



ANOKA COUNTY ECONOMIC ASSISTANCE DEPARTMENT

1201 89th Avenue • 4th Floor • Blaine MN 55434
 (763) 422-7200 Phone
 Office Hours: 8:15 am – 4:00 pm

PUBLIC ASSISTANCE APPLICATION PACKET IMPORTANT - PLEASE READ CAREFULLY

The first business day we receive page 1 of the Combined Application Form containing your name, address, and signature is the first day you may be eligible for SNAP Benefits.

To complete the application process, we must receive the rest of the application and complete an interview within 30 days of applying. After an application is submitted, your assigned worker will call you for a phone interview. The worker will call the phone number listed on the application. The phone number of the worker will show as 763-422-7200 on caller ID.

How to Apply for Public Assistance Online:

1. **Mnbenefits.org** is a website where you can submit an application for: Cash Assistance, Supplemental Nutrition Assistance Program (SNAP), Child Care, Housing Support (GRH) or Emergency Assistance.
2. **MNsure.org** is a website to apply for Health Care such as Medical Assistance and Minnesota Care. If you are over income for those programs, individuals and families can shop the MNsure marketplace to compare and choose health insurance coverage that meets their needs.
3. **Edocs.dhs.state.mn.us** is a website where individuals can download and print applications and forms for public assistance programs.

Call the EZ INFO line at 763-422-7200 to speak to someone about what programs are available.

How to submit paperwork using Anoka County Document Upload Portal:

Portal Address: <https://eapaperwork.co.anoka.mn.us/>

Select an option from the drop down to begin.

Instructions for uploading documents and a link to the portal can be found on the Anoka County Government Website www.anokacountymn.gov. Click on Departments – Economic Assistance.

Drop Boxes

If you have an application or paperwork for Economic Assistance, Job Training Center, Child Care Assistance or Child Support, you can leave paperwork in the drop box located outside at the following locations:

Outside the 3rd Avenue entrance to the Anoka Government Center.

Outside the front entrance of the Blaine Human Service Center.

Clearly print your name, case number if you have one, and include a valid phone number on all paperwork put in drop boxes.

Short non-discrimination statement:

This institution is an equal opportunity provider.

Long non-discrimination statement:

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

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

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

mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

FNCSIVILRIGHTSCOMPLAINTS@usda.gov

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APPLICATION PACKET – IMPORTANT – PLEASE READ CAREFULLY

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Options for Submitting Documents for Public Assistance and Child Support

Mail:

1201 89th Ave NE
STE 4200
Blaine MN 55434-3373

Drop-off – All documents can be dropped off at these locations

Anoka Government Center – 2100 3 rd Ave. Anoka, MN 55303	Blaine Human Service Center – 1201 89 th Ave. NE Blaine, MN 55434
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Fax:

Public Assistance - Cash, SNAP, non-METS Medical Assistance and emergency programs	763-324-3620
METS Medical Assistance	763-324-3630
Child Support	763-324-3990

Document Upload Portal:

All Programs	www.eapaperwork.co.anoka.mn.us
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Instructions for using the portal can be found on the Economic Assistance web page:

<https://www.anokacounty.us/193/Economic-Assistance>



763-422-7200

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘၣ်လိၣ်တဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂທສໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

1B32 (10-20)



Information about cash, food and child care assistance programs

How to apply for help

If you do not have enough money to meet your basic needs, you can apply to find out if you are eligible for support from one of the Minnesota Department of Human Services' (DHS) cash assistance programs to help you buy food or to pay for child care. Ask your county or tribal nation human services agency for an application or apply online at mnbenefits.mn.gov/.

Mail or bring your completed application to your county human services agency or submit it online. How much help you can receive the first month will depend on the date the county agency receives your application.

Food and cash assistance programs require an interview with a case worker. The interview can be completed by phone or in person. You will need to provide proof of:

- Who you are
- Where you live
- Which family members live with you
- Monthly income
- The assets that you own.

