



COMBINED APPLICATION FOR DC*

FOOD STAMPS (SNAP BENEFITS)

CASH ASSISTANCE (TANF for FAMILIES with CHILDREN or INTERIM DISABILITY ASSISTANCE for the DISABLED)

MEDICAID (for the ELDERLY or DISABLED)

HEALTHCARE ALLIANCE/ IMMIGRANT CHILD PROGRAM

*APPLICANTS FOR MEDICAID FOR FAMILIES WITH CHILDREN (INCLUDING TANF APPLICANTS) OR A NON-DISABLED/NON-ELDERLY ADULT MUST FILE A DC HEALTH LINK APPLICATION (See Next Page)

If you live in DC, you can use this form to apply for benefits. If you need help with this form, just ask your worker or another ESA employee. You can also call (202) 727-5355. Free interpreters are available.

Please bring this to your Service Center. To find out which Center is closest to you, call (202) 727-5355. You may also mail this form to DHS/ CRMU, 645 H St., NE, Washington, DC 20002.

Sí, hablo ESPAÑOL (SPANISH)

Si usted vive en DC, puede usar este formulario para solicitar beneficios. Si necesita ayuda con este formulario, pídale ayuda a su trabajador u otro empleado de ESA. También puede llamar al (202) 727-5355. Intérpretes gratis están disponibles.

Por favor, lleve este formulario al Centro de Servicio de su área. Para saber cuál Centro le queda más cerca, llame al (202) 727-5355. También puede enviar este formulario por correo a 645 H St., NE, Washington, DC 20002.

Questions? ¿Preguntas? ແຖບຸກຄຳຖາມ?

有問題嗎? Có thắc mắc gì không?

(202) 727-5355

FOR AGENCY USE ONLY Application Recertification

Case Name _____ Case # _____
Date Rec'd _____ Prog. Approved _____
Date Disp. _____ Prog. Denied _____

ESA Combined Application: December 2015

是，我說中文 (MANDARIN)

“如果您住在D.C.，您可以用這份表格來申請福利。如果您填寫這份表格時需要幫助，您可以向工作人員或其他IMA員工詢問。您還可以致電 (202) 727-5355 我們有免費翻譯服務。”

“請將這份表格送到您所在地區的服務中心。欲知離您處所最近的服務中心的地址，請致電 (202) 727-5355 您也可以將這份表格寄至 645 H St., NE Washington, DC 20002.”

አዎ አማርኛ እናገራለሁ (AMHARIC)

“በዲ.ሲ. ውስጥ የሚኖሩ ከሆኑ የአርዳታ ጥቅሞችን ለማግኘት በዚህ ቅጽ ሊጠቀሙ ይችላሉ። ይህንን ቅጽ ለመሙላት አርዳታ ክሬለት ጉዳይዎን የያዙትን ሠራተኛ ወይም ሌላ የአይኤምኤ ሠራተኛን ይጠይቁ። እንዲሁም በ (202) 727-5355 ለመደወል ይችላሉ። ነፃ አስተርጓሚዎች ይኖራሉ።”

“እባክዎ ይህንን ቅጽ ወደ አካባቢዎ የአገልግሎት ማዕከል ይዘውት ይሂዱ። የትኛው ማዕከል በእርስዎ አቅራቢያ እንደሚገኝ ለማወቅ ደግሞ በ (202) 727-5355 ይደውሉ። ይህንን ቅጽም በፖስታ ቤት በኩል ለ 645 H St., NE Washington, DC 20002.” ለመላክም ይችላሉ።”

Có, tôi nói VIỆT (VIETNAMESE)

“Nếu quý vị sống tại D.C., quý vị có thể dùng mẫu đơn này để xin quyền lợi. Nếu quý vị cần giúp đỡ điền đơn này, xin hỏi nhân viên xã hội của mình hoặc một nhân viên khác của IMA. Quý vị cũng có thể gọi số (202) 727-5355. Có thông dịch viên miễn phí.

“Xin đem mẫu này tới Trung Tâm Dịch Vụ khu vực của quý vị. Để tìm hiểu xem Trung Tâm nào gần quý vị nhất, gọi (202) 727-5355. Quý vị cũng có thể gửi mẫu đơn này tới 645 H St., NE, Washington, DC 20002.



ECONOMIC SECURITY ADMINISTRATION SERVICE CENTERS

Anacostia Service Center

2100 Martin Luther King Avenue, SE
Washington, DC 20020
Phone: (202) 645-4614
Fax: (202) 727-3527

H Street Service Center

645 H Street, NE
Washington, DC 20002
Phone: (202) 698-4350
Fax: (202) 724-8964

Congress Heights Service Center

4049 South Capitol Street, SW
Washington, DC 20032
Phone: (202) 645-4525
Fax: (202) 645-4524

Fort Davis Service Center

3851 Alabama Ave., SE
Washington, DC 20020
Phone: (202) 645-4500
Fax: (202) 645-6205

Taylor Street Service Center

1207 Taylor Street, NW
Washington, DC 20011
Phone: (202) 576-8000
Fax: (202) 576-8740

*Customers may call ESA at (202) 727-5355
to learn which Service Center serves their address.*

IMPORTANT NOTICE ABOUT APPLYING for MEDICAID

Unless you are 65 years or older or you are disabled you need to complete a DC Health Link Application for Health Coverage to get Medicaid. If you are applying in person at one of the offices listed above you can ask for a paper copy of the Health Link Application. If you want to file an on-line application for Medicaid go to the DC Health Link Website at DC HealthLink.com. You can also call the DC HealthLink Customer Service Center toll-free at 1-855-532-5465 for help applying.

Questions? ¿Preguntas? ແຫ່ງຄຳຖາມ?
有問題嗎? Có thắc mắc gì không?



(202) 724-5506.

Your Information

Last Name	First Name	Middle Name	Date of Birth	Telephone
Current Address Apt.		Mailing Address (if different)		
City, State ZIP		Are you Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to stay in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I am applying for: **Medical Assistance/QMB** **Food Stamps** **IDA** (Interim Disability Assistance)
 TANF/GC (Temporary Assistance for Needy Families/General Assistance for Children)

Note: Your Food Stamp benefits start on the day that you apply. You can apply right away. Make sure to write down your name and address above and then sign at the bottom of this page.

Expedited Food Stamps

You might be able to get Food Stamps in less than a week! To see if you qualify, please tell us:

1. Will your household income be more than \$150 this month? Yes No
2. Do you have more than \$100 in cash or in the bank? Yes No
3. Is your income & ready cash this month more than your rent and utilities? Yes No

If you answered NO to the questions above, then you may be eligible. Please tell us:

(a) What will be your total income this month? \$_____ ; (b) How much do you have in cash or the bank? \$_____ ; and (c) What did you pay for housing (rent/ utilities) this month? \$_____

4. Are you or anyone in your household a migrant or seasonal farm worker? Yes No

Authorized Representative

Do you want someone else to act for or represent you? Yes No If YES, please tell us:

Name of Your Authorized Representative: _____ Address of Rep.: _____ Telephone of Rep.: _____

What do you want them to do? Do interviews Make Inquiries Report changes Use EBT card

Signature

By signing below, I give my permission to DHS to get information about me. DHS can get this from my employer, landlord, bank, and utility company. I give all of these people my permission to give information about me to DHS. I have reviewed the information in my application and I believe that all of my information on this entire eight-page form is true and correct. **I know that if I give any false information, I may be breaking the law and I could be at risk of criminal prosecution and penalties. I know that state and federal officials will check this information. I agree to help with their investigations.**

I agree to follow the rules for DHS benefits. I have received a copy of these rules. I know that I will have to **recertify** for my benefits. I also understand that my child may get free health care through "HealthCheck."

