Use this space if you need additional room	

Page 19 of 19 DHS-3550-ENG 6-25



# The Child Care Assistance Program: What to know about fraud – information for families

# What is the Child Care Assistance Program?

The Child Care Assistance Program (CCAP) provides financial assistance to help families with low incomes pay for child care so that parents can work and children are well cared for.

# What are the Child Care Assistance Program laws?

If you get child care assistance, you and your child care provider must follow the law. Failure to follow child care assistance laws could result in serious consequences. This document explains some of the laws. You can find more of the program's laws in the Minnesota Child Care Assistance Program (CCAP) Family Guide (DHS-3944) (https://edocs.dhs.state.mn.us/Ifserver/Public/DHS-3944-ENG) (PDF). If you have questions about these laws, contact your child care assistance worker.

### What do I need to tell my child care assistance worker?

You must report certain changes to your child care assistance worker within 10 calendar days of the change. For more information, see Reporting responsibilities for Child Care Assistance Program families (DHS-6953) (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6953-ENG) (PDF).

If you do not report required changes within 10 calendar days, you may have to pay back the money provided for your child care assistance.

When requested, you must submit proof of your actual income to your child care assistance worker. It is against the law to submit pay stubs that are different from what you actually earned to your child care assistance worker, employment counselor, and/or the county/tribe where you receive benefits.

# Can the Child Care Assistance Program pay for days when my child does not attend child care?

Yes, but there are limits to what child care assistance can pay. If your child stops attending child care or needs less child care, tell your child care assistance worker. It is against the law for child care providers to bill the Child Care Assistance Program for days when your child does not attend, unless the provider bills those days correctly as absent days or holidays.

#### **Absent days**

The Child Care Assistance Program will pay 25 absent days per calendar year, per child. The Child Care Assistance Program will not pay more than 10 absent days in a row.

When absent days are all used for the year, your family, or a payment source other than child care assistance, is responsible to pay for any additional absent days.

### **Holidays**

The Child Care Assistance Program will pay 10 holidays per calendar year, per child.

CCAP cannot pay for provider vacation days, provider sick days, or any other days that child care is not available, other than holidays.

#### **Attendance records**

Attendance records must be a true record of the days and times each child arrives at and leaves their child care provider. Records must include the date of service, each child's first and last name, and sign in and out times. Each day a child attends, the person picking up or dropping off the child should be the one to sign the child in and out.

## Can I get child care assistance if I work in child care?

Yes, but the Child Care Assistance Program cannot pay:

- Licensed family or legal nonlicensed providers to receive child care subsidies for their own children, or children in their family, during the hours they are providing care or being paid to provide child care.
- More than 25 employee's children to attend a child care center where the parents work. For more information about this law, see Child Care Assistance Program Payments for Children of Center Employees – Questions and Answers for Parents (DHS-6960C) (https://edocs.dhs.state.mn.us/lfserver/ Public/DHS-6960C-ENG) (PDF)

You must report to your child care assistance worker within 10 days if you start working in a child care center or providing child care.

# Can I get child care assistance if I'm self-employed?

Yes, child care assistance can help parents who are self-employed or who own their own businesses as long as:

- The family meets all other Child Care Assistance Program requirements, including income requirements, AND
- The parents need child care during the time they are working.

## Can I get child care assistance if I work at a child care center?

Yes, but the Child Care Assistance Program cannot pay for more than 25 employees' children to attend a child care center where their parents work. This law applies to both licensed and license exempt centers. Parents may work at a child care center where their children do not attend. For more information about this law, see Child Care Assistance Program Payments for Children of Center Employees – Questions and Answers for Parents (DHS-6960C).

#### What if I don't follow the law?

Failure to follow Child Care Assistance Program rules could result in serious consequences, such as:

- · A loss of child care assistance
- The need to pay back money paid by the Child Care Assistance Program, and/or
- A fraud determination (see below for more information).

#### What is fraud?

Fraud is knowingly giving the government false information or knowingly hiding information to get public assistance for yourself or someone else. Public assistance includes programs like child care assistance, cash assistance, SNAP and Medical Assistance.