You must ask your county human services agency for a new appointment if you miss your scheduled interview.

Each assistance program has different rules. Whether you receive help and how much may depend on:

- How long you have lived in Minnesota
- How many people live with you
- How much income you and these people receive each month.

Available cash assistance programs

DHS offers several cash assistance programs to eligible Minnesotans to help them meet their basic needs. These cash programs include:

- Diversionary Work Program
- General Assistance
- Housing Support
- Minnesota Child Care Assistance Program
- Minnesota Family Investment Program
- Minnesota Supplemental Aid
- Refugee Cash Assistance
- Supplemental Nutrition Assistance Program.

Please note: Some programs have time limits.

Cash assistance is also provided on Electronic Benefit Transfer (EBT) cards to help eligible families and individuals meet their basic needs. These basic needs include food, shelter, clothing, utilities and transportation. Funds are given until families and individuals can support themselves. It is illegal to buy or attempt to buy tobacco products or alcoholic beverages with the EBT card. If you do, it is fraud and you will be removed from the EBT program. EBT cards also cannot be used at a gambling or retail establishments that provide adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. If you need more information on how to use your EBT card, please ask your county human services or tribal nation to send you a copy of the state's How to Use Your Minnesota EBT Card. This brochure can also be found online at edocs.dhs.state.mn.us/lfserver/Public/DHS-3315A-ENG.

The **Diversionsary Work Program (DWP)** is a **short-term** work program that provides employment services and basic living costs to eligible families. DWP is for families who are working or looking for work, but need help with basic living expenses and who have not received cash assistance during the last 12 months.

Minnesota Family Investment Program (MFIP) is a monthly cash assistance program for families with low incomes and pregnant women. The program is for:

- Families who have one or more children under the age of 19
- Women who are pregnant.

General Assistance (GA) is a monthly cash payment for adults currently unable to work who:

- Have little or no income, and
- Will soon return to work, or
- Are waiting to get help from other programs.

Minnesota Supplemental Aid (MSA) is a small extra monthly cash payment that helps adults who are eligible for federal Supplemental Security Income (SSI).

Housing Support is a monthly payment that helps pay room and board costs for people with low income who live in authorized settings and are:

- Age 65 or older
- Adults under 65 and have a condition that limits their self-sufficiency. For example: a physical or mental health disability, visual impairment or substance use disorder.

Refugee Cash Assistance (RCA) is a monthly cash payment for refugees and asylees. RCA is for people who:

- Have been in the United States eight months or less, and
- Have refugee or asylee status.



Child care assistance

Minnesota's Child Care Assistance Program makes quality child care affordable for families with low incomes. Help is available from the following programs:

- **MFIP Child Care:** Families who receive assistance from the Diversionsary Work Program or Minnesota Family Investment Program are eligible for child care assistance if parents are in work-related activities.
- **Transition Year Child Care:** Available to families for up to 12 consecutive months after their Diversionsary Work Program or Minnesota Family Investment Program case closes.
- **Basic Sliding Fee Child Care:** Available to other families with low incomes.

Supplemental Nutrition Assistance Program

The **Supplemental Nutrition Assistance Program (SNAP)** is a federal program that helps Minnesotans with low incomes buy food. Benefits are available through EBT cards that can be used like money. Benefits are available to:

- Single people
- Families with or without children.

How much you can receive is determined by your income, the size of your household and your housing costs.



Agency

Civil Rights Notice

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

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

Civil Rights Complaints

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

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

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

Minnesota Department of Human Rights (MDHR)

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

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

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

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

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

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

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

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

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

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုတ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိၣ် တိလိၣ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့ၢ်တၢ်မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣຕຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalka, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

Do you have a disability?

If you have a disability, you have the same rights as others.

Please tell us if you have a disability so we can help you access county or Tribal nation human services benefits and services.

What medical conditions may be disabilities?

