



## **2019 Caregiver Custody Training Manual**

### **7. Grandparent Caregiver Resources**

- a. Grandparent Caregivers Program Subsidy Fact Sheet
- b. Grandparent Caregivers Program Subsidy Application (2015)
- c. Joint Application for TANF/Medicaid
- d. Grandfamilies Fact Sheet for the District of Columbia

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency



Grandparent Caregivers Program

## Information Guide

The Grandparent Caregiver Program (GCP) helps low-income District residents who are raising their grandchildren, great-grandchildren, great-nieces, or great-nephews. Those who qualify may get money every month to help care for children living with them. Please read the following Fact Sheet thoroughly along with the attached “Frequently Asked Questions.”

### Who runs the program?

The DC Child and Family Services Agency (CFSA) accepts applications and runs the program. You may obtain a complete application packet directly from the program staff, located at CFSA, which will also include the materials you need for the background checks. Other community organizations have the application form, but you will still need to contact the GCP staff for clearances. There are also several community organizations available to assist you in completing the application process. Those organizations are listed at the end of the “Frequently Asked Questions” section of this Guide.

### Is this program for me?

You must meet **ALL** these conditions.

- ☐ Your grandchild, great grandchild, great niece, and/or great nephew under age 18 lives with you.
- ☐ The child has lived with you for the past six months or more.
- ☐ You have been the child’s primary caretaker for the past six months.
- ☐ The child’s parent has not lived with you in the past six months. (This doesn’t count if the parent gave you standby guardianship of the child, or is a minor enrolled in school or a minor with a medically verifiable disability which prevents them from caring for the child)
- ☐ You live in the District.
- ☐ The total of all money coming into your household is below 200 percent of the Federal poverty level (see box to the right).
- ☐ You have applied for Temporary Assistance to Needy Families (TANF) for the child.
- ☐ All adults living in your home must submit the results for national and local criminal background checks and a Child Protection Registry check (to rule out child abuse).

Total number of people in your home is:	Total yearly household income is less than:
2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7 or more	\$73,460

### **Does this program have limits?**

Yes. The D.C. Council has provided us with a specific budget for subsidies and acceptance into the program is **first-come/first-served**. In the event that we reach program capacity, we will establish a waiting list and, as families leave our program, new families will be accepted from the waiting list. You can use money from this program only to care for the children you list in the application.

### **How do I apply?**

Call 202-442-6009 to ask for an application by mail. You can also visit our office at the address below to pick up an application. If you plan on coming to the office it is strongly recommended that you make an appointment first.

### **Should I do anything now to get ready?**

Yes. Take these steps before you apply.

1. Gather the necessary documents to **show you are the child's primary caretaker**. You can qualify in two ways. The first way is to provide one of the following documents:

- A court order, signed by a judge, granting you custody of the child; or
- A court order, signed by a judge, granting you standby guardianship of the child, pursuant to D.C. Code § 16-4801–4810; or
- A decree, signed by a judge, stating that you have adopted the child.

Or, if none of the above exist, then provide one of the below plus complete the checklist contained on the application form which indicates why the parents are unable to care for the child(ren):

- Records showing that the applicant enrolled the child in school during the most recent school year or that the applicant is the primary educational contact for the child; or
- Immunizations or medical records, no more than two years old, indicating that the applicant is tending to the child's medical needs; or
- Proof that the applicant has been receiving SSI or TANF for the child for at least the last six months; or
- A letter from any legal, medical, military, law enforcement, social service or other similar professional, or the applicant's landlord describing the applicant's status in caring for the child.

2. **Apply for Temporary Assistance to Needy Families (TANF)** for the child. Call the DC Department of Human Services, 202-724-5506.

### **How do the Background Checks work?**

All adults (persons 18 years old and older) residing in the home must complete our clearance process which includes three checks: an FBI check, a local police clearance and a Child Protection Registry Check.

We conduct the entire clearance process at our offices. The adults in your home must each schedule an appointment to come to our offices for fingerprinting. You can make this appointment by calling us at (202) 442-6009. There is no cost to you for fingerprinting.

Included with your application packet is a "Child Protection Registry" form. This form must also be completed by each adult living in the home and is used to help rule out child abuse. This form must either be notarized or witnessed by a member of CFSA's staff. We will be happy to witness your signature when you come for fingerprinting.

If you need more forms than are in your application packet, please just contact our office.

### **How much money can I get?**

The amount you receive depends on several factors including the age of the children and the amount you currently receive from TANF or SSI. The amount is based on a daily rate so your check each month will fluctuate. Please speak with program staff for an estimate of what your subsidy might be.

### **Where can I get more information?**

Call 202-442-6009 during regular business hours or visit <http://www.cfsa.dc.gov> . If you would like to speak with someone in person, please call ahead to schedule an appointment. **IF YOU ARRIVE WITHOUT AN APPOINTMENT YOUR WAIT TIME COULD BE SIGNIFICANT.**



## Frequently Asked Questions

### **Do I need legal custody to qualify for the program?**

Not anymore. The Safe and Stable Homes Act, passed by the D.C. Council in 2007, changed the Grandparent Caregivers Program to no longer require legal custody. Now, you must prove that you are the child's primary caregiver. There are two ways you can do this:

The first way is to provide one of the following documents:

- A court order, signed by a judge, granting you custody of the child; or
- A court order, signed by a judge, granting you standby guardianship of the child, pursuant to D.C. Code § 16-4801–4810; or
- A decree, signed by a judge, stating that you have adopted the child.

