



MONTANA

SNAP, TANF, and Health Coverage Assistance Application

Renew My Benefits - 28669751

Submission Date and Time

December 5, 2024 00:10

Renew My Benefits - Medicaid

Case Information

Case Number	937605	Person ID	5262262
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Household Information

Has there been a change to your home address, your mailing address or how to contact you?	No
Has there been a change in personal information for anyone living in your home? For example, has anyone gotten married or divorced, or has there been a change in anyone's citizenship/immigration status?	No
Has anyone moved into your household?	No
Has anyone moved out of your home?	No

Additional Information

Has there been a change in anyone's school enrollment?	No
Do you want to report a new health insurance for someone in the household? (OR) Has there been a change in the health insurance information for your household?	No
Does anyone in your household have a physical, mental or emotional health condition that causes limitations ?	Yes
Has there been a change to anyone's child care provider information?	No
Would you like to make a change to your authorize representative?	No

Liquid Resources

Have there been any changes in the money that people in your household have on hand and not in the bank?	No
Have there been any changes in anyone's financial account information, or do you want to add a new bank account for someone in your household?	No
Have there been any changes in anyone's other liquid resources information, or do you want to add another liquid resource?	No
Has anyone sold, transferred or given away resources in the last five years?	No

Other Resources

Have there been any changes in anyone's Vehicle Information?	No
Have there been any changes in anyone's Real Estate Information?	No
Have there been any changes in anyone's Personal Property Information?	No
Have there been any changes in anyone's Life Insurance Information?	No

Employment Income

Has there been a change in anyone's employment income or hours or has anyone started or is expecting to start a new job? (A change includes if a job has started, stopped or changed)	No
Has there been a change in anyone's self-employment income or hours or has anyone started or is expecting to start a new self-employment? (A change includes if a job has started, stopped or changed)	No

Other Income

Has there been a change in anyone's income from sources other than a job, or is anyone now receiving income from a source other than a job? (Examples: Unemployment, Social Security, Disability Payments, Child Support, Contribution to the Household)	No
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Housing and Utility Bills

Have there been any changes in your household's housing bill(s), or do you want to report a new housing bill?(Example: Rent/Mortgage, Property Tax, Home Owners Insurance)	No
Is the household rent subsidized (HUD, Section 8, etc.)?	No
Does the household pay for heating and cooling cost separate from rent?	Yes
Does the household receive energy assistance from LIEAP (Low Income Energy Assistance Program)?	No

Have there been any changes in your household's utility bills, or do you want to report a new utility bill?	No
Other Bills	
Have there been any changes in anyone's dependent care bills?	No
Have there been any changes in anyone's Child Support payments?	No
Have there been any changes in anyone's Alimony payments?	No
Have there been any changes in anyone's Medical bills?	No
Have there been any changes in anyone's Medicare bills?	No

Additional Household Changes

Do you want to report a pregnancy for anyone in your household? No

Additional Household Changes - Peggy Ann McGuire

If you are not pregnant and not eligible for Medicaid, would you like family planning services? No

If yes, are you a female between 19-44 years of age and able to bear children?

Tax Information

Tax Information - Peggy Ann McGuire

Filing federal income tax return next year? No

Spouse Information - Peggy Ann McGuire

Will file jointly with a spouse? No

Dependent Information - Peggy Ann McGuire

Will claim any dependents on their tax return? No

Claimed as a dependent on someone else's tax return? No

Has Peggy Ann McGuire's Health Condition Ended? No

Health Condition Details

Health Condition - Peggy Ann McGuire

Have a physical, mental or emotional health condition that causes limitations? Yes

Signing Your form Details

Additional Information Details

Additional Information Details

Voter Registration

State of Montana Voter Registration Agency Certification No, I am already registered to vote and therefore do NOT want to register to vote here today.

