

Application for Food, Fuel, and Financial Assistance



Use this application to apply for...

- **3SquaresVT**- Helps purchase more and better food.
- **Reach Up** - Services and financial assistance to help families with children become more independent.
- **Home Heating** - Helps pay part of your home heating costs if you pay for heat directly, have heat included in your rent, or rent a room in someone else's home.
- **Essential Person** - For people who are blind, have a disability, or are 65 or older, to help meet expenses for someone who lives with and provides care for them so they can live at home.



Apply online

You can also apply for these programs online by visiting MyBenefits.vt.gov.



What about health coverage?

YOU WILL NOT BE ABLE TO APPLY FOR HEALTH COVERAGE USING THIS APPLICATION. If you would like to apply for Medicaid/Dr. Dynasaur you will need to obtain an Application for Health Coverage and Help Paying Costs from Vermont Health Connect. Vermont Health Connect is a new way for Vermonters to find health coverage that fits their needs and budget. If you are not interested in Medicaid/Dr. Dynasaur, there are many other health coverage options available for you to choose from. If you would like to learn more, call Vermont Health Connect at **1-855-899-9600**, or visit the website at HealthConnect.Vermont.gov.

If you want help to pay for long-term care services for a person 65 or older or with a disability, call the Benefits Service Center at **1-800-479-6151** to ask for an Application for Choices for Care Long-Term Care Medicaid. If you would like to request an application for SSI-related Medicaid or for the Pharmacy program, call Member Services at **1-800-250-8427**.



Get help with this application

- **Online:** MyBenefits.vt.gov
- **Phone:** Call our Benefits Service Center at **1-800-479-6151**.
- **People who are deaf or hard of hearing can call the statewide relay service at 711.**



What happens next?

Send your completed and signed application to the following address:

**DCF - Economic Services Division
Application and Document Processing Center
103 South Main Street
Waterbury, VT 05671-1500**

NOTE: When sending supporting documents, please send copies. Originals may not be sent back.

If you are applying for 3SquaresVT or Reach Up, an interview will be required. In most situations, your 3SquaresVT interview will be done by phone, and often your Reach Up application will require a phone interview as well as attendance at an orientation. A worker will go over this form with you. It is your responsibility to give the worker all the information needed to determine eligibility.



Additional Resources

Find out more about the Agency of Human Service's programs for you and your family by visiting the website at ScreenDoor.Vermont.gov. This website is designed to help Vermonters find out about the services that might be available to help them. You may find additional services available in your community by dialing 211 on your phone or by visiting the website for United Ways of Vermont at Vermont211.org.



If you need interpretation services...

إذا أنت ترغب خدمات الترجمة الفورية اتصل برقم 1-855-247-3092 (Arabic)
 Ako su Vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian)
 စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-247-3092 သို့ဖုန်းဆက်ခေါ်ပါ။ (Burmese)
 Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French)
 Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murongo 1-855-247-3092. (Kirundi)
 यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा, 1-855-247-3092 मा कल गर्नुहोस्। (Nepali)
 Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali)
 Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish)
 Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-247-3092. (Swahili)
 Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese)

Information for Applicants

3SquaresVT Federal Requirements. 3SquaresVT is the State of Vermont's title for the Federal Supplemental Nutrition Assistance Program (SNAP). The State must process applications for 3SquaresVT in accordance with SNAP procedures, including timeliness, notice, and fair hearing requirements, regardless of whether the application is for 3SquaresVT and other programs. An applicant may not be denied 3SquaresVT benefits solely because they were denied benefits from other programs. If the applicant is in an institution and applying for 3SquaresVT and SSI at the same time, the filing date will be the date of release from the institution.

In accordance with federal law, you **MUST NOT**: lie or hide information to get benefits that your household should not get; use food assistance benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit accounts; use, or have in your possession, EBT cards that are not yours and you must not let someone else use your card; and you must not trade or sell EBT cards or use someone else's card.

The Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, authorizes the collection of information on the application, including the Social Security number of each household member, to be used to determine whether you are eligible or continue to be eligible to receive 3SquaresVT benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

Social Security Numbers. Everyone applying for benefits must provide a Social Security number. If your household is applying for home heating fuel assistance, everyone in the household must provide a Social Security number. If you do not have a Social Security number, we will help you apply for one. People not applying for benefits do not have to provide their Social Security numbers. However, they will have to provide information such as income and resources.

For additional information on Social Security numbers, including circumstances in which an exemption for religious objections may be available, see the section called "Social Security number" under Rights and Responsibilities, beginning on page 16 of this application.

Important Information for Immigrants. Only U.S. citizens and certain non-citizens can get benefits. If your household includes people who are not eligible because of their immigration status, you can still apply for and get benefits for other eligible members. We will verify the immigration status of non-citizens who apply for benefits with the U.S. Citizenship and Immigration Services. People not applying for benefits do not have to give immigration information. However, they will have to provide information such as income and resources.

If you are an immigrant and get assistance from us, it may affect your sponsor or your immigration status. Before you apply, you may want to talk with Vermont Legal Aid at **1-800-889-2047**, or with an agency that helps immigrants with legal questions.

Proof of Citizenship, Immigration Status, and Identity. For certain programs, we must verify your citizenship, immigration status, and identity. We will try to do this by looking up your information in available government records. However, if we are unable to find a match, we may ask you to provide the necessary proof. Do not send anything at this time. We will tell you more about this after we get your application.