Or, if none of the above exist, then provide one of the below plus complete the checklist contained on the application form which indicates why the parents are unable to care for the child(ren):

- Records showing that the applicant enrolled the child in school during the most recent school year or that the applicant is the primary educational contact for the child; or
- Immunizations or medical records, no more than two years old, indicating that the applicant is tending to the child's medical needs; or
- Proof that the applicant has been receiving SSI or TANF for the child for at least the last six months; or
- A letter from any legal, medical, military, law enforcement, social service or other similar professional, or the applicant's landlord describing the applicant's status in caring for the child.

### **I've adopted my grandchildren. Am I still eligible?**

Yes, as long as you are not receiving an adoption subsidy. Please provide us with a copy of your adoption decree.

### **The child's parent lives in my home. Am I still eligible?**

You remain eligible under certain circumstances. The parent may continue to reside in your home if you have a court order granting you standby guardianship of the children, or if the parent is a minor (under 21 years old) who is enrolled in school or has a medically verifiable disability that prevents him or her from caring for the child. Please provide us with documentation to establish these.

### **I'm the child's aunt, not the grandparent. Am I still qualified?**

No. You must be the child's grandparent, great-grandparent, great-aunt, or great-uncle. No other relationships are eligible. Informal relationships such as "godmother" are not eligible. You will be required to prove this in your application

though legal documents, birth certificates, or a legal custody order (signed by a judge).

**How do I prove that I am the child's grandparent?**

You prove this in your application though legal documents, birth certificates, paternity acknowledgements or court reports. For example, if you are the child's paternal grandparent (a parent of the child's father) you can provide a letter from the child's father acknowledging he is the father and his birth certificate showing you are his parent.

**What is the Child Protection Register Check and why do I need it?**

The child protection register is our database of those persons responsible for the abuse or neglect of a child. The law requires that all adults in the house (everyone 18 and older) fill one out so we can ensure the safety of the children in households receiving the subsidy. You are not automatically disqualified if you are listed in the registry. All cases are reviewed on an individual basis. Please fill out the register check completely, have it notarized or witnessed and provide us with the **original**. Failure to include this form or provide the original will delay your application, as we must have an original signature to process the check.

**Why do I need a criminal background check?**

ALL adults (anyone 18 or over) in the house must comply with a local criminal history check and a federal background check. This is a requirement of the program and helps to ensure a suitable environment for the children in the household being considered for a subsidy. You are not automatically disqualified because you or someone in your home has a criminal record. CFSA reviews every case individually and takes into account the entire situation. This includes how long ago the conviction occurred, the type of conviction, and the circumstances surrounding it. Your application is not considered complete until we receive the fingerprinting results

**I've been told I cannot get TANF for the children because I get SSI. Am I still eligible?**

Yes. It is important to note that you only must APPLY for TANF. If TANF denies you because you currently receive SSI, you may still be eligible. Combine your entire household income and see the income chart on the fact sheet to see if you are eligible.

**Can you make copies of my original documents?**

No. It is your responsibility to make copies before you arrive. We also are not responsible for returning any original documents you mail to us.

**I'd like to go over my application with someone before I submit it. Can someone review it for me?**

Yes. We would be happy to sit down with you and go over your application to make sure it is complete. In order to facilitate this, please call (202)442-6009 to schedule an appointment. If you drop in without an appointment and wish speak to someone your wait time could be significant.

**Will I continue to get TANF or SSI if I am awarded this subsidy?**

Yes, this money comes in addition to the benefits you already receive. In fact, you must receive either TANF or SSI in order to qualify for this program and the amount you receive from the GCP is based on how much TANF or SSI you already receive from the government. The amount you receive in food stamps may be affected.

**How long does the application process take?**

We have forty-five (45) days to process your application from day we receive all of the required documents. Please note the 45 days does not begin to run until we receive all documents, including the results of the FBI. Average processing times are significantly less though if you initially submit a complete application. Submitting an incomplete application could delay your application significantly.

**What happens after I am approved?**

After you are approved an appointment will be scheduled for you to visit our office so you can sign a subsidy agreement. Once you sign the subsidy agreement your case will become active and you will get a check in the mail the following month. The subsidy is NOT retroactive to the date you first submitted your application.

**Is there a Waiting List for the program?**

Yes, there is currently a waiting list. The GCP is funded to subsidize a certain number of children at any time and, when that number of children is enrolled, the program establishes a Waiting List. As families leave our program, we move new families up from our waiting list. Because we are not in control of the movement of the waiting list, and cannot anticipate how quickly it will move, we are unable to give an accurate estimate as to how long an applicant may be waiting. Please contact our office to determine whether there is currently a waiting list in existence.

**Can I have the subsidy directly deposited into my bank account?**

No. We can only send you a check in the mail each month. Your check will arrive by the 14<sup>th</sup> of each month.

**Will you inform the child's parents I am receiving this subsidy?**

No. Your application and involvement in this program is confidential. Your personal information may only be released at your request.

**What kind of things can I pay for with this subsidy?**

You can use the money you receive from this program ONLY on things that benefit the child listed in the subsidy agreement. This includes but is not limited to: groceries, school clothes, summer camp, a portion of your rent or utilities, etc. The money cannot be used to the benefit of either of the child's birth parents.