Authorized Representatives: If the applicant cannot sign this form, you may sign it for them. By signing, you certify that this person wants to apply for benefits and agrees to the conditions above.

SIGNATURE: X _____ **DATE:** _____

Who Lives with You?

(Please list everyone in the household, even if you are not applying for them.)

Last Name	First Name	Middle Name	Applying for this Person? (Yes/No)	Sex (M/F)	Date of Birth	Age	Social Security Number*	Relation to you (child, aunt, friend, etc.)	Do you eat together? ? (Yes/No)	U.S. Citizen? (Yes/ No)**
1. (You)								(Self)	(n/a)	
2.										
3.										
4.										
5.										
6.***										

* You can leave this blank if this person does not have an SSN or does not want benefits. However, you may still have to report this person's income and assets.

** Many immigrants are eligible for benefits. To see if you may qualify, please fill out all of page 6. *** Attach another sheet if more than six people live in your house.

General Questions

1. Are you: Single Married Divorced Separated Widowed
(Not needed for Food Stamps)

2. Is anyone in the military or a U.S. Veteran? Yes No
If YES, who?

3. Is anyone **pregnant**? Yes No (Not needed for Food Stamps)
If YES, who? When is the baby due?

4. Are you in a long-term care facility (nursing home, ICF-MR, CRF, etc.)?
 Yes No If YES, where?

5. How much do you pay for **child-care** or **elder-care** (day care, babysitter, etc.)? \$ How often do you pay this?

6. Are you or anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, going to jail for a felony crime or attempted felony, or violating a condition of parole or probation? Yes No If YES, who?

7. Have you gotten benefits from another State in the last three (3) months? Yes No If YES, where?

8. Does anyone age 16 or older go to **school** or a **job-training** program? Yes No If YES, who?
Name of the school or program? How many hours per week?

9. In the last two (2) months, did anyone **stop working** or cut back on their hours? Yes No If YES, who?
Reason? _____ What was their last day at work? _____ Date of final paycheck: _____

Income

Income from Work (before taxes or other deductions: gross, not net amount)

Are you or is anyone in your house working? Yes No

Person who is working	Employer's Name/Telephone	Start Date	How much is each paycheck? (before taxes)	How often do you get paid? (weekly, biweekly, monthly, etc.)
			\$ (GROSS)	
			\$ (GROSS)	

Other Income

Do you or anyone else get any other income? Please check all that apply and list each payment below.

- | | | |
|--|---|---|
| <input type="checkbox"/> SSI | <input type="checkbox"/> Unemployment/Workers Comp. | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Social Security (not SSI) | <input type="checkbox"/> Pensions and retirement | <input type="checkbox"/> Help with expenses |
| <input type="checkbox"/> Veterans benefits | <input type="checkbox"/> Foster care/adoption subsidy | <input type="checkbox"/> Other _____ |

Type of Payment	Who gets this?	How much is each payment? (before taxes and deductions)	How often do they get this? (weekly, biweekly, monthly, etc.)
		\$ (GROSS)	
		\$ (GROSS)	

Does anyone pay your family for meals or to rent a room (for example, a **roommate or boarder**)?

Yes No If YES, who pays? _____ How much do they pay each month? \$ _____

Assets

Cash	Does anyone have more than \$1,000 in cash? If YES, how much \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Accounts	Does anyone have more than \$1,000 in the bank? If YES, please attach your most recent bank statement(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	Does anyone have life insurance that they can cash in? If YES, how much money would you get if you cashed it in today? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Property	Does anyone own property besides the home you live in? (For example: boats, rental property, real estate)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Car	Does anyone own a car, truck or van? If YES, list Make, Model and Year below. _____ Is it used by someone who's sick/disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Does anyone have any stock, bonds, etc.?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Transfers	Did anyone sell, trade, or give away anything worth more than \$1,000 during the last three (3) years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

* If YES, please attach a description to this form.

For the Blind and Disabled (Medical Assistance and IDA Only)

Is anyone in your house **blind** or severely **disabled**? Yes No If YES, who? _____

To get DC Disability Medicaid and Interim Disability Assistance (IDA), you may need to show that you are blind or disabled. Please get a Medical Form and have a doctor fill it out. If you do not have a doctor, call the DC Department of Healthcare Finance's Office of the Ombudsman on (202) 724-7491. They can help you find a doctor. The doctor will fill out the Medical Form for you. DHS will treat all of your information as confidential.

Note: You do **not** need to fill out a Medical Form (856) if **you are age 65 or older** or if a **child under 19 lives with you**. Also, you may not need to fill out the form if you get Social Security disability benefits. If you have questions, please ask your worker or call (202) 727-5355.

Housing, Utilities, & Other Bills (Food Stamps Only)

Your Food Stamps amount may depend on your housing, utility, and medical bills. Please tell us the current amount of these bills. Do **not** include any past due amount. To qualify for more Food Stamps, you must provide proof of these bills. If you do not, we will assume that you do not want this deduction.

Rent or Mortgage

	Rent	Mortgage	Monthly Property Taxes*	Homeowners Insurance*	Condo Fee*	Other (describe below)
How much?	\$	\$	\$	\$	\$	\$
Who pays?						

* Do not list property tax, insurance, or condo fees separately, if they are already included in your rent /mortgage amount.

Do you pay for heating or air-conditioning separately from your rent? Yes No

Did you get LIHEAP (Low Income Home Energy Assistance Program) benefits during the past 12 months? Yes No If yes, how much did you get? \$ _____

Utility Bills (if separate from rent/mortgage)

Do you pay any money for the following utilities (separate from your rent)?

- Electric Bill Gas Bill Fuel Oil Water Bill Phone Bill (including cell)
 Other _____

Other Bills

1. Is there anyone who is disabled or age 60 or older who pays medical bills?

Yes No If YES, who pays? _____ How much do they pay each month? \$ _____

2. Does anyone in your home **pay** child support?

Yes No If YES, who pays? _____ How much do they pay each month? \$ _____

Parents Not Living in the Home (TANF and Medical Assistance Only)

We can help you get child support for the children for whom you are applying. Please tell us about any absent parents (any parents not living with their child). However, you could have a good reason for not telling us about an absent parent. **If you are afraid that an absent parent might hurt you or someone in your family, then you have a good reason.** If you have a good reason, then you do not have to give any information now.

Do you have a good reason for not telling us about an absent parent? Yes No

If NO, then you need to fill in the information below.

Child with Absent Parent: Child # 1

Child's Name	Date of Birth	In what city and state was this child conceived?	
		City:	State:
Was this child born at full term? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Alleged Absent Parent	
If no, at how many weeks was this child born?			

I certify that Child #1 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.

