rules on purpose can be barred from SNAP for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from SNAP for an additional 18 months if court ordered. Do not trade or sell EBT cards or use someone else's card. Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014? Yes ____ No ____</b></p>			
<p><b>If you are between 18 to 24 years old, have you ever been in state custody as a child? Yes ____ No ____</b></p> <p style="text-align: center;"><b>Child Care Expenses</b></p> <p>Amount paid per week: \$ _____</p> <p>Child care provider name: _____</p>	<p style="text-align: center;"><b>Shelter Costs</b></p> <p>Rent / Mortgage (circle one)</p> <p>Monthly amount: \$ _____</p> <p>Gas/Electric \$ _____ per month</p> <p>Phone \$ _____ per month</p>	<p style="text-align: center;"><b>Medical Expenses</b></p> <p>List recurring medical expenses like prescriptions or insurance premiums. These can help you get more SNAP if you're elderly or disabled.</p> <p>Type: _____ \$ _____ per month</p> <p>Type: _____ \$ _____ per month</p>	<p style="text-align: center;"><b>Child Support Paid</b></p> <p>If you are legally obligated to pay child support payments to or for a child or children enter it here:</p> <p>Child: _____ \$ _____ per month</p> <p>Child: _____ \$ _____ per month</p>
<p>This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 (2) fax: (202) 690-7442; or (3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. For any other information dealing with Supplemental Nutrition Assistance Program (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: <a href="http://www.fns.usda.gov/snap/contact_info/hotlines.htm">http://www.fns.usda.gov/snap/contact_info/hotlines.htm</a>.</p> <p>To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider. You may also write Tennessee, Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 500 Deaderick Street, Nashville, TN 37243, (615) 313-4700.</p>			



**Important - Keep This Paper!**

**Customer Copy**

Need to report a change? Have a question? Need help? Call us. This call is free.

**Family Assistance Service Center - 1-866-311-4287**

We are here to help you from 8:00 a.m.  
to 4:30 p.m. CST Monday through Friday.

If you have a disability and require special assistance, please let us know.

**FREE INTERPRETERS** -- If you don't understand English well and need help, please let us know. We will get an interpreter that will help you speak to us. This service is free. Getting an interpreter will not delay the processing of your case. We can still take your application today.

**You can apply for Families First or SNAP benefits at a DHS office.** We will take your application with only your name, address, and signature. Customers may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at <https://onedhs.tn.gov/>. An application and interview must be completed. The DHS application can be accessed online or completed at the DHS office. You may use this form to file an application for one (1) or both programs. Your SNAP application will not be denied solely on the basis that your application for another program has been denied. We will process applications for SNAP in accordance with SNAP procedures, including time frames and Fair Hearing requirements, regardless of whether the application is for SNAP and Families First. You must give us proof of who you are, your income, and other facts needed to approve your application. If you need help getting proof, ask your DHS caseworker.

If you or the person for whom you are applying is eligible for benefits, SNAP or Families First benefits may be provided from the date that we receive the application with your name, address, and signature on it. The filing date will be different if the household is in an institution and applying for SNAP and SSI at the same time. In this case, the filing date is the date of release from the institution.

- **Anyone in the household applying for Families First or SNAP benefits** must give us a Social Security Number and citizenship or immigration status. The Food and Nutrition Act lets us use Social Security Numbers to make sure you get the right amount of aid, to change the amount of aid you get, to check computer and government records, and to make sure you qualify. When we check computer records, we use the Income Eligibility Verification System. If those records don't match what you say, it may affect whether you can get help and how much cash or SNAP you get. If you do not have a Social Security number, we can help you ask for one.
- If you have a Social Security Number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member.
  - Example: Spouses and children and their parents must apply in the same household, unless you are opting not to apply for benefits for someone who opts not to give their SSN or immigration status.
- **DHS does not need** Social Security numbers or citizenship/immigration status for household members not applying for benefits. If a Social Security Number is provided for someone who is not applying for benefits, it will not be sent to the United States Citizenship and Immigration Services (USCIS) in order to verify their status.
- You may apply for benefits for citizens and eligible immigrants even if you do not apply for benefits yourself.
- The citizenship status of an applicant household member may be subject to verification by USCIS through the submission of information from the application to USCIS and that the submitted information received from USCIS may affect the household's eligibility and level of benefits.

Persons not applying for benefits will still have their resources and income considered.

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Distribution: FARAS (Original)

HS-0169 Addendum (Rev. 03-22)

**If you are applying for help from DHS, we may give your Social Security Number to:**

- Police who are looking for lawbreakers when the law allows or requires us or a court orders us to do so.
- Other federal or state agencies if the law allows or requires us to do so.

The collection of information on the application, including the SSN, is authorized under the Food and Nutrition Act of 2008 as amended, 7 U.S.C. 2011-2036. Information will be used to determine if your household is eligible or continues to be eligible to participate in the 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.