**Other Organizations Available to Assist You:**

**For those 60 and older**

**Legal Counsel for the Elderly – (202)434-2120**

**Emmaus Senior Services – (202)745-1200**

**For all District residents**

**Children's Law Center – (202)467-4900 ext. 4**

**Bread for the City (NW) – (202)265-2400**

**Bread for the City (SE) – (202)561-8587**

**For those families dealing the effects of HIV/AIDS**

**Family Ties Project – (202)547-3349**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Child and Family Services Agency



Grandparent Caregivers Program

**APPLICATION FOR GRANDPARENT CAREGIVERS PROGRAM SUBSIDY**

**INSTRUCTIONS**

1. Use this Application to apply for a subsidy under the Grandparent Caregivers Program. Please note you must complete both pages of the application.
2. This Application must be completed and signed by the person who is applying for a subsidy. CFSA staff is available to help a person who needs assistance to complete the form.
3. When this Application uses the term “child(ren)”, it means the child or children on whose behalf the applicant is applying for the subsidy.
4. One of the attachments required by the application is proof that you are the child’s Primary Caregiver. This can be accomplished in two ways:

The first way is to provide one of the following documents:

- A court order, signed by a judge, granting you custody of the child; or
- A court order, signed by a judge, granting you standby guardianship of the child, pursuant to D.C. Code § 16-4801–4810; or
- A decree, signed by a judge, stating that you have adopted the child.

Or, if you do not have any of the above documents, you may still qualify by:

- Providing one of the following:
  - Records showing that you enrolled the child in school the most recent school year or that you are the primary educational contact for the child; or
  - Immunizations or medical records, no more than two years old, indicating that you are tending to the child’s medical needs; or
  - Proof that you have received either SSI or TANF for the child for at least the last six months; or
  - A letter from any legal, medical, military, law enforcement, social service or similar professional, or your landlord describing your status in caring for the child.

**AND**

- Completing the checklist on page two of the application, stating why the parents are unable to care for the child(ren).

5. All adults (18 years and older) residing in your home must cooperate with our clearance process which includes three checks: an FBI check, a local police clearance and a Child Protection Registry Check. We conduct the entire clearance process at our offices. **The adults in your home must each schedule an appointment to come to our offices for fingerprinting. You can make this appointment by calling us at (202) 442-6009.** There is no cost to you for fingerprinting.
6. Included with your application packet is a "Child Protection Registry" form. This form must also be completed by each adult living in the home and is used to help rule out child abuse. This form must either be notarized or witnessed by a member of CFSA's staff. We will be happy to witness your signature when you come for fingerprinting.
7. For more information about the Grandparent Caregivers Program, please review the attached information sheet.

***If you submit an incomplete application package you will receive a letter listing what information is missing. Failure to complete your application within 30 days of that letter may result in a denial of your application.***

**When you have completed your application packet, please call (202) 442-6009 and make an appointment to turn in your application and documents. In most cases, this appointment will be the same day as your fingerprinting appointment.**

**Return your completed application and all documents to:**

D.C. Child and Family Services Agency  
Grandparent Caregivers Program  
200 I Street, S.E.  
Washington, D.C. 20003

For more information about the Grandparent Caregivers Program, call 442-6009 and ask for the Grandparent Caregivers program staff.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Child and Family Services Agency



Grandparent Caregivers Program

**APPLICATION FOR GRANDPARENT CAREGIVERS PROGRAM SUBSIDY**

**I. Applicant** - Provide the following information concerning yourself (the person who is applying for the subsidy).

1. Full name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male Have you ever applied for this program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who referred you to the program? \_\_\_\_\_

2. I am the child's: \_\_\_\_\_ Grandparent \_\_\_\_\_ Great-parent \_\_\_\_\_ Great-aunt \_\_\_\_\_ Great-uncle

3. Address: \_\_\_\_\_  
Street Apt.# City State Zip Code Ward

4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

6. Monthly income for the entire household and the sources of that income (include TANF, Social Security, employment income, annuities and any other money coming into your home): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Child(ren)** Provide the following information concerning the child(ren) on whose behalf you are applying for the subsidy. Use additional sheets if necessary.

Name (last, first, middle)	Date of Birth	Sex	Social Security Number	Monthly Income	Source of Income

**III. Other individuals** You must provide the following information for EVERY INDIVIDUAL RESIDING IN YOUR HOME other than yourself and the child(ren) for whom you are applying.

Name (last, first, middle)	Date of Birth	Sex	Social Security Number	Monthly Income	Source of Income

--	--	--	--	--	--

#### iv. Attachments

**Please ensure that you have attached each of the following documents to this Application:**

1. Proof that I am the child's grandparent, great-grandparent, great-aunt or great-uncle.
2. Proof that I am the child's Primary Caretaker (please see the above Instructions for guidance).
3. Completed applications for Child Protection Register checks for each adult who resides in my home.
4. Proof that I applied for TANF benefits on behalf of the child through the District of Columbia Department of Human Services, Income Maintenance Administration.
5. Proof of household income (i.e., proof of the income of every individual who resides in my house).
6. Proof that I reside in the District of Columbia (i.e. your lease or a bill coming to you at your home address).
7. I have also called the GCPP offices (202-442-6009) to schedule fingerprinting appointments for all adults residing in my home.