A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:

- Diseases like diabetes, epilepsy or cancer
- Learning disorders like dyslexia
- Developmental delays
- Mental health conditions
- Hearing loss or low vision
- Movement restrictions like trouble with walking, reaching or grasping
- History of substance use disorder, although current illegal drug use is not a disability.

If you are asking for or are getting benefits through either a county human services agency or the Minnesota Department of Human Services, that office will let you know if you have a disability based on information from you and your doctor.

What help is available?

If you have a disability, your county or the state human services agency can help you by:

- Calling or meeting with you in another place if you are not able to come into the office
- Using a sign language interpreter

- Giving you letters and forms in other formats like computer files, audio recordings, large print or Braille
- Telling you the meaning of the information we give you
- Helping you fill out forms
- Helping you make a plan so you can work, even with your disability
- Sending you to other services that may provide help
- Helping you to appeal agency decisions if you disagree with them.

You will not have to pay extra for help. If you want help, ask your agency as soon as possible. An agency may not be able to accommodate requests made within 48 hours of need.

How does the law protect people with disabilities?

The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability. If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.

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St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

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- marital status
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- disability

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540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice) 800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
mail to: Info.mdhr@state.mn.us

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- religion

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

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

U.S. Department of Agriculture

Do Not Send Applications Here

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

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

Do Not Send Applications Here

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

This institution is an equal opportunity provider.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတခါအံၤန့ၢ်.သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝီအပုၤမၤစၢၤတၢ်လၢနီၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານ ຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

181 (3-1)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)



Facts on Voluntarily Quitting Your Job If You Are on the Supplemental Nutrition Assistance Program (SNAP)

Purpose

This fact sheet tells what could happen if you are on SNAP and voluntarily quit your job.

Penalty - not getting SNAP benefits

If you or someone else in your household has a job and quits without a good reason, your household might not get SNAP benefits. If your household loses SNAP benefits because someone quit a job, ask your financial worker about how to become eligible.

The penalty does not apply if the person who quit a job:

- Was fired, or forced to leave the job, or had hours cut back by the employer
- Was self-employed
- Left a job that was less than 30 hours per week or the job paid less than the minimum federal wage times 30 hours per week.

The penalty also does not apply if you can prove the person had "good reason" to quit the job.

These are "good reasons" to quit a job without losing SNAP benefits:

- Circumstances beyond a wage-earner's control such as: illness, illness of another member that requires the client's presence, a household emergency, no transportation to the job, or no available child care
- Discrimination by the employer based on age, race, sex, color, handicap, religious beliefs, national origin, or political beliefs
- Poor conditions at work, such as not getting paid on time or unreasonable risk to health and safety
- Going to school at least half time
- The job is considered unsuitable employment because of such things as working conditions or requirements, wages, transportation, etc.
- Retirement
- Getting another job at least 30 hours per week or making at least the minimum wage times 30 hours per week (even if the new job does not work out for reasons beyond the employee's control)
- The job was one where workers normally move from one employer to another, such as migrant or seasonal farm labor, or construction work.

The penalty might not apply if you change the Principal Wage Earner:

SNAP households with children may change the person they designated as the Principal Wage Earner. You may do this at recertification or whenever someone enters or leaves the household. All the adults in your household must approve this change. If you have questions about this choice and how it affects penalties for voluntarily quitting your job, ask your worker.

The penalty will apply if a person who failed to comply moves in with another unit and is that unit's Principal Wage Earner.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

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Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານກຳລັງຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in laga kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



Supplemental Nutrition Assistance Program reporting responsibilities

Reporting responsibilities

To get Supplemental Nutrition Assistance Program (SNAP) benefits, you must report your income and expenses to your county or tribal case worker. Depending on your situation, this brochure tells you when and how to report your income and expenses. Your eligibility worker will make changes to your benefits based on information that is received from you or another source.

The three reporting types used by SNAP are below. Your worker will tell you what type of reporting you will have.