Signature:

Paternity Established?	Voluntary Support	Court-Ordered Child Support	
Has paternity been established? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you last received money from the Absent Parent	Court	Date ordered
If so, by what means?		City, State	Amount ordered

More Information about Absent Parent

Last Known Address	Telephone	Social Security Number
Alias or Nicknames	Birthdate	Place of Birth (City, State)
Last Known Place of Employment		Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother

Child with Absent Parent: Child # 2

Child's Name	Date of Birth	In what city and state was this child conceived?	
		City:	State:
Was this child born at full term? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Alleged Absent Parent	
If no, at how many weeks was this child born?			

I certify that Child #2 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.

Signature:

<i>Paternity Established?</i>	<i>Voluntary Support</i>	<i>Court-Ordered Child Support</i>	
Has paternity been established? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you last received money from the Absent Parent	Court	Date ordered
If so, by what means?		City, State	Amount ordered

More Information about Absent Parent (complete this if different from Child #1)

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

Child with Absent Parent: Child #3

Child's Name	Date of Birth	In what city and state was this child conceived?	
		City:	State:
Was this child born at full term? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Alleged Absent Parent	
If no, at how many weeks was this child born?			

I certify that Child #3 listed above was conceived as a result of sexual intercourse with the alleged parent I have listed at the location I listed above.

Signature:

<i>Paternity Established?</i>	<i>Voluntary Support</i>	<i>Court-Ordered Child Support</i>	
Has paternity been established? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you last received money from the Absent Parent	Court	Date ordered
If so, by what means?		City, State	Amount ordered

More Information about Absent Parent (complete this if different from Child #1 and #2)

Last Known Address		Telephone	Social Security Number
Alias or Nicknames	Birthdate	Race	Place of Birth (City, State)
Last Known Place of Employment			Dates of Employment:
Name of Absent Parent's Father		Name of Absent Parent's Mother	

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing information regarding parents absent from the home and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

I understand and agree that the Child Support Services Division (CSSD) will collect all child support payments. Since I am assigning support rights, **I also agree** to repay CSSD any payments that are made to me.

SIGNATURE: X _____ **DATE:** _____

Health Insurance and Medical Bills (Medical Assistance Only)

You may still get Medical Assistance even if you have other health insurance. We can also pay your Medicare premiums for you. Please tell us about your health insurance.

Medicare	Does anyone have Medicare (a red, white and blue card)? If YES, who has Medicare? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	Does anyone have any other insurance? If YES, please give us a copy of the insurance card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retro Medicaid/ Medical Bills	Did anyone have any medical bills in the last three months? If you get DC Medicaid, you can get paid back for some bills that you have paid. We can also pay some unpaid bills. Call (202) 698-2009 .	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Were your address, income, and assets the same as now during the last three months? If no, describe the change.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Voluntary Questions

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: Black/African-American Asian American Indian or Alaskan Native
 White Native Hawaiian or Other Pacific Islander

Note: You may check more than one race. Also, you do not have to provide this information. None of this information will affect your benefits. We only ask for this information to make sure that we do not discriminate.

Language Preference

The DC Language Access Act requires that we provide services for persons who do not speak English or cannot speak English well. The law also requires that we collect information on the languages that our customers use. Please answer the following questions:

What is the Language that you usually speak?

English Spanish French Vietnamese Korean Amharic
 Chinese (Mandarin) Chinese (Cantonese) Other _____

What Language do you want to use to get ESA services?

English Spanish French Vietnamese Korean Amharic
 Chinese (Mandarin) Chinese (Cantonese) Other _____

If you do not want to use the language that you usually speak, you must sign the statement below:

I have been told that I have the right to receive ESA services in the language that I usually speak. By signing below, I am saying that I do NOT want language services.

Sign here only if you do NOT want language services: _____

For Immigrants (Non-Citizens) Applying for Benefits

Many immigrants are eligible for benefits. For any non-citizen applying for benefits, please provide the immigration information below. **If your status is "OTHER," then we will not ask you for any more information about your immigration status.**

If you are only applying for your child, you do **not** have to give details about your immigration status. Instead, you can just give your child's immigration information. If you just want benefits for your child, you can mark "OTHER" for your own immigration status.

We may ask Immigration Services (USCIS) to verify the status of anyone who is NOT listed as "OTHER". This may affect your eligibility for benefits and the amount of your benefits

Please use these categories for "Current Status" in the table below:

- Lawful permanent resident (LPR)
- Refugee or Asylee
- Cuban or Haitian Entrant
- Person who has been granted withholding of deportation (removal)
- Parolee admitted for at least one year
- Alien who has been present before April 1, 1980, as a "Conditional Entrant"
- Person on active duty in U.S. Armed Forces (or veteran)
- Spouse, widow or dependent of American soldier or veteran
- A victim of domestic violence
- A victim of a severe form of trafficking in human persons
- Native American/Inuit born outside of the U.S.
- Hmong/Laotian
- Afghan/Iraqi Special Immigrant
- Amerasians who came to the U.S. due to the Vietnam War
- OTHER: status does NOT match one of those listed here.

Name	Alien ID # (“A” number)	Current Status	Date that You Moved to the U.S.	Was ever a Refugee/Asylee?	Cuban/Haitian?
1.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Important: Did anyone above move to the United States before August 22, 1996? Yes No

If YES, who? _____

For Lawful Permanent Residents (LPRs) only:

1. Do you have a sponsor? Yes No

2. Have you, your parents, your spouse, and/or your sponsor ever worked in the U.S.? Yes No

Note: Some immigrants who moved to the U.S. after August 22, 1996 do not have to wait five years before getting benefits.

This Is Your Receipt

The date stamp at the right shows that DHS got your application. If you have any questions, you can call the ESA Call Center on (202) 727-5355.

Your worker will give you a "checklist." This checklist tells you which documents that you need to bring back to DHS. You can also mail copies to your Service Center at the address recorded below. If you mail them, please write your name and your date of birth on each document. DHS must help you get the documents you need, when you are not able to get them. Let us know if you need help.

ESA Contact: _____ Tel: _____

Service Center address: _____

**ESA DATE
STAMP**

Case Name _____

Documents That You May Need to Bring to DHS

Proof of:	Examples
Income	Recent paystubs; statement showing retirement income, disability income, or Workers Compensation; pension statement; etc.
Assets	Recent bank and checking account statements, etc.
DC Residency	DC driver's license, lease, rent receipt, written statement from your landlord, utility or telephone bill, etc.
Social Security Number	Social Security card; tax or payroll documents with your SSN on it; DC driver's license with your SSN on it; etc. (Not required for Food Stamp-only applicants.)
Medical Exam Report/Disability	Recent medical report (or Form 856) and any supporting materials from your doctor.
Immigration Information	Employment Authorization card, I-94, visa, passport, or other documents from the INS.
Rent/Mortgage (Food Stamps only)	Lease, rent receipt, cancelled check, mortgage statement, etc.
Utility Bills (Food Stamps only)	Recent bills for electric, gas, fuel, phone, water, telephone, etc. (if you pay these separately from your rent).
Relationship (TANF only)	Birth certificate (full copy) for your child(ren) or official records from a school, court, hospital, etc.
"Living with" (TANF only)	Statements from two non-relatives or school records.

Also bring your **Medicare card** or other health insurance card, if you have one.