#### v. Attestations and Signature

**1. The child(ren) has/have resided with me continuously for at least the most recent six months.**

**2. Check the one that applies:**

☐ The child's parent has not resided in my home for at least the most recent six continuous months.

*Or*

☐ The child's parent resides in my home and I have provided proof that I have been designated as the child's standby guardian, or that the parent is a minor enrolled in school, or that the parent is a minor with a medically verifiable disability that prevents him or her from caring for the child.

**3. The child(ren)'s parents are unable to care for the child(ren) because of the following (check all that apply for each parent):**

☐ A parent is deceased

☐ A parent is incarcerated

☐ A parent is not caring for the child because of allegations of abuse or neglect

☐ A parent is on active military assignment

☐ A parent has not been involved with the child or has abandoned the child or has voluntarily relinquished custody of the child

☐ A parent is seriously ill

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Child and Family Services Agency



Grandparent Caregivers Program



# 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? ເປັນຫຍັງ?

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)

“በዚህ ውስጥ የሚኖሩ ከሆኑ የአርዳታ ጥቅሞችን ለማግኘት በዚህ ቅጽ ሊጠቀሙ ይችላሉ። ይህንን ቅጽ ለመሙላት አርዳታ ክፈለጉ 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.



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES



## 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](http://DCHealthLink.com). You can also call the DC HealthLink Customer Service Center toll-free at 1-855-532-5465 for help applying.***

Questions? ¿Preguntas? ၵႁႃႈမႃး?

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

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

<b>Cash</b>	Does anyone have more than \$1,000 in cash? If YES, how much \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bank Accounts</b>	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
<b>Life Insurance</b>	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
<b>Real Property</b>	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
<b>Car</b>	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
<b>Other</b>	Does anyone have any stock, bonds, etc.?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Transfers</b>	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"/> If no, at how many weeks was this child born?	Name of Alleged Absent Parent	

**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: \_\_\_\_\_

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

### More Information about Absent Parent

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 # 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"/> If no, at how many weeks was this child born?	Name of Alleged Absent Parent	

**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: \_\_\_\_\_



<b>Paternity Established?</b>	<b>Voluntary Support</b>	<b>Court-Ordered Child Support</b>	
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:**

<b>Paternity Established?</b>	<b>Voluntary Support</b>	<b>Court-Ordered Child Support</b>	
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.

<b>Medicare</b>	Does anyone have Medicare (a red, white and blue card)? If YES, who has Medicare? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Health Insurance</b>	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
<b>Retro Medicaid/ Medical Bills</b>	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 <b>(202) 698-2009</b> .  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  <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"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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
<b>Income</b>	Recent paystubs; statement showing retirement income, disability income, or Workers Compensation; pension statement; etc.
<b>Assets</b>	Recent bank and checking account statements, etc.
<b>DC Residency</b>	DC driver's license, lease, rent receipt, written statement from your landlord, utility or telephone bill, etc.
<b>Social Security Number</b>	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.)
<b>Medical Exam Report/Disability</b>	Recent medical report (or Form 856) and any supporting materials from your doctor.
<b>Immigration Information</b>	Employment Authorization card, I-94, visa, passport, or other documents from the INS.
<b>Rent/Mortgage</b> (Food Stamps only)	Lease, rent receipt, cancelled check, mortgage statement, etc.
<b>Utility Bills</b> (Food Stamps only)	Recent bills for electric, gas, fuel, phone, water, telephone, etc. (if you pay these separately from your rent).
<b>Relationship</b> (TANF only)	Birth certificate (full copy) for your child(ren) or official records from a school, court, hospital, etc.
<b>"Living with"</b> (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 11<sup>th</sup> 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 4<sup>th</sup> 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
- You 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](http://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](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](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

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

This institution is an equal opportunity provider.

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

# GRANDFACTS

## STATE FACT SHEETS FOR GRANDFAMILIES



The GrandFacts state fact sheets for grandfamilies include state-specific data and programs as well as information about public benefits, educational assistance, legal relationship options and state laws. Visit [www.grandfamilies.org](http://www.grandfamilies.org) to find this and all GrandFacts state fact sheets.

## District of Columbia

### The Children

- 5,000 (4%) children live with a relative with no parent present.
- 16,588 (15.0%) children under 18 live in homes where householders are grandparents or other relatives.
  - 12,275 (11.1%) of these children live with grandparents.
  - 4,313 (3.9%) of these children live with other relatives.

### The Grandparents

- 4,290 grandparents are householders responsible for their grandchildren who live with them. Of these:
  - 1,287 (30.0%) do not have parents present.
  - 2,640 (61.5%) are under age 60.
  - 2,424 (56.5%) are in the workforce.
  - 1,060 (24.7%) are in poverty.
  - 1,210 (28.2%) have a disability.
  - 2,377 (55.4%) are unmarried.
  - Race/Ethnicity:
    - 107 (2.5%) are white (not Hispanic or Latino)
    - 3,805 (88.7%) are black or African American
    - 360 (8.4%) are Hispanic or Latino origin
    - 9 (0.2%) are Asian
    - 4 (0.1%) are American Indian or Alaska Native
    - 0 (0.0%) are Native Hawaiian or other Pacific Islander
    - 9 (0.2%) are multiracial
    - 300 (7.0%) are some other race

## Children in Kinship Foster Care

For data on children in kinship care within the child welfare system, see the [Child Trends fact sheet for District of Columbia](#).