Nondiscrimination Statement. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call **1-866-632-9992** to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U. S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax **1-202-690-7442** or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **1-800-877-8339**; or **1-800-845-6136** (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at **1-800-221-5689**, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Americans with Disabilities Act (ADA). The ADA gives people with disabilities certain rights. If you think you might have a physical or mental condition that considerably limits a major life activity like moving, seeing, or thinking, contact us for help. You may be entitled to reasonable changes and accommodations in our requirements to help you take part in our programs.

Rights and Responsibilities. When you sign the application, you are stating that you have read and understand your Rights and Responsibilities (pages 16-18). If you do not understand your Rights and Responsibilities, or if you would like a copy of them, call the Benefits Service Center at **1-800-479-6151**. You can ask for your copy to be in larger print. You can also review your Rights and Responsibilities online at MyBenefits.vt.gov.







IMPORTANT NOTE: You may send this first page to the Application and Document Processing Center for immediate processing. It must at least contain your name, address and signature. It will be considered a valid application and, if you are eligible, your 3SquaresVT benefits will begin from the date ESD receives your signed application. If you do send just this page, you must still complete the rest of the application and mail it to us before we can determine your eligibility. If you choose not to complete the entire application at this time, it could delay your access to benefits.

1. Applicant information. Please print clearly.

First name, middle name, last name & suffix (Jr., Sr., III, etc.)		
Social Security number	Date of birth (mm/dd/yyyy)	
Phone number where you can be reached () -	Town where you live	
Mailing address line 1		Apartment or suite number
Mailing address line 2 (If applicable, include an "in-care-of" person here.)		
City	State	ZIP code
Physical or home address (leave blank if you do not have one)		Apartment or suite number
City	State	ZIP code

2. Check off each program you are applying for.

Answer the questions in this application that have the symbol(s) associated with the program(s) you are applying for. If you are not sure which program(s) you want to apply for, please complete all questions in this application.

-  **3SquaresVT** - Helps purchase more and better food.
-  **Reach Up** - Services and financial assistance to help families with children become more independent.
-  **Home Heating Fuel Assistance** - Helps pay part of your home heating costs if you pay for heat directly, have heat included in your rent, or rent a room in someone else's home.
-  **Essential Person** - For people who are blind, have a disability, or are 65 or older, to help meet expenses for someone who lives with and provides care for them so they can live at home.

3. If you are interested in any of the additional services below, follow the instructions.

You may need to request an additional application before you can apply.

- WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children** - If you are a woman who is pregnant or nursing, or if you have a child under five and you would like access to health screening, nutrition education, and food, check off this box and someone from WIC will contact you. If you are interested in learning more about WIC, call toll free **1-800-464-4343**.
- Voter Registration** - If you are not already registered to vote where you live now, but would like to register, check off this box and we will send you an application. Applying or declining to register to vote will not affect your eligibility for benefits or the amount of benefits. If you believe that someone has interfered with your right to register or decline to register to vote, you may file a complaint with the Secretary of State's Office at Redstone Building, 26 Terrace Street, Drawer 09, Montpelier, VT 05609-1101, or call **1-802-828-2363**.
Lifeline - You may qualify for a discount on your phone bill. A separate application is needed to determine eligibility for Lifeline. To request an application, call the Benefits Service Center toll free **1-800-479-6151**. When requesting an application, ask for Lifeline.
Energy Assistance - You may qualify for a discount on your energy bill. A separate application is needed to determine eligibility. At this time, ONLY Green Mountain Power and Vermont Gas are participating providers. If either Green Mountain Power or Vermont Gas provides your energy and you would like to apply for the Energy Assistance Program, call toll free **1-800-775-0516** to request an application. When requesting an application you MUST specify who your energy provider is or you may not receive an application.

YOU MUST SIGN HERE: UNSIGNED APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED FOR A SIGNATURE.

I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief, including the information concerning citizenship and alien status. I have read and I understand the Rights and Responsibilities on pages 16-18 and I agree to them.

Signature of applicant _____ Date _____
or Authorized Representative _____

Name of person helping _____ Date _____
fill out this form (if applicable) _____



4. Expedited 3SquaresVT

If you have little or no money for food, you may be able to get 3SquaresVT benefits within 7 days. Answer the questions in the box below to see if you can get expedited service.

Have you received Supplemental Nutritional Assistance Program (SNAP) benefits this month in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone in your household a migrant or seasonal farm worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your household's total income for this calendar month?	\$ _____	
How much money does your household have in cash, checking, and savings accounts? Give your best guess if you're not sure.	\$ _____	
What is your monthly rent or mortgage?	\$ _____	
How much are your monthly utilities?	\$ _____	

Have you visited the 3SquaresVT website at VermontFoodHelp.com? Yes No



5. Has anyone in your household moved to Vermont in the past 12 months?

Yes No



First name, middle initial	Date arrived in Vermont	State or country moved from



6. Head of household for 3SquaresVT benefits.

If your household has adult parents with children, or adults with parental control of children, you may choose the head of household for 3SquaresVT benefits.

- ESD sends notices, forms, and benefits to the head of household.
- If you leave the line below blank, ESD will make the selection.
- You may change the head of household when your case is reviewed or when the people in your household change.

Head of household _____
(print head of household's name here)

To find out more about the Agency of Human Service's programs for you and your family, visit the website:
ScreenDoor.Vermont.gov

To find out about other services in your community dial 211 on your telephone, or visit the website for United Ways of Vermont:
Vermont211.org

7. Who is living in your home? List everyone living in your home, even if they are not applying for benefits. The first individual listed will be designated as the head of household.