Referrals

- HealthCheck provides **free check-ups** for children on Medicaid. It also pays for other services that a child needs. HealthCheck can also get you **free rides to the doctor**. To find out more, call (202) 639-4030.
- WIC is a program for children under five. With WIC, you can **save up to \$140** each month on food. Also, WIC staff can talk with you about breast-feeding. To find out more, call 1-800-345-1WIC (1-800-345-1942).
- If you are eligible for DC Medicaid, you can get money back for **recent medical bills** that you have paid. To find out more, call (202) 698-2009.
- The District has a special program for seniors and the disabled who need **in-home nursing** and other **home care**. This program has a higher income limit than regular Medical Assistance. To find out more, call 1-877-919-2372.

HIV/AIDS testing and services	(202) 671-4900	Medicare	1-800-633-4227
Alcohol and drugs	1-888-7WE-HELP	Social Security Administration	1-800-772-1213
Depression and mental health	1-888-7WE-HELP	Energy Assistance	(202) 673-6700
Breast/cervical cancer screening	(202) 442-5900	Public Housing and Section 8	(202) 535-1000

Free Legal Help

Neighborhood Legal Services
680 Rhode Island Ave., NE
(202) 832-6577

4609 Polk St., NE (Ward 7)
(202) 832-6577

2811 Pennsylvania Ave., SE (Ward 8)
(202) 832-6577

Bread for the City Legal Clinics
1640 Good Hope Rd., SE
(202) 561-8587

1525 Seventh St., NW
(202) 265-2400

Legal Aid Society
666 11th St., NW, Suite 800
(202) 628-1161

Legal Clinic for the Homeless
1200 U St., NW
(202) 328-5500

Legal Counsel for the Elderly
(for people age 60 and older)
601 E St., NW
(202) 434-2120

Your Rights and the Program Rules

Recertification

We will send you a recertification notice in the mail. If you get Medical Assistance, just complete the form and send it back to DHS. If you get Food Stamps or cash assistance (TANF, GC or IDA), then you will need to come to DHS for an interview. If you do not recertify, then you will lose your benefits. Also, please let us know if you move. Just call **(202) 727-5355** to report your new address

General Rules

You must give true and complete information. If you lie or give false information, you may lose your benefits. You could also be fined and go to prison. We may verify your information to make sure it is correct. We may check on your income, your Social Security information, and your immigration information. We verify this information through computer matching programs. We may also interview you and do a home visit.

Your case may be chosen for a Quality Control review. This is a detailed review of all of your information. It may include personal interviews and a review of your medical records. By applying, you agree to cooperate with the state or federal reviewers. If you refuse to cooperate, you may lose all or part of your benefits. If you are under investigation or are fleeing to avoid the law, we may share your information with federal and local agencies. If a food stamp claim arises against you, the information on this form, including SSNs, may be sent to Federal and State offices, or private claims collection agencies for claims collection action against all adults in the household.

Under federal and District law, you must provide your Social Security Number (if you have one) if you are in the assistance unit. (See 42 CFR 435.910, 7 CFR 273.6, DC Code §4-204.07, §4-205.05a, and §4-217.07) Your SSN will be used to verify your identity, prevent receipt of duplicate benefits, and make required program changes. The DHS computer system uses your SSN to verify your income by using records from federal and local sources, including the Internal Revenue Service, the Social Security Administration, DC Department of Employment Services, and the DC Child Support Services Division (CSSD). DHS also reserves the right to check your information with income verification services and other local agencies.

Unless you receive a notice of simplified reporting, you must report changes in your income, assets, shelter and childcare costs, and who lives with you. To report a change, call **(202) 727-5355**. You must call us before the 10th day of the month after the change.

Fair Hearings

If you think that DHS has made a mistake, then you can get a Fair Hearing. Call **(202) 698-4650** to find out more. You can also call (202) 727-8280. At a Fair Hearing, you can ask someone else to speak for you. This could be an attorney, a friend, a relative, or someone else. You can also bring witnesses. We will pay for transportation to the Fair Hearing for you and your witnesses. We may also pay for some of your other costs. You can also get free legal help for a Fair Hearing. Call one of the agencies above to talk to a lawyer or counselor.

Medical Assistance Rules

The Medicaid rules have changed. If you are not aged (over 65), blind, or disabled, you must complete the new DC Health Link application for medical insurance. However, if you are over 65, blind or disabled or if you want us to review your application for Interim Disability Assistance, then you must complete this form. After you apply, you will get a decision about your Medical Assistance within 45 days (or 90 days if DHS must determine if you are disabled). If you do not get a notice within this period, please call (202) 727-5355.

If you get Medical Assistance, then you must recertify each year when we send you a recertification notice. There is no time limit for getting Medical Assistance. Also, if you lose TANF, you may still get Medical Assistance.

Child Support: You agree to cooperate fully with the DC Child Support Services Division (CSSD) in establishing paternity and getting child and medical support as required by law. You can apply for an exception to this if you have a good reason. However, you can lose your benefits if you do not cooperate without a good reason.

Estate Recovery: The District will seek recovery for the bills we pay if you are in a nursing home or other medical institution. Also, if you are age 55 or older, the District will seek recovery for services that you get. This means that we may put a lien or claim on your property or estate. If you have questions, call (202) 698-2000.

Lawsuits: If you sue or enter into settlement negotiations with a third party for a medical claim or injury, you must provide written notice of the action (either by personal service or certified mail) within 20 calendar days to the Medical Assistance Administration, Third Party Liability Section, 441 4th Street, NW, Suite 1000- South, Washington, DC 20001. If you have questions, call (202) 698-2000.

Out of Pocket Reimbursement Information:

If you paid for drug prescriptions, doctor visits, or hospitalizations during a time that you were eligible for Medicaid, you may be able to be reimbursed for the expenses.

REQUIREMENTS: You may be eligible for reimbursement if during a period of time you or a family member were eligible for Medicaid, and

- a. You paid for drug prescriptions, doctor visits, or hospitalizations; or
- b. You are still paying a bill or are being asked to pay a bill by a pharmacy, clinic, doctor, or hospital for drug prescriptions, doctor visits, or hospitalizations.

If you believe that you are entitled to reimbursement, you must request reimbursement within six (6) months of the date you went to the pharmacy, clinic, doctor, or hospital, or within six (6) months of the date you learned you were eligible for Medicaid, whichever is later.

You must complete and submit a Medicaid Reimbursement Request Form to the DC Department of Health Care Finance. You can get a copy of the form at any ESA office, or you can download a copy at <https://www.dc-medicaid.com/dcwebportal/nonsecure/recipientForms>.

IF YOU HAVE QUESTIONS OR IF YOU NEED HELP COMPLETING THE FORM OR OBTAINING REQUESTED INFORMATION CONTACT:

- a. The Medicaid Recipient Claims Research Team of the D.C. Department of Health Care Finance (DHCF) at (202) 698-2009.
- b. Terris Pravlik & Millian, LLP, 1121 12th Street, NW, Washington, DC 20005, (202) 682-0578, who will provide you with free legal assistance.