[www.childtrends.org](http://www.childtrends.org)

## Programs That Can Help

Local programs that provide support, resources and assistance to grandfamilies can often be found by contacting your local school, area agency on aging, community center, faith-based organization or children's services office.

### Key Programs in District of Columbia

#### AARP Legal Counsel for the Elderly

**Website:** [www.aarp.org/states/dc/LCE.html](http://www.aarp.org/states/dc/LCE.html)

**Phone:** 202-434-2120

**Email:** [dcaarp@aarp.org](mailto:dcaarp@aarp.org)

**Service Area:** District of Columbia

**Description:** Free legal services to eligible caregivers.

#### Bread for the City

**Website:** [www.breadforthecity.org](http://www.breadforthecity.org)

**Phone:** 202-265-2400 (NW Center) or 202-561-8587 (SE Center)

**Email:** [info@breadforthecity.org](mailto:info@breadforthecity.org)

**Service Area:** District of Columbia

**Description:** Medical and legal clinics, clothing, food pantry and social services.

#### CARA House – National Center for Children and Families

**Website:** [www.nccf-cares.org/community-based-services/cara-house](http://www.nccf-cares.org/community-based-services/cara-house)

**Phone:** 202-396-9330

**Email:** [info@nccf-cares.org](mailto:info@nccf-cares.org)

**Service Area:** District of Columbia

**Description:** Support groups for kin caring for children both inside and outside the foster care system, with activities, guest speakers and parenting education.

**Children's Law Center – Families First Program**

**Website:** [www.childrenslawcenter.org](http://www.childrenslawcenter.org)

**Phone:** Main: [202-467-4900](tel:202-467-4900), Helpline: [202-467-4900](tel:202-467-4900), option 3 (staffed by an attorney Monday-Friday, 9 AM to 5 PM)

**Email:** [helpline@childrenslawcenter.org](mailto:helpline@childrenslawcenter.org)

**Service Area:** District of Columbia

**Description:** Free, high quality legal assistance to kinship caregivers, foster parents and other third-party caregivers who wish to adopt or obtain guardianship or legal custody of children in the DC child welfare system or at risk of entering foster care.

**Foster & Adoptive Parent Advocacy Center**

**Website:** [www.dcfapac.org](http://www.dcfapac.org)

**Phone:** 202-269-9441

**Email:** [abyrd@dcmfapa.org](mailto:abyrd@dcmfapa.org)

**Service Area:** District of Columbia

**Description:** Individual and group support, training and advocacy to foster parents, kinship caregivers, and adoptive parents of children from the DC child welfare system.

**Grandparent Caregiver Program**

**Website:** <http://cfsa.dc.gov/service/grandparent-program>

**Phone:** 202-442-6100

**Email:** [cfsa@dc.gov](mailto:cfsa@dc.gov)

**Service Area:** District of Columbia

**Description:** Monthly subsidies to low-income District residents who are raising their grandchildren, great-grandchildren, great-nieces, or great-nephews.

**Greater Washington Urban League**

**Website:** [www.gwul.org](http://www.gwul.org)

**Phone:** 202-265-8200

**Email:** [info@gwul.org](mailto:info@gwul.org)

**Service Area:** District of Columbia

**Description:** Information and referrals, food and utility assistance, counseling and publications

**Healthy Families/ Thriving Communities Collaborative**

**Website:** <http://dccollaboratives.org>

**Phone:** (202) 299-0900

**Service Area:** District of Columbia

**Description:** Leadership, advocacy, resource development, technical assistance and training for community-based collaboratives in the city that provide case management, life-skills training, emergency financial assistance, financial planning, and housing assistance.

**Legal Aid Society of the District of Columbia****Website:** [www.legalaiddc.org](http://www.legalaiddc.org)**Phone:** 202-628-1161**Email:** [kjohnson@legalaiddc.org](mailto:kjohnson@legalaiddc.org)**Service Area:** District of Columbia**Description:** Free legal services to eligible individuals in cases of child custody, child support, divorce, public benefits, consumer law, domestic violence and landlord-tenant issues.**Whitman-Walker Clinic****Website:** [www.whitman-walker.org](http://www.whitman-walker.org)**Phone:** 202-745-7000**Email:** [info@whitman-walker.org](mailto:info@whitman-walker.org)**Service Area:** District of Columbia**Description:** Free legal services to people who are HIV-positive and assistance with permanency planning for children of people who are ill or dying.**Public Benefits**

Federal and state public benefits programs can help with income, food, healthcare, home energy, telephone and other needs for those who are eligible. Eligibility requirements vary with each public benefit and sometimes are different from state to state. Some benefits are for the family and others are for children or older adults individually. Children are often eligible for public benefits even if their caregivers do not have guardianship or legal custody. Relative caregivers may become eligible for benefits programs when their household size increases.

**Help with Public Benefits****AARP Foundation's Benefits QuickLink**

Benefits QuickLINK, powered by BenefitsCheckUp of the National Council on Aging, offers a free and private way to complete a questionnaire to find out if relatives and/or the children they are raising qualify for certain programs that pay for food, increase income and cover home and healthcare costs. The specific programs covered by the questionnaire in the website are listed below. Once the questionnaire is completed, the website generates a list of eligible programs and contact information.