1. First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you SELF	Last grade completed	Citizenship status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Legal alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Asylee
Assistance applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Home Heat <input type="checkbox"/> Essential Person		
2. First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you	Last grade completed	Citizenship status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Legal alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Asylee
Assistance applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Home Heat <input type="checkbox"/> Essential Person		
3. First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you	Last grade completed	Citizenship status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Legal alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Asylee
Assistance applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Home Heat <input type="checkbox"/> Essential Person		
4. First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you	Last grade completed	Citizenship status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Legal alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Asylee
Assistance applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Home Heat <input type="checkbox"/> Essential Person		
5. First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you	Last grade completed	Citizenship status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Legal alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Asylee
Assistance applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Home Heat <input type="checkbox"/> Essential Person		
6. First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/single <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Relationship to you	Last grade completed	Citizenship status: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Legal alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Asylee
Assistance applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Home Heat <input type="checkbox"/> Essential Person		

If you need to list more people, add an extra sheet of paper. Be sure to answer all of the above questions for each additional person. You should also include your own name and Social Security number at the top of any additional pages you attach to this application.


Household Information (continued)

-  **8. Has anyone received financial assistance from any other state since October 1996?** Yes No

First name, middle initial	State or country	Date started	Date ended

-  **9. Did anyone receive a Vermont Earned Income Tax Credit (EITC) in the past 12 months?** Yes No
If you are not sure, call the VT Department of Taxes at **1-802-828-2865**.

First name, middle initial	Date received

-  **10. Is anyone living outside your home in a facility that is not a school or college?** Yes No INST
Some examples are: hospital, nursing home, correctional facility, treatment facility, group home, etc.

First name, middle initial	Name of facility	Type of facility	Date of admission

-  **11. Does anyone listed in your household not live with you 100% of the time?** Yes No

First name, middle initial, last name	When not with you, who are they with?	How often?
		_____ days per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		_____ days per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		_____ days per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

-  **12. Is anyone in high school, college, vocational school, or a training program?** Yes No SCHL

First name, middle initial	Name of school	Type of school	Expected completion date	Enrollment status	Live on campus?
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does any child listed in question 12 have an Individualized Education Program (IEP) or a disability preventing graduation before age 19? Yes No

-  **13. Is anyone pregnant?** Yes No PREG

First name, middle initial	Expected due date	How many babies are expected?	Does this prevent her from working?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

ALIA

 **14. Has anyone been known by another name, such as a maiden name or alias?** Yes No

CURRENT NAME: First, middle, last name	OTHER NAME: First, middle, last name


 **15. Does anyone have a physical, mental, or emotional condition that limits activities such as working, going to school, or taking care of children?** Yes No

DISA

First name, middle initial	Caused by accident?	Disability determination
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for disability through Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No Has SSA determined you are disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for disability through Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No Has SSA determined you are disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

 **16. Is anyone living in your household a parent to your minor child (under age 21)?** Yes No

PARE

 Do not list your spouse or civil union partner.

First name, middle initial	Name of child	Name of child

 **17. Did anyone leave a job in the last 60 days or go on strike?** Yes No

QUIT

First name, middle initial	Reason for leaving	Date left

 **18. Do you purchase and prepare your food separately from others in the household?** Yes No

EATS

First name, middle initial, last name	First name, middle initial, last name	First name, middle initial, last name

 **19. Does anyone live with you to provide care so you can live at home?** Yes No

ESSP

First name, middle initial, last name	Type of care:	Is this paid for by another agency?
	<input type="checkbox"/> Homemaker, caretaker, or companionship services <input type="checkbox"/> Medically necessary personal care <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information (continued)

ABSP

20. Are there children in your home who do not have both parents living with them?

 Yes No

If you answer yes to this question and are applying for Reach Up financial assistance, you will receive a form 137 (Child Support Authorization and Application for Services from the Office of Child Support) for each noncustodial parent listed in this question. You must assign your support rights to ESD by completing and signing the form(s). You must return the form(s) before ESD can determine your eligibility for financial assistance.

1. Absent parent's first, middle, last name & suffix (Jr., Sr., III, etc.)		Your relationship to absent parent: <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed - date _____ <input type="checkbox"/> Child's guardian _____ (relationship)	
Social Security number	Date of birth (mm/dd/yyyy)		
Address		Absent parent's current marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/ <input type="checkbox"/> Civil union single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed - date _____	
Were parents married at the time of birth? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Has parentage been established? <input type="checkbox"/> No <input type="checkbox"/> Yes -- <input type="checkbox"/> by court order <input type="checkbox"/> by Health Dept. form			
<input type="checkbox"/> Check here if this absent parent is deceased			
Child of this absent parent	Child of this absent parent	Child of this absent parent	
2. Absent parent's first, middle, last name & suffix (Jr., Sr., III, etc.)		Your relationship to absent parent: <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed - date _____ <input type="checkbox"/> Child's guardian _____ (relationship)	
Social Security number	Date of birth (mm/dd/yyyy)		
Address		Absent parent's current marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/ <input type="checkbox"/> Civil union single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed - date _____	
Were parents married at the time of birth? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Has parentage been established? <input type="checkbox"/> No <input type="checkbox"/> Yes -- <input type="checkbox"/> by court order <input type="checkbox"/> by Health Dept. form			
<input type="checkbox"/> Check here if this absent parent is deceased			
Child of this absent parent	Child of this absent parent	Child of this absent parent	
3. Absent parent's first, middle, last name & suffix (Jr., Sr., III, etc.)		Your relationship to absent parent: <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Civil union <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Separated <input type="checkbox"/> Widowed - date _____ <input type="checkbox"/> Child's guardian _____ (relationship)	
Social Security number	Date of birth (mm/dd/yyyy)		
Address		Absent parent's current marital status: <input type="checkbox"/> Married <input type="checkbox"/> Never married/ <input type="checkbox"/> Civil union single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed - date _____	
Were parents married at the time of birth? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Has parentage been established? <input type="checkbox"/> No <input type="checkbox"/> Yes -- <input type="checkbox"/> by court order <input type="checkbox"/> by Health Dept. form			
<input type="checkbox"/> Check here if this absent parent is deceased			
Child of this absent parent	Child of this absent parent	Child of this absent parent	

