

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.

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.

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.

- **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 State of Minnesota does not discriminate on the basis 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)
 mail to: 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
 Email: ocrmail@hhs.gov

U.S. Department of Agriculture

(Do Not Send Applications Here)

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

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

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

- (1) mail:
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314;
- (2) fax:
1-833-256-1665 or 202-690-7442; or
- (3) email:
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

(Do Not Send Applications Here)

Please return to your local county or tribal human services office.

This institution is an equal opportunity provider.

Appeal rights

- **Appeal rights.** An appeal is a legal process where a human services judge reviews a decision made by the agency. You may appeal a decision if:
 - You feel the agency did not act on your request for assistance.
 - You do not agree with the action taken.

You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

- **For emergency help**, when your case is about an emergency and you need a faster decision on your appeal, you can ask for an emergency hearing in your appeal request. You can also request it by calling the Department of Human Services Appeals Division.
- **For cash, child care and health care**, you may appeal **within 30 days** from the date you received this notice by sending a written appeal request saying you do not agree with the decision. You can send this letter to the agency, or directly to the Appeals Division. If you show good cause for not appealing your cash, child care and health care **within 30 days**, the agency can accept your appeal for **up to 90 days** from the date of the notice. Good cause is when you have a good reason for not appealing on time. The Appeals Division will decide if your reason is a good cause reason. You can ask to meet informally with agency staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal.
- **For the Supplemental Nutrition Assistance Program**, you may appeal **within 90 days** by writing or calling the agency or the Appeals Division.
- Submit your appeal request:
 - **Online:** <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG>
 - **Write:** Minnesota Department of Human Services Appeals Division
P.O. Box 64941
St. Paul, MN 55164-0941
 - **Fax:** 651-431-7523
 - **Call:** Metro: 651-431-3600
Greater Minnesota: 800-657-3510
or use your preferred relay service
- **If you want to keep receiving your benefits until the hearing**, you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place. For most programs, if you file your appeal on time, you will get your benefits until the Appeals Division decides your appeal. If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending. You can ask the agency to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received or, for child care assistance, your provider will be reimbursed for eligible costs that you paid or incurred. Ask your agency worker to explain how the timing of your appeal could affect your present or future assistance.
- **You have the right to reapply** at any time if your benefits stop.
- **Access to free legal services.** You may be able to get legal advice or help with an appeal from your local legal aid office. To find your local legal aid office, visit www.LawHelpMN.org or call 888-354-5522.



Notice About Income and Eligibility Verification System and Work Reporting System

Read this if you are asking for or get:

- Cash Assistance:
 - Diversionary Work Program
 - Minnesota Family Investment Program
 - Refugee Cash Assistance
 - Minnesota Supplemental Aid
 - General Assistance
 - Emergency Assistance
- Supplemental Nutrition Assistance Program
- Minnesota Health Care Programs

What is the Income and Eligibility Verification System (IEVS)?

The government has a way to check income. It is the "Income and Eligibility Verification System" (IEVS).

The law has us check your income with other agencies. We have to check income for all who ask for or get cash assistance, Supplemental Nutrition Assistance Program (SNAP) benefits or Medical Assistance (MA). This includes your children.

We need Social Security Numbers (SSN) for anyone wanting help. If you have no SSN, you must apply for one. Apply with your county human services agency. You must report all SSNs to your worker.

What facts will we get? How will we use them?

We check with other agencies about your income, assets and health insurance. If you didn't tell us about all of your income or assets, we will refigure your aid. Your aid might go lower or stop. If you get aid you should not be getting, we may use these facts in civil or criminal lawsuits.

We will tell you if facts from other agencies are not the same as the facts you gave us. We will tell you what facts we got, the kind of income or assets, and the amount. We give you 10 days to respond in writing to prove if our facts are wrong.

We will ask you to show proof of income, assets, or health insurance you did not report or that we could not verify. You may need to give us permission to check the facts with the source of data. We will tell you what happens if you do not sign for permission or do not help us.

Agencies we get information from

We must trade facts with these agencies:

- United States Social Security Administration (SSA) - We get records of self-employment earnings, retirement income, survivor's benefits, disability payments, Social Security (RSDI), Supplemental Security Income (SSI).
- United States Internal Revenue Service (IRS) - We get records of unearned income (like interest and dividends).
- Minnesota Department of Employment and Economic Development (DEED) - We get records of wages and pay and facts on Unemployment Insurance.
- Minnesota Office of Child Support Division
- Agencies in other states that manage:
 - Unemployment Insurance
 - Cash assistance
 - Medical Assistance (MA)
 - SNAP
 - Child support
 - SSI state supplements

These agencies have the right to get certain facts from us about you. They have to use those facts for programs like RSDI, child support, cash assistance, SNAP, MA, Unemployment Insurance, and SSI.

What is the Work Reporting System?

Minnesota employers must tell us when they hire someone. This information is used by the Child Support Program. We also use this information to see if a new employee is getting help from any of the programs listed above.

How do we use it?

If the employee is getting help from any of these programs, the county worker gets a notice. If the client did not report the new job, the county worker will contact the client. The county worker may ask the client to show proof about the job. The client may need to give the county permission to check the facts with the employer. If a client does not help us check the information, they will lose benefits.

The law limits who gets facts about you

The law limits the facts about you that we get from other agencies and the facts we give them. Contracts with the Minnesota Department of Human Services and those agencies also protect you. Only those agencies, the state, and the county agency where you apply for and get program benefits can use the facts about you. No one else can get the facts about you without your written permission.

Your duty to report

You **must report** all of your income and assets.

- **If you receive cash assistance**, report any changes within 10 days of the change, **or**, if you report on a Household Report Form (DHS-2120), complete the form and return it by the 8th of the month.
- **If you receive SNAP**, report required changes by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

You **must** still report all of your income, assets and other information on redetermination forms we send you.

You **must** help the county agency check your income, assets and health insurance. IEVS is one way of proving your income, assets and health insurance amounts.

What if you do not help

You must help us check your income, assets and health insurance to get cash assistance, SNAP and MA. **If you don't, you and your family will not get help.**

Legal Authority

IEVS - 7 CFR, parts 271, 272, 273, 275; 42 CFR, parts 431, 435; 45 CFR, parts 205, 206, 233

Work Reporting - Minnesota Statutes Section 256.998, Subd. 10