[www.aarp.org/quicklink](http://www.aarp.org/quicklink)

Benefits QuickLINK State and Federal Public Benefits	Benefits QuickLINK Public Benefits for Families Raising Children
<ul style="list-style-type: none"> <li>• Medicare Savings Programs</li> <li>• Medicare Prescription Drug Coverage</li> <li>• Medicare Rx Extra Help</li> <li>• State Pharmaceutical Assistance Programs (SPAP)</li> <li>• Medicaid for Aged, Blind, and Disabled</li> <li>• Supplemental Nutrition Assistance Program (SNAP)</li> <li>• Earned Income Tax Credit (EITC)</li> <li>• Low Income Home Energy Assistance (LIHEAP)</li> <li>• State Property Tax Relief/Rebates</li> <li>• Supplemental Security Income (SSI)</li> <li>• Employment Programs</li> <li>• Telephone and Cellphone Assistance</li> <li>• Transportation Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid for Children</li> <li>• State Children's Health Insurance Program (SCHIP)</li> <li>• TANF-Child Only Grants</li> <li>• Supplemental Security Income for Children</li> <li>• Child Care Assistance</li> </ul>

### Benefits.gov

An official website of the federal government, this resource has state specific information on benefits, in addition to a screening tool to find out which programs you may be eligible to receive.

[www.benefits.gov](http://www.benefits.gov)

### Eldercare Locator

The National Eldercare Locator service helps you find your local area agency on aging and other state and local resources that can help with public benefits, local programs and other services for older adults.

1-800-677-1116 (toll-free)

[www.eldercare.gov](http://www.eldercare.gov)

### Key Public Benefits: Income

Each state administers federal funds that provide cash assistance to families in need. Some states also offer other forms of financial assistance.

### Temporary Assistance to Needy Families (TANF)

Cash assistance may be available to eligible children and their relative caregivers.

#### DC Temporary Cash Assistance for Needy Families (TANF)

Department of Human Services

202-671-4200

<https://dhs.dc.gov/service/temporary-cash-assistance-needy-families-tanf>

#### Generations United's Grand Resources:

A Fact Sheet for Grandparent and Relative Caregivers to Help Access Support through the Temporary Assistance for Needy Families (TANF) Program

[www.gu.org/RESOURCES.aspx](http://www.gu.org/RESOURCES.aspx)

## Social Security

A multigenerational program, Social Security provides income benefits to adults, older adults and children. In addition to [Retirement](#) and [Disability](#) benefits, [Survivor's Benefits](#) are based on a child's parent's earnings and may help if a child's parents die. Your grandchild may also qualify for benefits based on your work record. The [Supplemental Security Income](#) (SSI) program pays benefits to disabled [adults](#) and [children](#) who have limited income and resources. SSI benefits are also payable to people 65 and older without disabilities who meet the financial limits.

[Online Directory](#) - To find your local Social Security Administration office.

1-800-772-1213 (toll-free)

<https://secure.ssa.gov/>

## Key Public Benefits: Nutrition

Relative caregivers and their families may be eligible for assistance with groceries, meals, infant formula and nutrition education. These are some of the key nutrition benefits programs and resources.

### Supplemental Nutrition Assistance Program (SNAP)

SNAP is the new name for the federal Food Stamp Program. It helps low-income individuals and families buy the food they need for good health. Although SNAP is the national name, your state may use a different name.

#### DC Supplemental Nutrition Assistance Program (SNAP)

Department of Human Services

202-671-4200

<https://dhs.dc.gov/service/supplemental-nutrition-assistance-snap>

### Food and Nutrition Services of the U.S. Department of Agriculture (USDA)

**Child Nutrition Program** - The schools, early childhood education programs, child care centers, afterschool programs or other programs that children attend may offer free or reduced meals through the federal Child Nutrition Program, which provides breakfast, lunch, snacks, summer meals and milk. Contact the school, center or program to ask if they participate in any of the child nutrition programs and how to apply. Relative caregivers should inform the program that they are raising the child and whether or not they are doing so through a court order.

[Online State Directory](#) - To find your state office that manages the Child Nutrition program.

[www.fns.usda.gov/cnd/Contacts/StateDirectory.htm](http://www.fns.usda.gov/cnd/Contacts/StateDirectory.htm)

**Women, Infant and Children (WIC)** - States administer federal funds for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

[Online State Directory](#) - To find your state office that manages the WIC program.

[www.fns.usda.gov/wic/wic-contacts](http://www.fns.usda.gov/wic/wic-contacts)

## Foodbanks

Organizations that provide free food and sometimes other items, such as diapers, to families in need.

**Online State Directory** - To find local food banks.

[www.feedingamerica.org/foodbank-results.aspx](http://www.feedingamerica.org/foodbank-results.aspx)

## Key Public Benefits: Health Care

Relative caregivers and the children they are raising may be eligible for health insurance through Medicare and/or Medicaid and help with prescription drugs. **Benefits QuickLINK** can help you find these benefits.

[www.aarp.org/quicklink](http://www.aarp.org/quicklink)

## Health Insurance for Children

Relative caregivers may apply for free or low-cost health and dental insurance for the children they are raising through the Children's Health Insurance Program (CHIP), which provides health coverage to eligible children through both Medicaid and separate CHIP programs. CHIP and Medicaid are the national names, and your state may use different names.