Health Insurance Information

MEDI

21. Is anyone who is applying enrolled in Medicare?


 Yes No

1. First name, middle initial		Medicare claim number	
Part A: Start date _____ Premium \$ _____	Part B: Start date _____ Premium \$ _____	Part C: Start date _____ Premium \$ _____	Part D: Start date _____ Premium \$ _____
2. First name, middle initial		Medicare claim number	
Part A: Start date _____ Premium \$ _____	Part B: Start date _____ Premium \$ _____	Part C: Start date _____ Premium \$ _____	Part D: Start date _____ Premium \$ _____

 **22. Does anyone have cash that is not in a bank, such as at home, on hand, or held by others?**

CASH

Yes No


 Include cash owned by children.

First name, middle initial	Amount \$	First name, middle initial	Amount \$
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 **23. Does anyone have account(s) in a bank, credit union, or other financial institution?**

BANK

Yes No


 Include accounts that are owned or co-owned by children.

Type of account	Name of owner and co-owner	Name of bank, credit union, or other institution	Account number	Balance or value
Savings account				\$
Savings account				\$
Checking account				\$
Checking account				\$
Christmas club				\$
IRA, Keogh Plan, 401K				\$
Certificate of deposit (CD)				\$
Pension or retirement account				\$
Other _____				\$

 **24. Does anyone own any vehicles?**

CARS

Yes No

 Be sure to include all vehicles for those applying, including children.

Type of vehicle	Name of owner and co-owner	Year, make, and model	Leased?	Amount owed	For ESD use only
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Car, truck, or van			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Motorcycle or ATV			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Snowmobile or jet ski			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Trailer or boat			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Camper or RV			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Resource Information (continued)



25. Does anyone own or jointly own any land, mobile homes, time shares, buildings, other real estate, or a life estate interest in any property?

PROP

 Yes No

Do not list the home you live in.

Name of owner and co-owner, if any	Type of property	Location	Assessed value	Amount owed
			\$	\$
			\$	\$



26. Does anyone have any other resources?

STOK

 Yes No

Include resources owned by children.

Type of Resource	Name of owner and co-owner, if any	Value
Life insurance: <input type="checkbox"/> Term <input type="checkbox"/> Whole		Face value \$
		Cash value \$
Life insurance: <input type="checkbox"/> Term <input type="checkbox"/> Whole		Face value \$
		Cash value \$
Life insurance: <input type="checkbox"/> Term <input type="checkbox"/> Whole		Face value \$
		Cash value \$
Account set up for burial expenses: Is this irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Burial plot		\$
Stocks, bonds, or mutual funds		\$
Trusts		\$
Collections		\$
Promissory or mortgage notes		\$
Savings bonds		\$
Other _____		\$



27. Has anyone sold, traded, or given away anything of value in the last 12 months?

TRAN

 Yes No




If you are applying for 3SquaresVT, list only those in the last 3 months.

First name, middle initial	Type of resource	Date transferred	Sale price or value
			\$
			\$
			\$

JINC

 **28. Does anyone have income from a job, internship or training program?**

Yes No

   List gross income from each paycheck for the past 30 days (this means before any deductions such as taxes, insurance, child support, or union dues). For example, if you are paid weekly, you should list 4 paychecks. If you are paid every 2 weeks, you should list 2 paychecks. Include income of children (under age 21 and living with you) from a job or training program.

1. First, middle, last name	Date paid	Hours worked	Gross income before deductions	Tips and commissions
Paychecks are issued:			\$	\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month			\$	\$
<input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly			\$	\$
<input type="checkbox"/> Other _____			\$	\$
Day of week paid _____			\$	\$
Employer's name			Employer's phone number () -	
If income has ended or you expect it to change in the next 30 days, explain here:		Date of change	New income amount (if known)	

2. First, middle, last name	Date paid	Hours worked	Gross income before deductions	Tips and commissions
Paychecks are issued:			\$	\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month			\$	\$
<input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly			\$	\$
<input type="checkbox"/> Other _____			\$	\$
Day of week paid _____			\$	\$
Employer's name			Employer's phone number () -	
If income has ended or you expect it to change in the next 30 days, explain here:		Date of change	New income amount (if known)	

3. First, middle, last name	Date paid	Hours worked	Gross income before deductions	Tips and commissions
Paychecks are issued:			\$	\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month			\$	\$
<input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly			\$	\$
<input type="checkbox"/> Other _____			\$	\$
Day of week paid _____			\$	\$
Employer's name			Employer's phone number () -	
If income has ended or you expect it to change in the next 30 days, explain here:		Date of change	New income amount (if known)	

 **29. Does anyone get food, housing, clothing, or anything else instead of, or in addition to, being paid for work?**

INKD
 Yes No




Example: housing in exchange for working on a farm.

First name, middle initial	Item received	Value	Per
		\$	

DCIN

 **30. Does anyone get paid for taking care of children?**

Yes No

   If you claim income for providing child care on your taxes, answer question 32 on the next page instead of this question. List income from the past 30 days before deductions. List the number of meals you provide **each month** for which you are not paid/reimbursed.