A DECISION ON YOUR REIMBURSEMENT CLAIM MUST BE MADE WITHIN 90 DAYS:

- a. The Medicaid Recipient Claims Research Team must make a decision on your reimbursement claim within 90 days from the time you file your claim. If no decision is made within those 90 days, your claim will be treated as valid, and you will be paid within 15 days after the end of the 90 day period.
- b. If you are not satisfied with the decision of the Medicaid Recipient Claims Research team, you have a right to a fair hearing. You may request a fair hearing by calling the Office of Administrative Hearings at (202) 442-9094. The Office of Administrative Hearings is located at 441 4th Street, NW; Washington, DC 20001-2714.

c. If you are not satisfied with the result of the fair hearing, you may appeal to the United States District Court of the District of Columbia within 30 days. You may obtain free legal assistance to help you present your case at the fair hearing or at the appeal by contacting Terris Pravlik & Millian, LLP at 1121 12th Street, NW; Washington, DC 20005 or (202) 682-0578.

TANF Rules

There are new requirements in the TANF program. After you apply, you must complete an orientation, assessment and develop an initial self sufficiency plan as a condition of eligibility for TANF benefits. This requirement does not apply to you if you are receiving SSI or if you are caretaker of child(ren) that are not yours and you are only applying for the child(ren). To schedule an appointment for an assessment, you can call the Family Resource Center at (202) 698-1860. You will get a decision about your TANF within 45 days. If you do not get a notice within 45 days, you can get a Fair Hearing. Also, if you think your benefit amount is incorrect, then you can get a Fair Hearing.

If you are able to work, then you must comply with the work requirements to receive TANF benefits. You could lose your benefits if you do not comply. If you have a physical or mental condition that keeps you from working, let DHS case coordinator know at any time. You can be excused from working if you have a good reason. This is called a work exemption.

You are excused from working if:

- You are a minor parent and you are in school
- You have a child under 6 and cannot find child care
- You are incapacitated, injured or have a disability
- You are required to take care of someone in your house who is ill or disabled
- You are 60 years of age or older
- You need treatment for substance abuse and you cannot work
- You are a victim of domestic violence and you are afraid for your safety
- You have a child under one (1) years old

We may ask for proof of your need to be excused, including a report from your doctor where appropriate. If you are eligible for the exemption, you may also be eligible for a temporary transfer to POWER.

POWER: You can apply for a temporary transfer to POWER at any time if you are eligible for TANF benefits but cannot work. You can apply for POWER by letting us know that you have a physical or mental condition that prevents you from working. You can also be eligible for POWER if you are:

- A minor parent enrolled in school
- You are required to take care of someone in your house who is ill or disabled
- Your are 60 years of age or older
- You need treatment of substance abuse and you cannot work
- You are a victim of domestic violence and you are afraid for your safety

Child Support: There are new rules for Child Support. You can receive both TANF and a portion of your child support at the same time. The Child Support Services Division can help you get child support from the other parent. You are required by law to cooperate with the CSSD. **Contact (202) 442-9900** to set up an appointment with them. By signing this application, you agree to cooperate fully with the CSSD in establishing paternity and getting child and medical support as required by law. You can ask for an exemption if you have a good reason for not cooperating.

You have a good reason if:

- You are afraid that you, your children, or a close family member could be harmed if you help CSSD
- Your child was conceived because of rape by a stranger, someone you know, or a relative
- Your child is going to be adopted or you are deciding whether to give up your child for adoption

You may have other reasons for not wanting to help CSSD. Discuss them with your Child Support Worker. If you have a good reason, tell your DHS and Child Support Worker and provide proof within 20 days of the request for exemption. After you provide proof to CSSD, they will let you know of their decision. If you do not cooperate with CSSD, and you do not have an exemption, then you will lose 25% of your TANF benefit.

TANF Time Limits: Most people can only get TANF for 60 months. We count every month that you received a TANF benefit until you get to 60 months. If you are subject to the time limits, your TANF benefit will be reduced or eliminated at the beginning of 61 months.

You are not subject to the time limits if you are receiving SSI or if you are receiving TANF because you are caring for someone else's child. In addition, the months do not count if you are receiving POWER benefits. It is important that you let us know if you are having trouble working because of illness or disability. You may qualify for POWER for other reasons. Please see the section on POWER for more information.

Work Pays While on TANF: When you report that you got a job, you may be eligible to receive up to \$1,250 in TANF bonuses while you work! We also discount your income so that you can keep more of your TANF while you are bringing home a paycheck. How much of your TANF money you keep depends on how much you are earning.

Sanctions: If you do not follow your plan or work requirements, your TANF benefits will be cut, unless you have a good reason. This is called a work sanction. We want you to put yourself in the best situation to be successful for you and your children. DHS offers services to assist you with preparing for and getting a job, address problems that are preventing you from being successful at a job, and help with getting a better job. If you are at risk of a sanction, we will notify you in advance. You can avoid sanctions. Contact your case manager or DHS Family Resource Center to learn how.

There are three levels of work sanctions. The first level sanction will reduce your grant by reducing your household size and moving you from the grant. The second level sanction will reduce your benefits in half. The third level you will lose your entire grant. You must comply for four consecutive weeks to get your benefits back. If you do not comply right away, the sanction could last longer. For more information ask for a **TANF: Your Guide to Putting the Pieces Together** booklet or go to www.dhs.dc.gov or call (202) 698-1860.

Electronic Benefit Transfer rule changes: Recently Congress passed a law that changes how and where you can use your TANF benefits on your EBT card. Your EBT card is the card you use to access your TANF benefits. You are not permitted to use your EBT card in liquor stores, casinos, or strip clubs. If you use the card at any of these locations, the transaction will be blocked. DHS is monitoring the use of the card at these locations. If you repeatedly use the card at prohibited locations you may be in violation of the program rules and disqualified from the program.

Food Stamp Rules

You may file an application for Food Stamps separately from other benefits. You will get Expedited Food Stamps within seven (7) days if you are eligible. After you apply, you will get a decision about your Food Stamps within 30 days. If you do not get a notice within this period you can get a Fair Hearing. Also, if you do not think your benefit amount is correct, then you can get a Fair Hearing.

You must have an interview with DHS to get Food Stamps. If you need to do an interview by telephone, please let your worker know. We can do phone interviews if you cannot come to DHS because of work. We can also do phone interviews if you are sick or have a sick relative for whom you are caring.

You will have to come to DHS to recertify when we send you a notice. Note: some elderly and disabled customers only have to recertify every two years. However, there is no time limit for getting Food Stamps. In fact, even if you lose TANF, you may still get Food Stamps.

If you get Food Stamps, you must follow these rules.

- **Do not lie or hide information to get Food Stamps.**
- **Do not trade or sell your Food Stamps;**
- **Do not use someone else's Food Stamps; and**
- **Do not buy alcohol or tobacco with Food Stamps.**

If you break the rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits for one year for the first violation, two years for the second violation, and permanently for the third violation. If you lie about living in the District or your identity, then you cannot get Food Stamps for 10 years. If you sell or trade your Food Stamps for any purpose (e.g., to get drugs, firearms, ammunition, or explosives) or traffic in \$500 or more in benefits, then you may lose your benefits permanently.

IDA Rules

After you apply, you will get a decision about your IDA within 60 days. If you do not get a notice within 60 days, you can get a Fair Hearing. Also, if you do not think your benefit amount is correct, then you can get a Fair Hearing.