### DC Healthy Families

Department of Human Services

202-639-4030

<http://dhcf.dc.gov/service/dc-healthy-families>

## Consent to Obtain Health Care

Even with insurance, consenting to health care for a child can be a challenge for relative caregivers who do not have legal custody. Some states have laws that allow these caregivers to "consent" to such treatment.

**Grandfamilies.org Online Database** - To see if your state has such a law.

[www.grandfamilies.org/Search-Laws](http://www.grandfamilies.org/Search-Laws)

## Key Public Benefits: Tax Credits

The following information is about tax credits from the federal government available throughout the United States. Similar tax credits may exist in your state for state taxes. For example, according to the Center on Budget and Policy Priorities (CBPP), 26 states and the District of Columbia offer a state tax credit based on the federal Earned Income Tax Credit (EITC) and four states offer a Child Tax Credit. See CBPP's "**Get it Back Campaign**" for more information on state tax credits.

**Earned Income Tax Credit (EITC)** is an income tax credit for workers who do not have high incomes. It is a refundable tax credit, which means you could get a refund check from the U.S. Internal Revenue Service (IRS) even if you don't earn enough to pay taxes.

**Child Tax Credit** is a tax credit for up to \$1,000 per dependent child. But, it is not refundable.



**Additional Child Tax Credit** may help if you don't owe enough taxes to benefit from the child tax credit. Unlike the child tax credit, this tax credit is refundable.

**Child and Dependent Care Tax Credit** may help you if you've hired someone to help care for the child so you could work or look for work. If so, you may be able to claim up to \$3,000 in expenses per child.

**Adoption Tax Credit** can help if you have adopted your grandchild or other relative. It can give you a credit for the money you spent to adopt. If you adopted a child from the foster care system with special needs, you may be eligible for the maximum amount of credit for the year you adopted regardless of whether you had any qualifying expenses. If you did not adopt from the foster care system, you must have qualifying expenses like legal fees. This tax credit allows adoptive parents to claim up to \$13,460 per child.

Please note that tax credits themselves are not counted as income. They will not be counted when you apply for financial help.

**Center for Budget and Policy Priorities (CBPP)** – To find out about tax credits in your state.  
[www.cbpp.org](http://www.cbpp.org)

**The U.S. Internal Revenue Service (IRS)** – To find out more information about each of these tax credits  
[www.irs.gov](http://www.irs.gov)

## Education

The **U.S. Department of Education** offers a [parent site](#) that has a wide range of helpful information for parents **and** caregivers regarding children's education from early childhood through college, special needs, disabilities, language challenges and gifted students.

1-800-USA-LEARN (1-800-872-5327) (toll-free)  
[www.ed.gov/parents](http://www.ed.gov/parents)

**DC Public Schools**  
202-442-5885  
<https://dcps.dc.gov>

## Educational Enrollment

Relative caregivers can contact their local school district's administrative office or their local school to find out how to register the child and what paperwork is needed. Caregivers may need birth records, health records or previous school records. Some states have laws that allow relative caregivers without legal custody or guardianship to enroll the children they are raising in school. These laws are often called education "consent" laws, but they may be called something else in your state.

**Grandfamilies.org Online Database** - To find out if your state has an education consent law.  
[www.grandfamilies.org/Search-Laws](http://www.grandfamilies.org/Search-Laws)

## Early Intervention, Special Education and Related Services

**The Federal Individuals with Disabilities Education Act (IDEA)** - From birth to age 21, children who have learning disabilities, physical disabilities or other special needs may be able to get early intervention, preschool and special education services in school through the federal IDEA. Services may include speech, physical and occupational therapies.

The IDEA requires that states identify, locate and evaluate all children ages 3 to 21 with disabilities who may need special education and related services. Once the evaluation team, which includes a child's caregivers, has decided if a child is eligible for early intervention, preschool or special education services, an Individual Family Service Plan (IFSP; birth to three years of age) or an Individual Education Plan (IEP; three to 21 years of age) is developed and services should begin shortly.

### **DC Public Schools, Special Education**

202-442-9929

<https://dcps.dc.gov/specialeducation>

### **DC Public Schools, Early Stages Center**

Early Stages helps identify delays in children ages 3-5 years old and provides services to help.

202-698-8037

[www.earlystagesdc.org](http://www.earlystagesdc.org)

### **Guide to Special Education in the District of Columbia Public Schools**

<https://dcps.dc.gov>

**Parent Centers** across the country provide information to help parents *and* caregivers with children who have special education needs and disabilities.

**Online State Directory** - To find Parent Centers in your state.

[www.parentcenterhub.org/find-your-center/](http://www.parentcenterhub.org/find-your-center/)

### **Generations United's Grand Resources:**

A Grandparent's and Other Relative's Guide to Raising Children with Disabilities

[www.gu.org/RESOURCES.aspx](http://www.gu.org/RESOURCES.aspx)

## Early Childhood Education

**Head Start** and **Early Head Start** are early education programs for eligible children.

**Online Directory** - To find Head Start or Early Head Start centers in your state.

1-866-763-6481 (toll-free)

[www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices](http://www.eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices)

**Child Care Aware** provides information, resources and connection to local Child Care Resource and Referral Agencies (CCR&R) that help you find local child care.