First name, middle initial	Income before deductions	Breakfast	Lunch	Dinner	Snacks
	\$ Per				
	\$ Per				

Income Information (continued)


RBIN

 **31. Does anyone get paid for providing room or meals in your home?**

Yes No


 Include payments from children.

First name, middle initial	Payment	Names of people paying	Check all that apply
	\$ per		<input type="checkbox"/> Room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day
	\$ per		<input type="checkbox"/> Room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day

 **32. Does anyone have income from self-employment, such as farming, carpentry, lawn care, home party sales, logging, property rental or other business?**

BUSI

Yes No

 Send a copy of your most recent federal tax return, including all forms and schedules. If you have not filed taxes and it is a new business, send income and expense records to date. If income has ended or you expect it to change in the next 30 days, attach a note explaining the change.

First name, middle initial	Type of business	Date business began

 **33. Does anyone have income from work study, a student grant, or loan?**

STIN





Yes No

First name, middle initial	Grant or loan amount	Tuition and fees amount	Period covered (month/year - month/year)

 **34. Does anyone have unearned income? See examples below.**

UNEA

Yes No


- | | | | |
|--|----------------------|------------------------|----------------------------------|
|  Social Security | Child support | Unemployment | Pensions or retirement |
|  SSI/AABD | Alimony | Worker's compensation | Promissory/mortgage note |
|  Dividends or interest | Insurance settlement | Veteran's pension | Other _____ |
|  Trusts or annuities | Money from others | Veteran's compensation | (Please describe and list below) |

List gross income (this means before any deductions, such as Medicare premiums, taxes, insurance, child support, or union dues).

First name, middle initial	Gross income before deductions	Type of income	Due to disability?
	\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ per		<input type="checkbox"/> Yes <input type="checkbox"/> No

 **35. If you have no income, you must tell us how your daily living expenses are paid.**

Explain below.




To get the most 3SquaresVT benefits, report all expenses asked for in this application. Deductions for these expenses are only applied after they are reported. Expenses can be reported any time to get these deductions for future benefits.

 **36. Does anyone pay child support or alimony?** DCEX Yes No

Full name of person paying	Amount paid for alimony and/or child support	Court ordered?	Names of children for whom support is paid
	<input type="checkbox"/> Alimony \$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Child support \$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Alimony \$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Child support \$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No	

 **37. Does anyone have expenses related to child or adult day care?** DCEX Yes No

 List each child or adult separately.

Name of child or adult in day care	Name of person paying for day care	Amount paid per week after subsidy	Weekly round-trip mileage to and from provider	Reason for day care
		\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
		\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
		\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
		\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school
		\$		<input type="checkbox"/> Working <input type="checkbox"/> Looking for work <input type="checkbox"/> Going to school

 **38. Does anyone have health insurance, including veterans, military or Medicare supplement policies?** FMED Yes No

Do not include any Medicare information listed in question 21.
List prescription plans or copays separately.

First name, middle initial	Type of coverage	Name of insurance	Cost per month
			\$
			\$
			\$

Expense Information (continued)

Please give us as much information as you can about your expenses not covered by insurance. If you need more room, add an extra sheet of paper. You should include your own name and Social Security number at the top of any additional pages you attach to this application.

 **39. Does anyone 60 or older or with a disability pay for medical expenses not covered by insurance? See examples below.**

FMED

Yes No

- | | | | |
|----------------|------------|----------------------------|--------------------|
| Pain relievers | Eyeglasses | Dental care | Insurance premiums |
| Laxatives | Sleep aids | Hearing aid batteries | Co-payments |
| Antacids | Vitamins | Lifeline bracelet/necklace | |

First name, middle initial	Product or service needed	How often?	Average monthly cost

 **40. Does anyone 60 or older or with a disability pay for trips to medical services?**

FMED

Yes No

Examples: doctor's office, hospital, or pharmacy.


1. First name, middle initial	Type of provider	
Name and location of provider	Miles per round-trip	How often do you make these trips?
2. First name, middle initial	Type of provider	
Name and location of provider	Miles per round-trip	How often do you make these trips?
3. First name, middle initial	Type of provider	
Name and location of provider	Miles per round-trip	How often do you make these trips?
4. First name, middle initial	Type of provider	
Name and location of provider	Miles per round-trip	How often do you make these trips?

If you rent only a room, answer "No" to questions 41-45 and complete question 46.

 **41. Does anyone (including yourself) pay rent for the home you live in?**

RENT
 Yes No

First name, middle initial	Amount paid out-of-pocket	What is included?	Type of rental assistance, if any
	\$ per	<input type="checkbox"/> Heat <input type="checkbox"/> Utilities	<input type="checkbox"/> Public housing <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Section 8
	\$ per	<input type="checkbox"/> Heat <input type="checkbox"/> Utilities	<input type="checkbox"/> Public housing <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Section 8

 **42. Does anyone pay a mortgage payment, property taxes, lot rent, home equity loan, condo fees, or other costs for the home you live in?**

HOME
 Yes No

List each separately.