It's very important that you provide **true, complete and current information** about everyone in your household to your child care assistance worker and on paperwork you submit. Your child care assistance worker uses this information to determine the amount of benefits you should receive. If your child care assistance worker discovers any information you gave is not true, you risk losing future public assistance benefits and face other serious penalties.

### Know what you are signing

Before you sign your name on an application or form, read it carefully. Be sure that you are giving true information about yourself, your situation and all changes in your life.

### **Fraud penalties**

If you commit fraud, you may lose your right to get any future benefits. You may also have to:

- Pay back the money or public assistance benefits that you wrongfully received
- · Pay additional fines to the court
- Go to jail or prison.

### How can I report fraud?

People who are dishonest about information related to public assistance benefits cause serious trouble for themselves and others. If you think someone is cheating or breaking the law, please help by reporting it. To report suspected fraud, contact the Department of Human Services Fraud Hotline:

- 800-627-9977 toll-free outside the Twin Cities metropolitan area
- 651-431-3968 in the Twin Cities metropolitan
- Online at <a href="https://fraudhotline.dhs.mn.gov">https://fraudhotline.dhs.mn.gov</a>

You do not have to give your name when you report fraud.

### **Notice of Privacy Practices**

(Effective Date: November 2016)

This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.

#### Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
  - To tell you apart from other people with the same or similar name
  - To decide what you are eligible for
  - To help you get medical, mental health, financial or social services and decide if you can pay for some services
  - To decide if you or your family need protective services
  - To decide about out-of-home care and in-home care for you or your children
  - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
  - To make reports, do research, do audits, and evaluate our programs
  - To investigate reports of people who may lie about the help they need
  - To collect money from other agencies, like insurance companies, if they should pay for your care
  - To collect money from the state or federal government for help we give you.
  - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

### Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/ or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

### Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

#### With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care

- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

# What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

### What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: http://edocs.dhs.state.mn.us/lfserver/ Public/DHS-3979-ENG

### What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

## What if you believe your privacy rights have been violated?

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services to the address below:

Minnesota Department of Human Services Attn: Privacy Official PO Box 64998 St. Paul, MN 55164-0998



### **Client responsibilities and rights**

Note: Cash on an Electronic Benefit Transfer (EBT) card is provided to help families meet their basic needs, including: food, shelter, clothing, utilities and transportation. These funds are provided until families can support themselves. It is illegal for you to buy or attempt to buy tobacco products or alcohol with your EBT card. If you do, it is fraud and you will be removed from the EBT program. EBT cards also cannot be used at gambling or retail establishments that provide adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

### Your responsibilities

If you receive child care assistance you must report any changes that may affect your benefits to your county or Tribal Nation agency within 10 days after the change has occurred. If you receive Supplemental Nutrition Assistance Program benefits and/or cash assistance benefits, report changes by the 10th of the following month. Each benefits program may have different requirements for reporting changes. Talk to your caseworker about what you must report.

#### You may be required to report changes in:

- Employment starting or stopping a job or business; a change in hours, earnings or expenses
- **Income** receipt or change in child support, Social Security, veteran benefits, unemployment insurance, inheritance or insurance benefits
- Property purchase, sale or transfer of a house, car or other items of value, or if you receive an inheritance or settlement
- Household status When a person dies or becomes disabled, moves in or out of your home or temporarily leaves; pregnancy; birth of a child
- · Citizenship or immigration status
- Address
- · Housing costs and/or rent subsidy
- Utility costs
- · Parental custody or visitation rights
- Marital status
- · School attendance
- · Health insurance coverage and premiums.
- You or someone in your household wins \$4,500 or more from the lottery or gambling.

You may also be required to report if you are party to a newly filed lawsuit, or if you have been convicted of a drug-related felony.

**Note:** If you are enrolled in Child Care Assistance and change child care providers, you must notify your child care worker and provider at least 15 days before the change goes into effect.

**If you have questions or are unsure** about any reporting rules, contact your case worker. If your case worker is not available, leave a message so they can get back to you.