If you get IDA, then you must cooperate with your IDA case manager. This means:

- Give us medical reports and other materials;
- Keep your appointments with the doctor and with the Social Security Administration;
- Keep your appointments with your case manager; and
- Go to treatment programs, as required.

If you do not follow these rules, then you may lose part or all of your IDA benefits. Also, DHS will take out the amount of IDA that you got from your first "lump sum" SSI check; DHS will send the rest of your first SSI check to you.

Rights of Support

You must turn over to the District Government any payments that you get from an insurance company for medical care. You must turn over part or all of your child support to the DC Child Support Services Division (CSSD) after you get your first TANF payment. If you do not agree to these conditions, then you cannot get Medicaid or TANF. Once you are off TANF, then you can keep any current child support payments. If you use a Medicaid card or the TANF benefit, then you are telling us that you agree to these conditions.

Confidentiality

By applying, you give DHS permission to talk with your employer, your landlord, your bank, your doctor, and other people who have information about you. You also give these people your permission to give information about you to DHS. In addition, you also give DHS permission to look at your motor vehicle records, wage data, tax information, and other government records. Of course, DHS keeps all of your information confidential. DHS does not release your records without your permission (except when required by law).

Equality and Non-Discrimination

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:

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.

In accordance with the DC Human Rights Act of 1977, as amended, DC Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, gender identity or expression, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, and place of residence or business. Sexual harassment is a form of sex discrimination, which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action. These prohibitions also apply to the denial of credit or insurance. COMPLAINTS OF POSSIBLE VIOLATIONS OF THIS LAW MAY BE FILED WITH:
Government of the District of Columbia
Office of Human Rights
441 4th Street, N.W., 570N
Washington, D.C. 20001
Telephone (202) 727-4559 • Fax (202) 727-9589

★ ★ ★ DC Economic Security Administration
645 H Street, NE
Washington, DC 20002

Public Benefits

Healthcare Programs

Medicaid

DC Medicaid is a healthcare program that pays for medical services for qualified individuals, including low-income and disabled people. Medicaid benefits are available to district residents who meet financial and non-financial eligibility requirements. Applicants may be eligible for Medicaid under the Modified Adjusted Gross Income methodology or the Non-MAGI Medicaid methodology. Applicants must also be able to provide proof of DC residency and proof that they have legal citizenship or are an eligible immigrant. Former Foster Youth are covered until age 26 if they (1) were 18 or older when aging out of DC foster care (2) were enrolled in DC Medicaid at the time they exited DC foster care, (3) Are between the ages of 18 and 26 and (4) continue to live in the District of Columbia.

DC Healthcare Alliance

The DC Healthcare Alliance offers a full range of health care services for its members. Benefits include: inpatient hospital care, outpatient medical care, emergency services, urgent care services, prescription drugs, rehabilitative services, home health care, dental services, specialty care, and wellness programs. To be eligible for DC Healthcare Alliance, applicants must 1) live in the District of Columbia, 2) have no health insurance, including Medicare and Medicaid, and 3) meet income eligibility criteria (i.e. have income at or below 200% of the federal poverty guideline).

For more information on DC Medicaid and DC Healthcare Alliance, please see this [fact sheet](#).

For more information on DC Healthcare Alliance, please see this [fact sheet](#).

DC Healthy Families

DC Healthy Families provides free health insurance to DC residents who meet certain income and U.S. citizenship or eligible immigration status to qualify for DC Medicaid. The DC Healthy Families program covers doctor visits, vision and dental care, prescription drugs, hospital stays, and transportation for appointments. DC Healthy Families also offers special programs for newborn babies, children with disabilities or special health care needs, and people with HIV and AIDS. Individuals determined eligible for DC Healthy Families will fall into one of our MAGI-Medicaid eligibility groups (adults 21-64 without dependent children, pregnant women, parents/caretaker relatives, and children under 21). The application process is the same process used to apply for Medicaid. You may submit a DC Health Link application online at www.DCHealthLink.com or by phone at 1-855-532-5465.

Former Foster Care Medicaid Eligibility Policy

The Department of Health Care Finance (DHCF) has issued a policy on Medicaid eligibility for former foster youth that implements the part of the Affordable Care Act, which requires expanding Medicaid to cover individuals who were previously wards of the District and enrolled in D.C. Medicaid. Below are some key highlights of the policy. The policy went into effect in 2014. The full policy can be accessed here: http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal%2014-18_0.pdf.

Section A: Eligibility Standards

Eligibility under the former foster care youth category is limited to youth who are 18-25 and were enrolled in D.C. Medicaid when they aged out of the District's foster care system, regardless of income. The youth must be a resident of the District. Eligible youth will receive fee-for-service Medicaid.

The following groups **ARE NOT** eligible under this coverage group (but may still be eligible for Medicaid through other categories):

- Youth who were emancipated before turning 18.
- Youth who were adopted before turning 18.
- Youth who were permanently reunited with their families before turning 18.
- Youth who were permanently placed in guardianship before turning 18.

Section B: Seamless Medicaid Coverage for Youth Aging Out of Foster Care

Section B details CFSA's responsibilities for ensuring that a youth who ages out of foster care remains enrolled in Medicaid. The goal is to have CFSA ensure that youth are enrolled and re-enrolled automatically rather than the youth being responsible for enrolling themselves or for re-certification yearly.

When a foster care youth aged 18 to 21 is ready to exit the foster care system, CFSA's responsibilities include:

- Verifying that the youth is currently enrolled in Medicaid and ensuring that the youth's Medicaid ID number is documented in the youth's transition plan.
- Providing aging out youth with a copy of the Medicaid Transition Info Sheet and the youth's Medicaid ID number.
- Reviewing the Medicaid Transition Info Sheet with the youth and explain the following:
 - The eligibility requirements.
 - That the youth will be covered through the last day of the month in which the youth turns 26 or when the youth moves out of the District.
 - That the youth may use the same Medicaid card or Medicaid ID number that they are currently using when they age out.

Section B of the policy also includes a separate section on youth who have dependent children or are pregnant.

Public Benefits

Income Assistance Programs

Temporary Assistance for Needy Families (TANF)

TANF is a federal and state welfare program that provides cash assistance to families with dependent minor children when other available resources do not fully address the families' needs and while preparing participants for independence through work. To be eligible for TANF in DC, applicants must be a resident of the District of Columbia; pregnant or responsible for a child under 19 years of age; a US national, citizen, legal alien, or permanent resident; have low income; and be under-employed, unemployed, or about to become unemployed. Other conditions of eligibility include cooperation with child support, participation in work activities, compliance with substance abuse provisions, and attendance at an assessment and orientation program. Sanctions may be imposed for non-compliance.

- This [fact sheet](#) outlines the TANF requirements.
- This [fact sheet](#) will help applicants understand the support services available amidst the changes in regulations.
- This [fact sheet](#) answers the most frequently asked questions regarding cash assistance.
- This [fact sheet](#) outlines the sanctions, or temporary reduction in cash benefits, that is applied to a TANF case when a customer does not meet the work participation requirements.

Supplemental Social Security Income (SSI)

SSI, run by the Social Security Administration (SSA), is a Federal income supplement program that provides public assistance to low income people with disabilities. To be eligible for SSI, an individual must be 65 or older, disabled, or blind. SSI benefits are income-based and only available to United States citizens, legal permanent residents after five years, and qualified aliens. To apply, applicants should contact the SSA by calling 1-800-772-1213 or visit the website at <http://www.socialsecurity.gov/>.