Change reporting

Change reporting is used when all SNAP participants in a household meet at least one of the following criteria:

- Are homeless
- Are in the migrant work stream
- Live on American Indian reservations
- Live with anyone who is a seasonal farmworker
- Are elderly/disabled and have no earned income.

If you meet one of the above criteria, you are a change reporter and must report when there is a change in:

- Your source of income, including starting or stopping a job if the change in employment results in a change in income
- A change of \$125 or more in income your household receives by working (earned income) before taxes and other deductions
- A change of \$125 or more in income your household receives from sources other than work (unearned income) before other deductions
- The number of household members in SNAP; this includes who buys, eats and fixes food with you
- Your residence and any shelter cost changes

- Your legal obligation to pay child support
- You or someone in your household wins \$4,250 or more from the lottery or by gambling
- If you are a Time-limited SNAP Recipient (TLR) also known as an able-bodied adult without dependents (ABAWD), and are working, you must report when your work hours fall below 80 hours per month. Work includes paid employment, self-employment, in-kind, and unpaid work. Talk to your worker about this requirement to see if this is something you will need to report.

Six-month reporting

Six-month reporting is a way of calculating SNAP benefits and reporting changes. Your worker calculates the income you expect to receive over a six-month period of time. Once your SNAP case is opened, your benefits will remain the same unless you report a required change or a change becomes known to your worker.

Six-month reporters must report the following changes:

- When your total household's income is higher than 130% of the Federal Poverty Guidelines (FPG) for the number of people on the SNAP case. When your application or renewal is approved you will receive a letter with this amount.
- If you are a Time-limited SNAP Recipient (TLR) also known as an able-bodied adult without dependents (ABAWD), and are working, you must report when your work hours fall below 80 hours per month. Work includes paid employment, self-employment, in-kind, and unpaid work. Talk to your worker about this requirement to see if this is something you will need to report.
- You or someone in your household wins \$4,250 or more from the lottery or by gambling.

When you have to report changes

Change reporting and six-month reporting changes must be reported by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

You may report other changes that impact your SNAP case, but you are not required to do so.

If you are a six-month reporter you will need to complete a Combined Six-Month Review to continue your benefits after six months. This form is due by the eighth day of the sixth month of benefits. It will be sent at the end of your fifth month of benefits. For example, if you are approved for SNAP beginning in December, the review will be sent the last week of April, and will be due to your eligibility worker by May 8. If you do not complete this review by the deadline, your benefits will stop. All questions for SNAP on the form need to be answered, the form needs to be signed and any verifications of changes need to be provided for the review to be complete and for benefits to continue. A link to this form can be found in the Report Forms section of this brochure. For assistance completing this review, please contact your local county or tribal human services office. Phone numbers can be found in the [Agency Addresses \(DHS-5207\)](#) list.

Monthly reporting

If you receive food benefits through the Minnesota Family Investment Program or live in a household that does and have earned income, you will be a monthly reporter. You will get a Household Report Form to report income and expenses monthly. Your worker will tell you if you are a monthly reporter.

Note: This brochure lists changes that are required to be reported for SNAP only. You must still follow each program's reporting requirements if you are receiving benefits from the Minnesota Family Investment Program, the Diversionary Work Program, General Assistance, Minnesota Supplemental Aid, Refugee Cash Assistance, health care programs, or child care assistance.

When you report changes, you may be asked to provide proof of your changes. If proof of certain information is requested and not provided, your case may close and your benefits may be discontinued.

Report forms

Your county office or the state will provide you with the appropriate report form.

If you are a six-month reporter you will get a [Combined Six-Month Report - CSR \(DHS-5576\) \(PDF\)](#) form. This form is also used for six-month reporting for health care programs.

If you are a monthly reporter you will get a [Household Report Form - HRF \(DHS-2120\) \(PDF\)](#).

When you get either form, fill it out completely. The cover letter tells you which timeframe to report.

A [Change Report Form for the Supplemental Nutrition Assistance Program \(DHS-2402B\) \(PDF\)](#) is available to help you when reporting changes, or you can contact your worker when you have changes to report.