**Online Directory** - To find your local Child Care Resource & Referral Agency.

1- 800-424-2246 (toll-free)

[www.childcareaware.org/families/](http://www.childcareaware.org/families/)

## Legal

The following legal relationships may be options for both those children exiting the foster care system and those outside the system. For those families who do not want to establish a legal relationship, consent and power of attorney laws are available in several states.

All of the following options are presented in general terms. This area of the law is created at the state level, so how these options are defined and which ones are available can vary significantly by state.

### Adoption

With adoption, the relative caregiver becomes the parent in the eyes of the law. This fact makes access to services on behalf of the child the same as for any parent. Adoption ends all of the birth parents' rights and responsibilities, which means that birth parents cannot go to court later and reclaim those rights and responsibilities.

**Adoption assistance** payments may be available to relative caregivers who choose to adopt children in their care from the child welfare system.

**North American Council on Adoptable Children** - To get information about your state's subsidy, in addition to other adoption information.

[www.nacac.org](http://www.nacac.org)

**Dave Thomas Foundation for Adoption** - To find adoption resources that may be helpful to you.

[www.davethomasfoundation.org](http://www.davethomasfoundation.org)

### Guardianship

The biggest difference between adoption and guardianship is that guardianship does not take away all the birth parents' rights and responsibilities. Parents typically keep certain rights and the obligation to financially support the child. Unlike adoption, the parents can go back to court and ask for the guardianship to be ended. For caregivers, a guardianship allows them to access services on behalf of the child that otherwise might prove impossible while not changing family relationships, like making grandma legally mom.

**Guardianship assistance** payments may be available to relative caregivers who choose to get guardianship of the children in their care who are exiting the child welfare system.

[www.grandfamilies.org](http://www.grandfamilies.org) - To find out more about whether your state has guardianship assistance.

### Legal Custody

Legal custody is similar to guardianship, but it is usually granted by a different court that has different procedures.

### Other Options

In some states, relative caregivers who do not want or have a legal relationship to the children in their care have laws that make it possible to access health care treatment and educational services on behalf of the children without going to court.

For more information on all these options, and to see what exists in your state, see [www.grandfamilies.org](http://www.grandfamilies.org).

### State Laws

[Grandfamilies.org](http://Grandfamilies.org) is a collaboration between [Generations United](#), [the American Bar Association Center on Children and the Law](#) and [Casey Family Programs](#). It contains an easy-to-use, searchable [database](#) of state laws and legislation directly impacting kinship families. You will also find explanations of legal topic areas, practical implementation ideas, personal stories and many other resources.

#### Topics Covered:

- Adoption
- Care and Custody
- Education
- Federal Laws
- Foster Care Licensing
- Financial Assistance
- Healthcare
- Housing
- Kinship Navigator Programs
- National Family Caregiver Support Program
- Notification of Relatives
- Subsidized Guardianship

The online database of laws and legislation is at [www.grandfamilies.org/Search-Laws](http://www.grandfamilies.org/Search-Laws).

### Updates

If you have an update or a resource to be included in this or any of the other GrandFacts State Fact Sheets, please email [grandfamilies@gu.org](mailto:grandfamilies@gu.org).

## Acknowledgements

***Major support for the GrandFacts State Fact Sheets for Grandfamilies was provided by  
The Brookdale Foundation Group***

***in partnership with Casey Family Programs***

***with additional support from the Dave Thomas Foundation for Adoption***

**Disclaimers:** None of the sponsoring organizations whose logos appear on this document/website (AARP, American Bar Association Center on Children and the Law, The Brookdale Foundation Group, Casey Family Programs, ChildFocus, Child Trends, Children's Defense Fund, Dave Thomas Foundation for Adoption, or Generations United) recommend or endorse any of the groups, agencies or services listed on the GrandFacts State Fact Sheets. Neither the sponsoring organizations nor any of their employees make any warranty, expressed or implied, or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information. None of the sponsoring organizations shall have liability to any website user or to any third party for any loss expense, or damage, including consequential, incidental, special or punitive damages. A user's sole and exclusive remedy for dissatisfaction with this service is to cease using the service. Please be advised that there may be other similar services available that are not listed. The sponsoring organizations are not obligated to include any specific groups, agencies or services and may choose not to include some that submit their information. The sponsoring organizations are not responsible for consumer interactions with groups, agencies or services listed on these fact sheets.

Fact sheets may be printed and used as handouts without permission for non-commercial purposes, provided attribution is given to GrandFacts State Fact Sheets at [www.grandfamilies.org](http://www.grandfamilies.org). Organizations and individuals who want to share fact sheet content online must link to [www.grandfamilies.org](http://www.grandfamilies.org) only. Excerpts may be used online or in print publications with permission only.

***Updated May 2017***

### **Data Sources:**

- Annie E. Casey Foundation Kids Count Data Center. 2013-2015 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates represent a three-year average. Accessed March 4, 2017. Retrieved from <http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1491/any/14207,14208>
- U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates. Accessed March 4, 2017. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_5YR\\_S1001&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1001&prodType=table)
- U.S. Census Bureau, 2015 American Community Survey 5-Year Estimates. Accessed March 4, 2017. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_15\\_5YR\\_S1002&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1002&prodType=table)