**How long do we take to decide about your application?**

- Families First cash payments: We have forty-five (45) days to decide if you can receive them.
- SNAP: It can take up to thirty (30) days to decide and to give you SNAP benefits if you qualify.
- To make a decision on time, DHS must have your help to get all the proof we need.

Your caseworker will tell you what changes you must report. If you receive Families First, you must report to DHS about any changes about your living situation within ten (10) days.

If you receive SNAP and are Simplified Reporting, you **must** report the following changes by the tenth (10<sup>th</sup>) day of the next month after the changes occurred.

- When the household's monthly gross income goes above the SNAP Gross Income Limit for your household size,
- Whenever an able-bodied adult subject to work requirement have their work hours fall below twenty (20) hours per week or eighty (80) hours averaged per month, and
- When a member of the household wins substantial lottery or gambling winnings.

Your worker will tell you what the amounts are.

**SNAP benefits won't change your Families First benefits.** If your Families First cash payments stop, you may still receive SNAP. But if you start receiving Families First, your SNAP benefits may go down. **You will be notified of this change; however, you may receive this notice less than ten (10) days before your SNAP benefits go down.**

**Your SNAP benefits may end if you:**

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission or trade or sell the Benefit Security Card;
- Buy things with SNAP benefits like beer, cigarettes, or soap,
- Pay on credit accounts or pay for food purchased on credit with SNAP benefits.

**If you break these rules, you will not get SNAP benefits for:**

- One (1) year the first time.
- Two (2) years the second time.

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- Forever the third time.

**If you use or receive benefits in a transaction involving the sale of a drug or controlled substance you can be cut off for:**

- Two (2) years the first time.
- Forever the second time.

**You may be cut off the SNAP Program forever if a court finds you guilty of:**

- Trading SNAP benefits for guns, ammunition, or explosives.
- Selling SNAP benefits worth \$500 or more.

**You may not get SNAP benefits for ten (10) years if you lie about who you are or where you live in order to receive multiple SNAP benefits.**

**If you do not follow your Families First plan, we may cut your Families First cash payments, or your SNAP benefits may be reduced.**

**If you do not report your work income or are found guilty of breaking SNAP Program rules on purpose, you may have to pay back money if you get too many SNAP benefits.**

**People who break these rules may go to prison, be charged under federal laws, or be fined up to \$10,000. If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.**

**One or more of your household members are required to meet the work registration requirements to be eligible to receive SNAP benefits.**

Work Registration Requirements: 1. Register for work (work registration is completed when the application or recertification form has been signed or by contacting our agency to add an individual to your SNAP case, and this information is recorded by the agency); 2. Provide sufficient information of job status and availability when requested; 3. Accept a suitable job of thirty (30) or more hours weekly, if offered; 4. Must not quit the job, once hired; and 5. Will not voluntarily reduce job hours. Failure to follow the above requirements, without a reason, may result in a loss of SNAP benefits for the following time periods: 1<sup>st</sup> offense-one (1) month; 2<sup>nd</sup> offense-three (3) months or 3<sup>rd</sup> or more offense-six (6) months. You must report if your household's total monthly gross income goes over the income standards for your household size or if anyone aged eighteen (18) to forty-nine (49) has a drop in working hours below twenty (20) hours weekly. This change must be reported by the tenth (10<sup>th</sup>) day of the month following the change. The following resources may assist you in finding employment: 1. SNAP Employment and Training (SNAP E & T); 2. [www.Jobs4tn.gov](http://www.Jobs4tn.gov); 3. Tennessee Department of Labor and Workforce Development local office; 4. Other resources are also available.

An ABAWD is an able-bodied adult without dependents between the ages of eighteen (18) to forty-nine (49) in the household, if otherwise not exempt, can only be eligible for three (3) months of SNAP benefits in a three (3) year period unless they are participating in the SNAP work requirement. Beginning January 1, 2019, the ABAWD SNAP work requirement will be to:

- Work at least an average of twenty (20) hours per week eighty (80) hours per month) or more, OR
- Participate in a qualified training program for an average of twenty (20) hours per week [eighty (80) hours per month] or more

Qualified training programs are offered through the Department of Labor and Workforce Development and can be:

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- A program under the Workforce Innovation and Opportunity Act;
- A program under section 236 of the Trade Act of 1974; OR
- Attendance in Adult Basic Education (ABE) classes

ABAWD participants will only be eligible to receive SNAP benefits for three (3) months in a thirty-six (36) month or three (3) year period beginning January 1, 2019.

**You may get more SNAP if you qualify and have proof of these kinds of expenses:**

- Medical;
- Child or dependent care;
- Child support; or
- Housing or utilities

**Your DHS caseworker can help you get proof.** But you must report the expense and give us proof. If you don't tell us about these expenses and give us proof, we will assume you do not want the deduction and you won't get more SNAP benefits.

**Families First Information:**

If you get Families First cash payments you don't qualify for, you must pay the State back. You can:

- Pay from your Families First cash payments.
- Pay in cash, if you don't receive Families First.