Type of payment	First name, middle initial	Amount and how often
Mortgage only (without escrow amount)		\$ per
Property taxes (before rebate)		\$ per
Lot rent		\$ per
Condo fees		\$ per
Home equity		\$ per

 **43. a. Does anyone pay for fuel or utilities?**

UTIL
 Yes No

First name, middle initial	Check all that apply
	<input type="checkbox"/> Heat <input type="checkbox"/> Air conditioning <input type="checkbox"/> Hot water <input type="checkbox"/> Cooking <input type="checkbox"/> Lights
	<input type="checkbox"/> Heat <input type="checkbox"/> Air conditioning <input type="checkbox"/> Hot water <input type="checkbox"/> Cooking <input type="checkbox"/> Lights

b. What is the MAIN type of fuel used to heat your home? Check only one.

- | | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Electricity | <input type="checkbox"/> Wood | <input type="checkbox"/> Kerosene or ultra low sulfur diesel | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Propane gas | <input type="checkbox"/> Oil | <input type="checkbox"/> Wood pellets | <input type="checkbox"/> Coal | |

If you pay the cost of heat yourself (or the landlord bills you), we **MUST** have the following information.
If you heat with firewood, you do not need to complete this part.

Name of fuel supplier _____	Fuel supplier's phone number _____
Name on account _____	Fuel supplier's address _____
Account number _____	


What type of housing do you have? <input type="checkbox"/> Single family <input type="checkbox"/> Life lease <input type="checkbox"/> Mobile Home <input type="checkbox"/> Homeless <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	How many bedrooms? _____	What is the estimated square footage of your home? _____ sq. ft.
--	--------------------------	---

Shelter Information (continued)

 **44. Do you share any housing expenses?** UTIL Yes No

Name of person who shares expenses with you	What expenses are shared?
	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Taxes <input type="checkbox"/> Utilities <input type="checkbox"/> Other
	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Taxes <input type="checkbox"/> Utilities <input type="checkbox"/> Other

 **45. Does anyone pay phone or homeowner's insurance expenses?** PHON Yes No

 For homeowners insurance expense, we can only deduct the cost of homeowners insurance for your dwelling. If your insurance covers replacement of outbuildings and personal property, we will need to subtract that amount from your total homeowner's insurance expense.

First name, middle initial	<input type="checkbox"/> Phone (max. deduction allowed is \$36/mo.) \$ _____ per _____
	<input type="checkbox"/> Homeowner's insurance \$ _____ per _____

 **46. Does anyone pay for room or meals?** RBEX Yes No

First name, middle initial	Amount and how often	Check all that apply:
	\$ _____ per _____	<input type="checkbox"/> Room <input type="checkbox"/> 1-2 meals <input type="checkbox"/> 3 or more meals


3SquaresVT Federal Compliance Questions

Federal regulations for 3SquaresVT require us to ask the following questions. These questions should be answered for convictions that occurred in any state. 3SquaresVT is known as SNAP in other states.

 **47. Have you or has any member of your household been convicted of trading SNAP benefits for drugs after September 22, 1996?** Yes No

 **48. Have you or has any member of your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996?** Yes No

 **49. Have you or has any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996?** Yes No

 **50. Are you or is any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition or parole or probation?** Yes No

 **51. Have you or has any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after September 22, 1996?** Yes No



52. Do you have an Authorized Representative, Power of Attorney, Legal Guardian, Alternate Reporter, or Enrollment Assistor?

Yes No



If **Yes**, check one:



- Authorized Representative
 Power of Attorney
 Legal Guardian
 Alternate Reporter
 Enrollment Assistor

I give permission to the Economic Services Division (ESD) and the person or agency listed below to share information about me as stated in the Rights and Responsibilities section on pages 16-18 of this application.

First name, middle name, last name

Street address/PO Box

City	State	ZIP code
------	-------	----------

For Legal Guardian ONLY:

Name of court	Date appointed
---------------	----------------

Selecting an Alternate Payee

You may also choose to name an Alternate Payee. An Alternate Payee is someone you trust to have access to your benefits. The Alternate Payee and the Authorized Representative can be the same person. Contact the Benefits Service Center at **1-800-479-6151** for more information or to request a form for assigning an Alternate Payee (139AP).

Racial and Ethnic Heritage

If you are willing, please answer the following regarding the racial and ethnic heritage of your head of household. You do not have to give this information. It is not required to determine eligibility for any program or the amount of assistance you get. This information is collected only to be sure everyone gets benefits on a fair basis.

Race (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

Continue to the Rights and Responsibilities section on pages 16-18. After you have read and understand them, you must sign this application on page 18.



Rights and Responsibilities

IMPORTANT: After reading the following Rights and Responsibilities, be sure to sign and date the application on page 18. Unsigned applications cannot be processed and will be returned to you for your signature. This could delay your benefits. Once this application is submitted, it becomes a permanent record of the State.

Verification of Information. I understand the information I provide to the Economic Services Division (ESD) to apply for assistance is subject to verification if it is correct. This means that sources other than members of my household may be contacted to verify my eligibility. Information that is available through the Income and Eligibility Verification System (IEVS) will be requested, used and may be verified through collateral contacts when discrepancies are found by ESD. I understand that if any information is not correct, my benefits may be affected or I may be denied assistance.

Important Information for Immigrants. Only U.S. citizens and certain non-citizens can get benefits. If your household includes people who are not eligible because of their immigration status, you can still apply for and get benefits for other eligible members. We will verify the immigration status of non-citizens who apply for benefits with the U.S. Citizenship and Immigration Services. People not applying for benefits do not have to give immigration information. However, they will have to provide information such as income and resources.

If you are an immigrant, before you apply you may want to talk with Vermont Legal Aid at **1-800-889-2047** or with an agency that helps immigrants with legal questions. If you get help from us, it may affect your sponsor or your immigration status.