Stock photos are used throughout this publication



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex or political beliefs.

Civil Rights Complaints

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

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

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

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the **MDHR** if you believe you have been discriminated against because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, disability, sex or political beliefs.

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

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

U.S. Department of Agriculture

Do Not Send Applications Here

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

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

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

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

Do Not Send Applications Here.

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

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កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.



Recognize and End Domestic Violence

Domestic violence information

This brochure is informational only and must be given to all households that apply for Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP) and the Supplemental Nutrition Assistance Program (SNAP).

What is domestic violence?

Victims of sexual harassment and survivors of domestic violence, sexual assault, or stalking often deal with patterns of behaviors that aim to coerce, control and dominate which is intended to cause fear and helplessness the adult or the child on the receiving end of such treatment. Minnesota laws help in the protection and intervention of abuse regardless of age, ability, background or economic status. Examples of violence or abuse include:

- Swearing or screaming at you
- Calling you names
- Taking money or property without permission or against your wishes
- Threatening to hurt you or others you care about
- Failing to provide care for you by someone whose responsibility it is to do so
- Not letting you leave your house
- Blaming you for everything that goes wrong
- Stalking you
- Being touched against your wishes or forced to have sex
- Choking, grabbing, hitting, pushing, pinching or kicking you.

What services are available to victims of domestic violence or abuse?

Toll-free Hotlines have counselors who provide services, including:

- Crisis counseling
- Safety planning
- Assistance with finding shelter.

Referrals to other organizations including:

- Legal services support groups
- Advocacy with the police.

If you are in danger from domestic violence or abuse and need help, call:

- The National Domestic Violence Hotline at 800-799-7233, or text START to 88788 (TTY: 800-787-3224) or
- The Minnesota Day One Emergency Shelter and Crisis Hotline at 866-223-1111.

The **Safe At Home (SAH) Program** is a statewide address confidentiality program that assists survivors of domestic violence, sexual assault, stalking and others who fear for their safety by providing a substitute address for people who move or are about to move to a new location unknown to their aggressors. For information on this program visit the Safe At Home website at sos.state.mn.us/safe-at-home/about-safe-at-home/ or call 651-201-1399 or 866-723-3035.

Vulnerable adults

Call the Senior LinkAge Line at 800-333-2433 to report concerns and to help a vulnerable adult get needed protection and assistance. Ask your worker for more resource information.

What are domestic violence waivers?

If you are eligible for public assistance and you experience domestic violence, certain program requirements may not apply in your situation.

Waivers are available for eligible public assistance applicants who apply for the following programs: Supplemental Nutrition Assistance Program (SNAP), Diversionary Work Program (DWP), Minnesota Family Investment Program (MFIP), Medical Assistance and MinnesotaCare.

If domestic violence or abuse makes it hard for you to follow program rules, talk to your county worker or tribal nation.

Waivers of SNAP rules

If your available gross income is less than the SNAP program limits, you may be eligible for benefits. The value of assets and vehicles are not used when determining your eligibility for SNAP.

Waivers of DWP and MFIP rules

If you or your child is a victim of past or current domestic violence, sexual assault, battery or stalking, you may be eligible for a Family Violence Waiver in DWP and MFIP. When you are on DWP, once you have an approved Family Violence Waiver, your family will transition to MFIP where:

- You will have more flexibility in working with employment services
- You will be exempt from the 60-month time limit while you have this waiver.

To get a Family Violence Waiver you must:

- Tell your county worker or tribal nation you want an MFIP Family Violence Waiver
- Provide **one** of the following items:
 - A statement from domestic violence, sexual assault advocate or a domestic violence shelter staff.
 - A statement from a professional, like a doctor, nurse, clergy, counselor or social worker who knows of the abuse
 - A sworn statement from any other person with knowledge of the circumstances, and a sworn statement from yourself
 - Police, government agency or court records
 - A sworn statement from yourself and credible evidence to support your statement. Credible evidence may include a copy of a restraining order, order for protection or a harassment order.