Electronic Signature Details

Electronically Signed Yes

Signed By Peggy A McGuire

Rights, Responsibilities, and Penalties

INTERVIEW

1. After your form is filed, you will be notified of the time and date of your interview (if needed). An interview is not required, but is recommended for Medicaid/HMK Plus. Complete as much of the form as you can. A case manager will help you with any unanswered questions at the interview. If you do not have all necessary information, this could delay a decision on your form.
2. For SNAP benefits, TANF cash assistance and Refugee programs, if you cannot keep your appointment (if needed), you must schedule another appointment within 30 days of the form date. If you do not schedule another appointment, your form will be denied.

3. If you are not able to appear for an interview or you are unable to find someone to represent you, call your County Office of Public Assistance to schedule a phone interview: <http://dphhs.mt.gov/contact/locationsbycounty.aspx>

RIGHTS AND RESPONSIBILITIES

1. You do not have to be interviewed or have a scheduled appointment before filing the form.
2. Your form will be processed within 30 days for SNAP benefits and Cash Assistance, and 45 days for Medicaid and Refugee Medical Assistance from the date of form except in unusual circumstances as defined by regulation.
3. Applicants soon to be released from an institution may make form for SNAP benefits prior to their release. The form filing date for pre-release applicants is the date of release from the institution if applying for SNAP and SSI at the same time.

4. For SNAP benefits, do not:

- trade or sell SNAP benefits; or
- use SNAP benefits to get ineligible items such as alcoholic drinks, tobacco, or pay on credit accounts; or
- use someone else's SNAP benefits for your household or let someone use your benefits.

5. For SNAP and RCA benefits you will be required to repay any benefits for which you aren't eligible, including errors caused by this agency. You will be required to repay any TANF, RMA and/or Medicaid, benefits that you aren't eligible to receive for any reason other than this agency's error.

6. USDA Nondiscrimination Statement

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 and 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, audiotope, 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, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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.

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.

7. For Medicaid the following apply:

- I must report any changes in my situation to the local Office of Public Assistance. Medicaid changes must be reported within 10 days of knowledge. Late reporting may cause incorrect benefits.
- I must provide information and proof as requested to help determine that I am eligible for assistance. DPHHS may help me obtain the proof or contact other persons or agencies to assist me. If I need help with gathering proof, I must tell the Office of Public Assistance that I do need help.
- The information I (we) give here is subject to verification by federal and state officials. If any information is incorrect, my form may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- My (our) Social Security Number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal

Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level. It will also be used for claims collection purposes.

- My (our) alien status information will be verified with United States Citizenship and Immigration Services (USCIS). This information may affect eligibility or level of benefits.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- If approved for Medicaid, my (our) rights to any health insurance or other third party payment are automatically assigned by law to the State of Montana.
- Per ARM 37.82.416, I authorize the MT Highway Patrol & any of its agents, contractors or designees to release to DPHHS & any of its agents, contractors or designees all motor vehicle accident reports, supplemental reports & information, including witness statements, filed by law enforcement personnel which I or any household members are entitled under Section 61-7-114 MCA.
- If approved for Medicaid under certain family-related programs, my (our) rights to medical support are automatically assigned to the State of Montana.
- Under Montana law, medical assistance paid on behalf of individuals age 55 or older or anyone who lived in a nursing home (regardless of age) may be subject to recovery from the individual's estate. Additionally, a lien may be placed on any real property owned by an individual who receives Medicaid for nursing home services.
- By asking for and receiving Medicaid I (we) will be required to apply for other benefits/programs to which I (we) may be entitled. These benefits/payments include, but are not limited to: Social Security benefits, Child Support, annuity payments, Medicare, Unemployment Insurance, retirement benefits, settlements, etc.
- Information provided by applicants and/or recipients of Medicaid may be subject to verification via a computer-matching program with the Social Security Administration. This is authorized per Privacy Act of 1974; 5 U.S.C. 552a as amended.
- Cooperation with random Program Compliance reviews and Third Party Liability requirements is mandatory to remain eligible for continued benefits.