Reporting Changes. I understand that I may report any change in my situation by calling the Benefits Service Center at **1-800-479-6151**. Except for 3SquaresVT, I understand that I must report changes within 10 days from when the change happens. I understand that reporting requirements for 3SquaresVT are different than for other programs and I have been given an explanation of when I must report changes for that program. The changes I must report may be different depending on the benefits I get. I can also call the Benefits Service Center if I am not sure which changes I must report. I understand that changes may affect my eligibility or the amount of benefits I get.

Social Security Number. I understand that I must give the Social Security number of everyone in my household who is applying for assistance. Federal law requires this as a condition of eligibility. (42 U.S.C. §1320b-7). Some programs may waive this requirement for members of a religious organization that object to furnishing social security numbers.

ESD uses the Social Security number for computer processing, child support enforcement, fraud investigation, audits, and Lifeline identification; to verify Social Security and supplemental security income; to prevent individuals from receiving duplicate benefits; to exchange information with agencies such as the Social Security Administration, Department of Labor, Internal Revenue Service, or private agencies to verify income, determine eligibility and benefit amounts, and collect claims; to determine the accuracy and reliability of information given to ESD.

Decision on Application. ESD must make a decision on my application within 30 days unless delay is caused by physicians, an unexpected emergency or administrative problem beyond the Department's control, or me. If I do not get a decision within 30 days, I may call the ESD Benefits Service Center at **1-800-479-6151** for more information or to request a fair hearing.

Fair Hearing. I may ask for a fair hearing if my claim for assistance, benefits, or services is denied, or is not acted upon with reasonable promptness; or because I am aggrieved by any other ESD action affecting my receipt of assistance, benefits, or services, or because I am aggrieved by ESD policy as it affects my situation. The case may be presented by the head of household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson. A fair hearing can be requested by calling the Benefits Service Center at **1-800-479-6151**, by writing to the Deputy Commissioner, Department for Children and Families, Economic Services Division, 103 South Main Street, Waterbury, VT 05671-1201, or by writing the Human Services Board, 14-16 Baldwin St., Second Floor, Montpelier, VT 05633-4302. (3 V.S.A. §3091)

WIC Appeal Rights. For the WIC Program, I may appeal any decision made by the Health Department regarding eligibility by contacting a Department of Health District Office or by calling **1-800-464-4343**, ext. 7333.

Quality Control Review. ESD may select my application for a quality control review. If that happens, I agree to cooperate and give proof of required information. If I do not cooperate or I am not able to give the proof needed, I authorize ESD to get it.

Release of Tax Records. I give permission to the Vermont Commissioner of Taxes to disclose information from my state income tax returns to the Commissioner of the Department for Children and Families, or his or her designee. (33 V.S.A. §112 (c))

Consent to Weatherization Services. I understand that households who receive fuel assistance benefits agree to accept services from the Weatherization Office to help lower heating costs.

Reach Up Activities. I understand that if my family is found eligible for Reach Up, the adults in the family will have to comply with Reach Up service requirements. We will have to meet our case manager to develop a plan of activities that we must do to gain employment and become more self-sufficient. If I or another adult in my family do not comply with our Reach Up plan requirements and we do not have good cause for our non-compliance, our financial assistance grant will be reduced.

Reach Up Financial Assistance. I understand that if my family is found eligible for Reach Up, withdrawing or spending Reach Up financial assistance is prohibited at the following locations: liquor stores, bars, casinos or other gaming facilities, and retail businesses that provide adult-oriented entertainment in which performers disrobe or perform in an unclad state.

Fleeing Prosecution. I certify that neither I nor any member of my household is fleeing prosecution or confinement for a felony or an attempt to commit a felony, or is violating a condition of probation or parole under a federal or state law. I understand ESD must disclose information to law enforcement agencies to apprehend fleeing felons.

Benefits from Another State. If any member of my household gets duplicate 3SquaresVT benefits, or financial assistance from another state or has been convicted in the past ten years of fraudulently misrepresenting residency in order to get benefits from two or more states, I must tell ESD immediately.

Fraud and Trafficking Violations, and Penalties. It is a fraud violation if I or any member of my household knowingly gives false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get Reach Up, 3SquaresVT, or Fuel Assistance. If convicted by a court or administrative body, penalties may include up to three years imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefits wrongfully received. It is a trafficking violation if I or any member of my household trade or sell 3SquaresVT benefits, or use someone else's 3SquaresVT, or use them to buy ineligible items such as alcohol, tobacco, or use them to buy, sell or trade for illegal drugs, firearms, explosives, or ammunition. Other federal or state penalties may also apply. (42 U.S.C. §1320a-7b; 33 V.S.A. §§141, 143)

3SquaresVT Fraud Penalties. If I or a member of my household, is found to have committed a fraud or trafficking violation by a court or administrative body, I or the member may be **barred from the 3SquaresVT program for one year for the first offense, two years for the second offense, or permanently for the third offense.** If I or a member, falsely represents identity, residency, or fails to report food benefits from another state, I or the member may be **barred for 10 years.** If convicted of buying or selling illegal drugs in exchange for 3SquaresVT, I or the member may be **barred for two years for the first offense and permanently for the second offense.** If convicted of purchasing firearms, explosives, or ammunition with 3SquaresVT or of trafficking in 3SquaresVT benefits of \$500 or more, I or the member may be **barred permanently.** If convicted, I or the member **may be fined up to \$250,000, imprisoned up to 20 years, or both.** If I purchase food on credit, I cannot use my 3SquaresVT benefits to pay off the credit, and I will be disqualified from the program if I try to use my benefits for this. These violations are according to the Food and Nutrition Act of 2008. Other federal or state penalties may also apply. (7 C.F.R. §273.16(b).)