If you need help getting any of these items, talk to a domestic violence advocate or your county worker or tribal nation.

- Develop and follow a plan that includes activities to keep you safe.

What is a plan?

Your plan is developed with a person trained in domestic violence prevention and an employment counselor, county worker or tribal nation. The plan will take your situation into account and include activities to help you become employed.

The plan will:

- Make the safety of you and your children a priority
- Include only safe work and training activities.

It is imperative that your plan and goals are realistic and can work for you. The plan does not guarantee your safety. If you need to change the plan or cannot follow it, contact your county worker or tribal nation as soon as possible.

Other important things to know

- If you are denied a waiver, or if your waiver is removed, you can appeal.
- You may be able to get legal advice or help with an appeal from your local legal aid office. To contact your local legal aid office, call 888-354-5522.
- If you're being hurt or abused, call the Minnesota Day One Emergency Shelter and Crisis Hotline at 866-223-1111 assists you to get help, get safe, and get support. You may also text 612-399-9995.

If you have questions

For questions about the MFIP Domestic Violence Waiver, contact your local county worker or tribal nation.

For TTY and Speech-to-Speech relay service, use your preferred relay service.

How do I appeal?

If you do not agree with the action the county takes on your application, ask your county worker or tribal nation for an explanation on the action.

You may see the policy manuals, rules or laws that give the reasons for the action. If you still do not agree, you may appeal. Your county worker or tribal nation will help you ask for an appeal hearing, or contact:

Minnesota Department of Human Services
Appeals Office
P.O. Box 64941
St. Paul, MN 55164-0941
Metro: 651-431-3600 (Voice)
Greater Minnesota: 800-657-3510 or use your preferred relay service
Fax: 651-431-7523

You should bring any facts to the hearing that will help you explain why you do not agree. If you want a lawyer, ask your worker for information about free legal services. You may bring people to the hearing to give information about the facts. After you and the county or tribal nation have talked about your case, a human services judge will decide the case and you will receive the decision in the mail.

If you are still not satisfied, you have 30 days to appeal to the state district court.

Your right to privacy

Generally the facts asked for by the human services office are called "private." This means that you may see facts about yourself, but they are not open to the public. Certain other government agencies may see them too. You have the right to question what you think is wrong in your file.

For more facts about data privacy, ask your county worker or tribal nation or write the Minnesota Department of Human Services.

Civil Rights Notice

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

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

Civil Rights Complaints

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

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

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

Minnesota Department of Human Rights (MDHR)

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

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

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

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

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

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

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

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

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

U.S. Department of Agriculture

Do Not Send Applications Here

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

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

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

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

FNCSIVILRIGHTSCOMPLAINTS@usda.gov

Do Not Send Applications Here

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

This institution is an equal opportunity provider.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ደብዳቤ ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

గំណత់សំគាល် 1. టెక్స్ట్‌ను అనువాదం చేయగలిగే ప్రయత్నం చేయండి. దయచేసి తెలియజేయండి. సమస్యలు ఉన్నప్పుడు, దయచేసి 1-888-468-3787 కి సంప్రదించండి.

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုတ်ဟ်သးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်စိတခါအံၤန့ၣ်,သံက့ၢ်ဘၣ်ပုၤဂ့ၢ်ဒိအပုၤမၤစၢၤတၢ်လၢနဂီၢ်မ့တမ့ၢ်ကိးဘၣ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)



For accessible formats of this information, ask your county worker or tribal nation. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)



How to Use Your Minnesota EBT Card



Cash on an EBT card is provided to help families and individuals meet their basic needs. These basic needs include food, shelter, clothing, utilities and transportation. These funds are given until families and individuals can support themselves. It is illegal for an EBT user to buy or attempt to buy tobacco products or alcoholic beverages with the EBT card. If you do, it is fraud and you will be removed from the program. Do not use an EBT card at a gambling establishment or at a retail establishment that provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state.