If you give incorrect information or hide facts to get Families First cash payments, you can be taken to court. You may be charged with perjury (lying under oath), theft or another crime, and may be sentenced to time in jail. If you break Families First rules on purpose, we call this an Intentional Program Violation. If you are found guilty, you could be cut off Families First for:

- Six (6) months the first time;
- One (1) year the second time; and
- Forever the third time

It is illegal to get cash payments in two states at the same time. Anyone who does this may be cut off cash payments for ten (10) years.

You are prohibited from using your EBT Card in the following locations: liquor stores, casinos, poker rooms, adult entertainment businesses, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories. If you violate this provision, you may have to pay back the amount purchased for the first and second offenses. On the third violation, the caretaker of your household may be deemed permanently ineligible to use an EBT Card for the purpose of accessing his/her Families First cash benefits, and a protective payee may be designated to access and manage the Families First benefits.

**Your children can get Families First OR SNAP benefits, but you cannot if you are:**

- A fleeing felon
- A parole or probation violator
- Guilty of a drug-related felony that was committed after August 22, 1996, unless you meet a specific exception.

Your caseworker can give you more information about the exception.

**To get Families First cash payments, you must sign and follow a Personal Responsibility Plan.** This plan may require you to go to a work and/or education activity.

**Important information about Child Support and Families First:**

**You may be able to get Families First cash payments and child support at the same time.** If you get Families First, you must help us prove who the child’s father is. You must also work with us to collect child support for the children on Families First. We won’t try to collect support if you prove there is a good reason not to do so. All child support must go first to DHS. If the parent gives you money directly, you must send it to DHS. **You may be able to get some or all of the child support back.** We call these payments child support pass-through payments.

The amount of your child support pass-through payment depends on both your “unmet need” and the amount of child support paid. We figure your unmet need based on:

- How many people the Families First cash payment covers
- How much other income you have
- You can ask your DHS caseworker how much your unmet need is.

**Do you want to apply to vote in the next election?** Federal and state law requires that we ask if you want to register to vote. We must ask you this question any time you apply or re-apply for benefits, when you are recertified for benefits, or if you report to us that you have moved. We will help you to fill out all the forms.

**Voter Registration Information:**

- The benefits you may receive from DHS will not change whether you register to vote or not.
- We can help you apply to register to vote. The decision to get help is yours. You may fill out the form in private.
- You may file a complaint with the Coordinator of Elections, Secretary of State’s Office, William R. Snodgrass-Tennessee Tower, 312 Rosa L Parks Ave, Nashville, TN 37243, 1-615-741-7956, Tennessee Relay Center, 1-800-848-0299, if you believe:
  - Someone has interfered with your right to register or to decline to register to vote.
  - Someone has interfered with your right to privacy in deciding whether to register or in applying to register to vote.
- If you choose to register or decline, we will not tell anyone outside the election commission about your choice or where you applied. We will only use this for registration purposes.
- The County Election Commission will see if you are able to register to vote. This is **not** done by DHS.
- If you are registered to vote, the Election Commission will mail you a voter registration card. If you do not have the card in three weeks, check with the Election Commission.

- If you mail your application to your county election commission, you must vote in person the first time you vote.
- We will mail you a “Mail-In Application for Voter Registration” form within thirty (30) days if you are telling us by phone, internet, or mail about:
  - An address change
  - An application
  - A re-application
  - A re-certification
  - A review

If the deadline to register is less than thirty (30) days away, we will mail the form to you within five (5) days or the next workday if we can.

### **HIPAA:**

The federal **HIPAA** law says we must keep facts about your health private. It also says we must give you this notice. Here are the rules that we must follow to keep the facts about your health private. These rules can change. If important changes are made, we will tell you.

### **In order to determine your eligibility for Families First, DHS may share your private health information with:**

- Some employees of the Department who need it to decide if you can get Families First.
- DHS may also share your private health information with the federal Department of Health and Human Services because they provide oversight of the Families First program.

### **USDA Nondiscrimination Statement**

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

*DHS staff should check the “Forms” section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.*

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(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
(2) fax: (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (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:  
[http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm)

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

### **Your right to a fair hearing:**

**What if you don't agree with what we decide on your application or case? You can appeal for a fair hearing. You may speak for yourself at the hearing. You also may bring a friend, relative, or lawyer to speak for you. After you hear from us, you have ninety (90) days to file an appeal for Families First and SNAP benefits.** If you want to continue your benefits while the appeal is being decided, you must ask us within ten (10) days for Families First and SNAP. If you lose the appeal, you may have to pay back the benefits you received during the time the appeal was being decided. **If you want to file an appeal, tell your DHS caseworker. You can also call the Family Assistance Service Center at 1-866-311-4287. This is a free call.**

### **Permission to release school attendance records:**

I (customer) give permission for the school attendance records of children I included on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities and the records will be destroyed when they are no longer needed.

### **Permission to contact me:**

I agree that DHS may contact me by U.S. Mail and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for benefits/services or the benefits/services that I am already receiving.