- Your county, Tribal Nation, state or federal agency may check any of the information you provide. Your signed consent may be needed to obtain some forms of information. If you don't give your signed consent, you might not receive assistance.
- If you provide information you know is untrue, withhold information or do not report as required, or it's later discovered that your information is untrue, you may be investigated for fraud. This may result in you being disqualified from receiving benefits, charged with a criminal offense, or both.
- The state or federal quality control agency may randomly choose your case for review. They will review statements you provided and will check to see if your eligibility was determined correctly. The state may seek information from other sources and will inform you about any contact they intend to make. If you do not cooperate, your benefits may stop.
- Cooperation requirements:
  - If your county or Tribal Nation agency approves you for the Minnesota Family Investment Program or the Diversionary Work Program, you must cooperate with all required employment services, unless you are exempt. You must develop and sign an employment plan with your case worker or your Diversionary Work Program application will be denied.
  - You must cooperate with child support to receive Minnesota Family Investment Program benefits, Diversionary Work Program benefits and/or Child Care Assistance Program.

If you receive child support directly from a noncustodial parent, you must report it to your case worker.

# For Cash and Supplemental Nutrition Assistance Program (SNAP) benefits:

- Each time you use your EBT card or sign your check, you state that you have informed your county or Tribal Nation agency about any changes in your situation that may affect your benefits.
- Each time your EBT card is used, it's assumed you have received your cash or SNAP benefits, unless you reported your card lost or stolen to your county or Tribal Nation agency.

#### For child care assistance:

- You may be required to pay a co-payment fee to your child care provider. If you do not pay the fee, your child care assistance will be terminated until fees are paid in full or satisfactory payment agreements have been made with your county or tribe and your child care provider.
- You may be required to pay additional costs when your child care provider charges a rate that is more than the maximum rate in your county or tribe.
- You must document the immigration or citizenship status of the children in your family for whom you are applying for child care assistance.

**Note:** If you sign the application as an authorized representative of a person who is requesting or receiving assistance, **you are agreeing to assume all of the responsibilities listed above on behalf of that person**.

### Your rights

- You have the right to privacy. Your private information, including your health information, is protected by state and federal laws. Your case worker has given you a Notice of Privacy Practices (DHS-3979) information sheet explaining these rights.
- You have the right to reapply at any time if your benefits stop.
- You have the right to receive a paper or electronic copy of your SNAP application. Let your case worker know if you would like to receive a copy.
- You have the right to know why, if we have not processed your application within:
  - Seven days for Expedited SNAP
  - Thirty days for cash, SNAP and child care assistance
  - Sixty days for cash related to disability.
- **SNAP only:** Time limits and other requirements that apply to the receipt of cash benefits do not apply to the receipt of SNAP benefits. If cash benefits end, you may still qualify for SNAP benefits.
- You have the right to know the rules of the program you are applying for and for the agency to tell you how your benefit amount was figured.
- You have the right to choose where and with whom you live.
- You have the right to report expenses such as shelter, utilities, child care, child support or medical costs. These expenses may affect the amount of SNAP benefits that you receive. Failure to report or verify certain expenses listed will be a statement by your household that you do not want a deduction for the unreported expenses.

- You have the right to access free legal services.
   Contact your case worker for information on free legal services.
- You have the right to appeal. If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. For cash, child care assistance and health care, you may appeal within 30 days from the date you receive the notice by writing to the county or Tribal Nation agency, or directly to the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing your cash and health care within 30 days, the agency can accept your appeal for up to 90 days from the date you receive the notice.)

For SNAP, you may appeal **within 90 days** by writing or calling the county or the State Appeals Office. You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

If you wish for your assistance to continue until the hearing, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county or Tribal Nation case worker to explain how the timing of your appeal could affect your present or future assistance.

### **Civil Rights Notice**

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race color national origin creed religion sexual orientation public assistance status
- marital status
   age
   disability
   sex
   political beliefs

### **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

#### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race color national origin religion creed sex sexual orientation gender identity
- public assistance status
   disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights 540 Fairview Avenue North, Suite 201 St. Paul, MN 55104 651-539-1100 (voice) 1-800-657-3704 (toll free) 711 or 1-800-627-3529 (MN Relay) 651-296-9042 (fax) Info.MDHR@state.mn.us

#### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

```
    race
    color
    national origin
    age
    disability
    sex
    religion
```

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center:
Toll-free: 1-800-368-1019
TDD Toll-free: 1-800-537-7697

ocrmail@hhs.gov

#### **U.S. Department of Agriculture**

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

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

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

- mail:
   Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314;
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.