Work Registration for 3SquaresVT. I understand that all household members who are not exempt from work requirements are automatically work registered and may be required to enroll in 3SquaresVT Employment and Training Program (3SquaresVT E&T). Nonexempt household members will be notified of work requirements, have exemptions and penalties for non-compliance explained, and be referred to an employment activity if appropriate.

Free School Meals. If my family is found eligible to receive 3SquaresVT, Reach Up or PSE benefits, my school-age children are automatically eligible for free school meals if they attend a school that participates in the National School Lunch or Breakfast Program. My children's names will be sent to the Department of Education to certify their eligibility to receive free school meals. **If I do not want my child's name sent to the school, I must call the ESD Benefits Service Center immediately at 1-800-479-6151 to ask to have my child's name removed from the list. If I change my mind later, I can still complete a school lunch application at school.**

To be sure my child gets free meals as soon as possible, I may also take a copy of my grant notice to my school to get them enrolled. The grant notice will also allow my children to get free meals if they attend a Summer Food Service Program, such as a school, club, or camp. Children who attend a day care that participates in the Child and Adult Care Food Program are also eligible for free meals. I can make a copy of this letter to give to each provider to show that my children are automatically eligible for these free meals.

Release of Medical Records. I agree that my health care providers and the Department of Vermont Health Access and its contractors and grantees may access, use and disclose my medical records when necessary for the purpose of administering state programs.

I agree that my consent includes the re-disclosure of prescription medication information received from a drug or alcohol treatment program when such information is needed for purposes of treatment. I understand that my consent to the use of my medical records remains in place until my eligibility is reviewed. I also understand that I can revoke my consent to the release of my medical records by putting my revocation in writing and mailing it to DCF - Economic Services Division, Application and Document Processing Center, 103 South Main Street, Waterbury, VT 05671-1500.

Assignment of Support Rights. As a condition of eligibility for financial assistance I must agree to assign all my support rights to ESD. I must fill out and sign a 137 form (Child Support Authorization and Application for Services from the Office of Child Support form) for each noncustodial parent (NCP) of a child for whom I am applying for financial assistance. ESD will provide me with the 137 form(s). I understand I must complete and return the form before ESD can make a final determination on my eligibility for financial assistance. While I am waiting for ESD to grant me assistance, I will tell ESD of any support the NCP pays directly to me. After I have been granted assistance, I will immediately turn over to OCS any support the NCP pays me directly.

Rights and Responsibilities (continued)

Confidentiality and Information-Sharing. Information about my application and benefits is confidential and protected by state and federal law. I understand that the Economic Services Division (ESD) will not share any information about me unless:

- It is for purposes directly connected with program administration;
- It is allowed by law or a court order; or
- I give my permission.

If I have named someone as an Assistor or Authorized Representative, I give ESD and that person permission to communicate with each other and share information about my household and me. This may include the following kinds of information:

- Information or proofs needed to complete my application.
- The status of my application including the program(s) I am enrolled in and the effective date(s) of enrollment.
- The reason I am not eligible for a benefit, if my application is denied or my benefits end.
- The effective date(s) of my renewal(s) for benefits and any outstanding information or verifications needed to complete my renewal.

I understand that this information will be used to help with my application and continued eligibility for the programs I have applied for. I know:

- I do not have to give permission to release this information.
- If I do not give permission, that will not affect my eligibility for, or enrollment in, benefits.
- ESD is not responsible for what is done with my information, after it shares it.
- I may change or stop this permission at any time by notifying ESD by calling the Benefits Service Center at **1-800-479-6151** or by writing to DCF – Economic Services Division, Application and Document Processing Center, 103 South Main Street, Waterbury, VT 05671-1500. However, doing so will not affect previously shared information.
- If I do not stop this permission, it will be in effect as long as I am receiving benefits from ESD.
- If I have any questions about this permission, I may get answers by calling the Benefits Service Center at **1-800-479-6151**.
- I am entitled to a copy of this form and may get one by calling the Benefits Service Center at **1-800-479-6151**.

Signature

You MUST sign here. Unsigned applications will not be processed and will be returned for a signature.

By signing this application, you agree to the following:

I understand that all household members who are not exempt from work requirements are automatically work registered and may be required to enroll in 3SquaresVT Employment and Training Program (3SquaresVT E&T). Nonexempt household members will be notified of work requirements, have exemptions and penalties for non-compliance explained, and be referred to an employment activity if appropriate.

I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief, including the information concerning citizenship and alien status. I understand that I am responsible for the accuracy of information given on this application, including information about my spouse or civil union partner.

I have read and I understand the Rights and Responsibilities on pages 16-18, and I agree to them.

Signature of applicant

Date

Signature of Authorized Representative or person acting for applicant (see next paragraph)

Date

Signer's printed name

If you are acting for the applicant and you are not the applicant's Legal Guardian, agent under Power of Attorney, or Authorized Representative, by signing this application (above) you agree to the following:

I am acting to provide information to establish and maintain eligibility for ESD benefits for the applicant. This is because the applicant has a physical or mental condition that prevents him or her from providing information about his or her situation and acting responsibly in his or her own behalf. I will provide information to the best of my knowledge concerning the applicant's situation. I understand that if I knowingly withhold any information or knowingly misrepresent the facts, I may be prosecuted for perjury or fraud. I agree to notify ESD immediately if I learn of any change in the applicant's situation.

Please also provide the information requested below.

Agency name (If applicable)		Phone number () -	
Street address/PO Box	City	State	ZIP code