SNAP WORK REQUIREMENTS

1. Individuals who are physically and mentally fit and between the ages of 16 and 60 shall be ineligible if they: (1) refuse without good cause to provide sufficient information to allow a determination of their employment status or job availability; (2) voluntarily and without good cause quit a job; or (3) voluntarily and without good cause reduce their work effort (and after the reduction, are working less than 30 hours a week).
2. Individuals who reside in a county with a SNAP Employment and Training Program may attend this program.
3. Cash Assistance work requirements do not apply to SNAP.

TIME LIMITED BENEFITS:

1. The household may not be eligible for TANF cash assistance benefits if a member of the household has received 60 months of TANF cash assistance benefits in any state. TANF time limits do not apply to Medicaid, SNAP benefits or Refugee programs.
2. An individual who is an able bodied adult without dependents may not be eligible for SNAP benefits if they have received 3 months of SNAP benefits in a 36-month period, unless they meet an exemption, or meet the work requirement.
3. Refugee Cash Assistance and Refugee Medical Assistance are only available to eligible refugees/asylees for 8 months from date of entry or from the date their asylum status was granted. However, Refugee Social Services, such as employment and training assistance, could extend up to five years from date of entry/ date asylee status was granted, depending on federal funding. This form is not required to apply for Refugee Social Services. For more information about the Refugee Social Service Program, please ask your Office of Public Assistance Case Manager.

SNAP AND TANF CASH ASSISTANCE PROGRAMS:

1. The information I (we) give here is subject to verification by state or local and federal officials. If any information is incorrect, my application/redetermination may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
 - â€¢ DPHHS is authorized to match TANF recipients' information provided to the office of Child Support Enforcement through the National Directory of New Hires (NDNH). The results may affect your eligibility for TANF.
 - â€¢ Information provided by applicants and/or recipients of financial assistance may be subject to verification via a computer-matching program with the Social Security Administration. This is authorized per Privacy Act of 1974; 5 U.S.C. 552a as Amended.
 - â€¢ For SNAP, the collection of information, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP. We will verify this information through computer matching programs

- such as IEVS and any discrepancy may be verified through collateral contacts which may affect eligibility and level of benefits . This information will also be used to monitor compliance with program regulations and for program management.
2. My (our) Social Security Number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level.
 3. It is unlawful to knowingly make false statements, misrepresent facts, or conceal information to obtain benefits.
 4. My (our) alien status information will be verified with United States Citizenship and Immigration Services (USCIS). This information may affect eligibility or benefit levels.
 5. This information may be disclosed to other Federal and State agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
 6. 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 actions.
 7. Providing requested information, including the SSN of each household member, is mandatory for TANF and voluntary for SNAP benefits. However, failure to provide this information will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.
 8. **Individuals who knowingly and intentionally break a rule can be prosecuted and fined. Under SNAP, the fine may be up to \$250,000 or you may be imprisoned up to 20 years, or both. Individuals are also subject to prosecution under other applicable federal and state laws. She/he may also be barred for an additional 18 months if court ordered.**
 9. **Any household member who knowingly and intentionally breaks a SNAP or TANF Cash Assistance rule can be barred from the program for one year for the first violation; for two years for the second violation; and permanently disqualified after the third violation.**
 10. **Any SNAP recipient who has been found guilty in a federal, state or local court of trading SNAP benefits for controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) will be disqualified from participation in SNAP for two years for the first offense and permanently for the second offense.**
 11. **Any SNAP recipient who has been found guilty in a federal, state or local court of trading SNAP benefits for firearms, ammunition, or explosives will be permanently disqualified from participation in SNAP.**
 12. **An individual shall be permanently disqualified from participation in SNAP if he/she is convicted of trafficking SNAP benefits of \$500 or more.**
 13. **An individual shall be ineligible to participate in SNAP for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and/or residence in order to receive multiple benefits from more than one state or county at the same time.**
 14. For TANF Cash Assistance, an individual shall be ineligible to participate in the TANF Cash Assistance program for ten years if he/she is found to have made a fraudulent statement or representation with respect to where they live or benefits received in another state in order to receive multiple benefits from more than one state or county at the same time.
 15. By asking for and receiving TANF, I (we) will be required to apply for other benefits/programs to which I (we) may be entitled. These benefits/programs include, but are not limited to: Social Security benefits, unemployment, child support, etc.
 16. Cooperation with a random Quality Control (Program Compliance) review is mandatory to remain eligible for benefits.
 17. The household may not be eligible for TANF cash assistance benefits if a member of the household has received 60 countable Federal TANF months of cash assistance benefits in any state.