- This [short guide](#) offers answers to the most frequently asked question regarding SSI.
- This [checklist](#) will help applicants gather the information needed to complete the online adult disability application process.

Interim Disability Assistance

The Interim Disability Assistance Program (IDA) provides temporary financial assistance to adults with disabilities who 1) are ineligible for TANF and 2) have pending applications for Social Security Income (SSI). IDA funds are contingent about availability. To be eligible, applicants must be between 18 and 64 and must be permanently and totally disabled. Applications for IDA are submitted to the Economic Security Administration. Applicants must provide proof of: 1) DC residency, 2) Social Security number, 3) citizenship/alienage, 4) disability, and 5) a pending application for SSI.

- This [fact sheet](#) contains information and facts regarding the IDA program.

Social Security Disability Insurance (SSDI)

Run by SSA, SSDI is an insurance program that provides monthly income to people with disabilities or their children. Benefits will usually continue until the person is able to work again on a regular basis, though individuals may receive “work incentives,” which provide continued benefits and health care coverage to help individuals transition back to work. Disability for purposes of SSDI is defined as 1) the person is unable to do work that he/she did before, 2) SSA determines the person is unable to adjust to other work due to the medical condition, and 3) the disability is expected to last for at least one year or result in death. To begin the application process, applicants must apply for benefits with SSA. The application will then be processed by the DC Disability Determination Division.

- This [booklet](#) provides basic information about the Social Security Disability Insurance (SSDI) program.

Program on Work, Employment and Responsibility (POWER)

The POWER program offers services and resources to DC residents with disabilities or specific barriers who are receiving TANF benefits. Applicants may be eligible if they have a permanent or temporary incapacity that is expected to last longer than 30 days; care for a household member who is physically or mentally incapacitated; are 60 years or older; are a pregnant or parenting teen under 19; or have experienced domestic violence and have been granted a domestic violence waiver. Participation in the POWER program exempts participants from work participation requirements, lifts sanctions, restores cash assistance to the benefit amount received before any reductions, and assists customers with obtaining SSI. Once a disability resolves and participation in POWER ends, TANF benefits may continue for eligible customers.

- This [fact sheet](#) continues information and facts regarding POWER.

Public Benefits – Vouchers

Supplemental Nutrition Assistance Program (SNAP)

Find out more information about SNAP benefits [here](#).

Women, Infant and Children Fact Sheet

This guide defines WIC and outlines all the benefits. Check it out [here](#).

DC WIC Vendor Folder and Food List

Check out the approved food items and where to buy them [here](#).

DC WIC Enrollment Sites

Find a listing of WIC site locations [here](#).

• *Confidential Submissions*—To submit an application with confidential information that you do not wish to be made publicly available, submit your application only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states “THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.” The Agency will review this copy, including the claimed confidential information, in its consideration of your application. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on <https://www.regulations.gov>. Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your application and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: <https://www.gpo.gov/fdsys/pkg/FR-2015-09-18/pdf/2015-23389.pdf>.

Docket: For access to the docket, go to <https://www.regulations.gov> and insert the docket number, found in brackets in the heading of this document, into the “Search” box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852 between 9 a.m. and 4 p.m., Monday through Friday. Publicly available submissions may be seen in the docket.

FOR FURTHER INFORMATION CONTACT: Julie Finegan, Office of Scientific Integrity, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 1, Rm. 4218, Silver Spring, MD 20993, 301–796–8618.

SUPPLEMENTARY INFORMATION:

I. Background

On June 24, 2013, the U. S. District Court for the Eastern District of Tennessee entered a criminal judgment against William Ralph Kincaid pursuant to his guilty plea. Kincaid pled guilty to a felony under the FD&C Act, namely receiving in interstate commerce a misbranded drug with intent to defraud or mislead, in violation of sections 301(c) and 303(a)(2) of the FD&C Act (21 U.S.C. 331(c) and 333(a)(2)) and 18 U.S.C. 2. The basis for this conviction

was Kincaid’s admission that he obtained drugs from Quality Specialty Products (QSP), a foreign company, for use at East Tennessee Hematology-Oncology Associates, P.C. (McLeod Cancer). These drugs were not FDA approved and were misbranded in that they lacked adequate directions for use and were manufactured in an establishment that was not registered with FDA and that did not list with FDA the drug products it manufactured. From approximately September 2007 to early 2008 and from August 2009 to February 2012, McLeod Cancer purchased more than \$2 million in misbranded unapproved drugs for use at McLeod Cancer. Additionally, Kincaid and McLeod Cancer billed Medicare, TennCare, and other government health benefit programs approximately \$2.5 million for these unapproved drugs.

Kincaid is subject to debarment based on a finding, under section 306(a)(2) of the FD&C Act (21 U.S.C. 335a(a)(2)), that he was convicted of a felony under Federal law for conduct relating to the regulation of a drug product under the FD&C Act. By the letter dated May 20, 2015, FDA notified Kincaid of a proposal to permanently debar him from providing services in any capacity to a person having an approved or pending drug product application. The proposal also offered Kincaid an opportunity to request a hearing, providing him 30 days from the date of receipt of the letter in which to file the request and 60 days from the date of receipt of the letter to support that request with information sufficient to justify a hearing. In a letter dated June 17, 2015, Kincaid requested a hearing and indicated that the information justifying the hearing would be forthcoming. More than 60 days have passed from the date Kincaid received FDA’s letter, and Kincaid has not filed any additional information to support his request.

Under the authority delegated to him by the Commissioner of Food and Drugs, the Director of the Office of Scientific Integrity (OSI) has considered Kincaid’s request for a hearing. Hearings will not be granted on issues of policy or law, on mere allegations, denials, or general descriptions of positions and contentions, or on data and information insufficient to justify the factual determination urged (see 21 CFR 21.24(b)).

Because Kincaid has not presented any information to support his hearing request, OSI concludes that Kincaid failed to raise a genuine and substantial issue of fact requiring a hearing. Therefore, OSI denies Kincaid’s request for a hearing.

II. Findings and Order

Therefore, OSI, under section 306(a)(2) of the FD&C Act and under the authority delegated, finds that William Ralph Kincaid has been convicted of a felony under Federal law for conduct relating to the regulation of a drug product under the FD&C Act.

As a result of the foregoing findings, William Ralph Kincaid is permanently debarred from providing services in any capacity to a person with an approved or pending drug product application under section 505, 512, or 802 of the FD&C Act (21 U.S.C. 355, 360b, or 382), or under section 351 of the Public Health Service Act (42 U.S.C. 262), effective (see **DATES**) (21 U.S.C. 335a(c)(1)(B) and (c)(2)(A)(ii) and 21 U.S.C. 321(dd)). Any person with an approved or pending drug product application who knowingly uses the services of Kincaid, in any capacity during his period of debarment, will be subject to civil money penalties. See section 307(a)(6) of the FD&C Act (21 U.S.C. 335b(a)(6)). If Kincaid, during his period of debarment, provides services in any capacity to a person with an approved or pending drug product application, he will be subject to civil money penalties. See section 307(a)(7) of the FD&C Act (21 U.S.C. 335b(a)(7)). In addition, FDA will not accept or review any abbreviated new drug applications submitted by or with the assistance of Kincaid during his period of debarment.