Legal Disclaimers/Additional Information/Additional Terms

- I have been informed my household is authorized to receive TANF Information and Referral services. I have been given the TANF Information and Referral Service brochure that has information about these services.
- I must report any required changes to the HMK helpline at 1-877-543-7669 or county Office of Public Assistance within 10 days. Failure to report required changes may negatively impact my children's health coverage.
- The household must provide information and proof as requested to help determine the household is eligible for assistance. If the household needs help with gathering proof, they must tell the Department of Public Health & Human Services and the department may help obtain proof or contact other persons or agencies to assist the household.
- If approved for Medicaid/HMK, rights to any health insurance or other third party payment are automatically assigned by law to the State of Montana.
- If approved for TANF cash assistance, rights to medical and child support are automatically assigned to the State of Montana. If

approved for Medicaid under certain family-related programs, rights to medical support are automatically assigned to the State of Montana.

- Under Montana law, medical assistance paid on behalf of individuals age 55 or older or anyone who lived in a nursing home (regardless of age) may be subject to recovery from the individual's estate. Additionally, a lien may be placed on any real property owned by any individual who receives medical assistance for nursing home services.
- A fair hearing may be requested if I disagree with any action taken on my case. For SNAP, the request may be orally or in writing. For other assistance programs, the request must be submitted to the agency in writing. Your case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson.
- By asking for and receiving TANF or Refugee Cash Assistance, HMK and/or Medicaid the household will be required to apply for and/or accept other benefits, programs, income or assets to which the household may be entitled. These include, but are not limited to: Social Security Disability, Child Support, annuity payments, Medicare, Unemployment Insurance, settlements, inheritance, winnings, etc.
- Information provided by applicants and/or recipients of financial assistance may be subject to verification via a computer matching program with the Social Security Administration. This is authorized per the Privacy Act of 1974; 5 U.S.C. 552a as amended.
- Cooperation with a random Program Compliance reviews and/or Third Party Liability requirements is mandatory to remain eligible for continued benefits.
- I may be required to repay benefits my household has received in error.
- The Department of Public Health & Human Services is authorized to match TANF recipients' information through the National Directory of New Hires (NDNH). The results may affect your eligibility for TANF benefits.
- The information I (we) give here is subject to verification by federal, state, and local officials to determine if the information is factual. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- The collection of information on the application including my (our) Social Security number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level and may be verified through collateral contacts when discrepancies are found by the State agency. The Social Security number(s) may also be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending fleeing felons/probation or parole violators. It will also be used for claims collection purposes and used to monitor compliance with program regulations and program management.
- My (our) alien status information may be verified with United States Citizenship and Immigration Services (USCIS). This information may affect eligibility or level of benefits.
- By asking for and receiving TANF or Refugee Cash Assistance, adults may be required to participate in an employment or training activity. Benefits may be pro-rated from the date all adults negotiate and sign an agreement to participate in employment or training activities.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- For SNAP the signature of the primary information person, other adult household member or an authorized representative on this application constitutes registering for work of all non-exempt household members.

Form Processing

- The information I (we) give here is subject to verification by federal and state officials. If any information is incorrect, my form may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- My (our) Social Security Number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level. It will also be used for claims collection purposes.

Signature Declaration

I agree to submit this change report by electronic means. By signing this change report electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. If I completed, or assisted in completing this change report form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I certify that the above statements are true and correct to the best of my knowledge. If I

give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.