Dated: January 10, 2018.

G. Matthew Warren,

Director, Office of Scientific Integrity.

[FR Doc. 2018–00719 Filed 1–17–18; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year’s increase in prices as measured by the Consumer Price Index.

DATES: Applicable beginning January 13, 2018, unless an office administering a program using the guidelines specifies a different applicability date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 422F.5, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 690-7409—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-275-4772. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The

poverty guidelines issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2018 notice reflect the 2.1 percent price increase between calendar years 2016 and 2017. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2018 guidelines are roughly equal to the poverty thresholds for calendar year 2017 which the Census Bureau expects to publish in final form in September 2018.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,140
2	16,460
3	20,780
4	25,100
5	29,420
6	33,740
7	38,060
8	42,380

For families/households with more than 8 persons, add \$4,320 for each additional person.

2018 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1	\$15,180
2	20,580
3	25,980
4	31,380
5	36,780
6	42,180
7	47,580
8	52,980

For families/households with more than 8 persons, add \$5,400 for each additional person.

2018 POVERTY GUIDELINES FOR HAWAII

Persons in family/household	Poverty guideline
1	\$13,960
2	18,930
3	23,900
4	28,870
5	33,840
6	38,810
7	43,780
8	48,750

For families/households with more than 8 persons, add \$4,970 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds—the version of the poverty measure used for statistical purposes—have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the "OMB" (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the **Federal Register** by

the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as “income” or “family,” because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as “Is income counted before or after taxes?”, “Should a particular type of income be counted?”, and “Should a particular person be counted as a member of the family/household?” are actually questions about how a specific program applies the poverty guidelines. All such questions about how a specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as “income” or “family,” to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 12, 2018.

Eric D. Hargan,

Acting Secretary of Health and Human Services.

[FR Doc. 2018-00814 Filed 1-12-18; 4:15 pm]

BILLING CODE 4150-05-P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Automated Commercial Environment (ACE) Becoming the Sole CBP-Authorized Electronic Data Interchange (EDI) System for Processing Electronic Drawback Filings

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: General notice.

SUMMARY: This document announces that the Automated Commercial Environment (ACE) will be the sole electronic data interchange (EDI) system authorized by U.S. Customs and Border Protection (CBP) for processing electronic drawback filings under part 181 (NAFTA drawback) and part 191 (non-TFTEA drawback) of Title 19 of the Code of Federal Regulations. This document also announces that the Automated Commercial System (ACS) will no longer be a CBP-authorized EDI system for purposes of processing such filings. This notice further announces the deployment of a new ACE filing code for all electronic drawback filings, replacing the six distinct drawback codes previously filed in ACS.

DATES: As of February 24, 2018, ACE will be the sole CBP-authorized EDI system for processing drawback filings under part 181 (NAFTA drawback) and part 191 (non-TFTEA drawback) of Title 19 of the Code of Federal Regulations, and ACS will no longer be a CBP-authorized EDI system for such purpose.

FOR FURTHER INFORMATION CONTACT: Randy Mitchell, Commercial Operations and Entry Division, Trade Policy and Programs, Office of Trade at (202) 863-6532 or RANDY.MITCHELL@CBP.DHS.GOV.

SUPPLEMENTARY INFORMATION:

I. Background

Section 484 of the Tariff Act of 1930, as amended (19 U.S.C. 1484), establishes the requirement for importers of record to make entry for merchandise to be imported into the customs territory of the United States. Customs entry information is used by U.S. Customs and Border Protection (CBP) and Partner Government Agencies (PGAs) to determine whether merchandise may be released from CBP custody. Importers of record are also obligated to complete the entry by filing an entry summary declaring the value, classification, rate of duty applicable to the merchandise and such other

information as is necessary for CBP to properly assess duties, collect accurate statistics and determine whether any other applicable requirement of law is met.

The customs entry requirements were amended by Title VI of the North American Free Trade Agreement Implementation Act (Pub. L. 103-182, 107 Stat. 2057, December 8, 1993), commonly known as the Customs Modernization Act, or Mod Act. In particular, section 637 of the Mod Act amended section 484(a)(1)(A) of the

Tariff Act of 1930 (19 U.S.C. 1484(a)(1)(A)) by revising the requirement to make and complete customs entry by submitting documentation to CBP to allow, in the alternative, the electronic transmission of such entry information pursuant to a CBP-authorized electronic data interchange (EDI) system. CBP created the Automated Commercial System (ACS) to track, control, and process all commercial goods imported into the United States. CBP established the specific requirements and procedures for the electronic filing of entry and entry summary data for imported merchandise through the Automated Broker Interface (ABI) to ACS.

II. Transition Into the Automated Commercial Environment

In an effort to modernize the business processes essential to securing U.S. borders, facilitating the flow of legitimate shipments, and targeting illicit goods pursuant to the Mod Act and the Security and Accountability for Every (SAFE) Port Act of 2006 (Pub. L. 109-347, 120 Stat. 1884), CBP developed the Automated Commercial Environment (ACE) to eventually replace ACS as the CBP-authorized EDI system. Over the last several years, CBP has tested ACE and provided significant public outreach to ensure that the trade community is fully aware of the transition from ACS to ACE.

On October 13, 2015, CBP published an Interim Final Rule in the **Federal Register** (80 FR 61278) that designated ACE as a CBP-authorized EDI system. The designation of ACE as a CBP-authorized EDI system was effective November 1, 2015. In the Interim Final Rule, CBP stated that ACS would be phased out and anticipated that ACS would no longer be supported for entry and entry summary filing. Filers were encouraged to adjust their business practices so that they would be prepared when ACS was decommissioned.

CBP developed a staggered transition strategy for decommissioning ACS. The phases of the transition were announced in several **Federal Register** notices. See 81 FR 10264 (February 29, 2016); 81 FR 30320 (May 16, 2016); 81 FR 32339 (May 23, 2016); 82 FR 38924 (August 16, 2017); and 82 FR 51852 (November 8, 2017). This notice announces another transition as the processing of electronic drawback filings under parts 181 and 191 of title 19 of the Code of Federal Regulations (CFR) is transitioning into ACE.

Economic Security Administration (ESA)

The Economic Security Administration (ESA) determines eligibility for benefits under the Temporary Cash Assistance for Needy Families (TANF), Medical Assistance, Supplemental Nutrition Assistance Program (SNAP), Child Care Subsidy, and Interim Disability Assistance. ESA also has a Food Stamp Employment and Training Program (FSET), which provides employment and training services to able-bodied adults without dependents who receive food stamps.

Service Centers

Anacostia:

2100 Martin Luther King Ave. SE
Washington, D.C. 20020
202-645-4614

Congress Heights:

4049 South Capitol Street SW
Washington, D.C. 20032
202-645-4525

Fort Davis:

3851 Alabama Ave. SE
Washington, D.C. 20020
202-645-4500

H Street:

645 H Street NE
Washington, D.C. 20002
202-698-4350

Note: Also accepts Interim Disability Assistance Applications

Taylor Street:

1207 Taylor Street NW
Washington, D.C. 20011
202-576-8000