What is your EBT card?

Your EBT card is a **safe, convenient** and **easy** way for you to get your cash and food benefits each month.

- Your benefits will be put in an account set up for you.
- You must use the card to get your benefits.
- You may use your EBT card online, at stores, ATMs or places food is sold, such as farmers markets, to spend your Supplemental Nutrition Assistance Program (SNAP) or cash benefits. There may be signs that say “EBT accepted here” or “SNAP accepted here.”

Your Number



Your Signature



How to get your card

If this is your first time getting public assistance in Minnesota

- Your first EBT card will be mailed within two business days of your worker approving your first cash and/or food benefits.
- Sign the back of the card as soon as you receive it.

If you have previously received public assistance in Minnesota and are reapplying

- Benefits will be loaded on your current EBT card
- If you do not have your EBT card, you need to request a replacement EBT card

If you get food benefits only, and later start getting cash benefits too

You will be mailed a new card with your name on it. Your old card will be canceled 30 days after the new card is mailed or once you start using the new card, whichever happens first.

If you need a replacement EBT card

Call customer service at 888-997-2227 and request a new card be mailed to you. It will take about five business days to get the new card.

- There is a \$2 charge for all replacement EBT cards
- A \$2 card replacement fee will be deducted from your cash or food benefits

If you have questions, there is help

Call customer service, 24 hours a day / 7 days a week – Toll-free: 888-997-2227

Go to www.ebtEDGE.com – Under EBT Cardholders, click on “More Information” and log in using your user ID and password.

Access to cash benefits is limited to Minnesota, Iowa, North Dakota, South Dakota and Wisconsin.

When you get your EBT card

- Sign your name in ink on the white stripe on the back.
- Select a Personal Identification Number (PIN) by:
 - Calling customer service at 888-997-2227
 - Visiting your local county or Tribal Nation office or logging on to ebtEDGE online or mobile app

See next page for more details on selecting a secure PIN.

What you can buy with SNAP benefits

SNAP benefits can be used to buy most foods and non-alcoholic beverages as well as plants and seeds to grow food to eat.

See a full list of eligible foods and restrictions at fns.usda.gov/snap/eligible-food-items.

Food bought with SNAP benefits must be received at the time of purchase, except if you buy shares in a CSA (Community Supported Agriculture) up to 14 days in advance of getting the share of food.

Where to use your EBT card

You can use your EBT card at most grocery stores, convenience stores, farmers markets, ATMs, cash checking businesses and certain online retailers.

Find a list of eligible stores and retailers here:

fns.usda.gov/snap/retailer-locator.

Point-of-sale (POS) machine

A POS machine is a machine in a store or farmer's market that reads your EBT card when you buy food or non-food items or withdraw cash benefits.

You can use a POS machine to:

- Buy food with food or cash benefits.
There is no minimum dollar amount per transaction or maximum limit on the number of transactions allowed. Transaction fees can't be added to your buy of food items with an EBT card.
- Buy non-food items with cash benefits.
- Withdraw cash from cash benefits.
- Get cash back with a buy from cash benefits.
Some stores may limit the amount of cash you can get back from your cash benefits.

Online

You can buy eligible food items online with certain retailers. Only EBT food benefits can be used online. Find a list of online retailers that accept EBT at fns.usda.gov/snap/online-purchasing-pilot. A separate payment type is required to buy items that are not eligible for SNAP and to pay any delivery costs. EBT cash benefits can't be used as the separate payment type.

At an automated teller machine (ATM)

You can withdraw cash from your cash benefit account at an ATM. You can't use an ATM to get cash from your food benefit account.

At check cashing businesses

You may be able to get your cash benefits at some businesses that cash checks.

Important EBT account information

Sometimes errors occur in the EBT system that may cause your EBT cash or food benefits to increase. When this happens, your account can be adjusted. You will receive notice when this happens. If you do not agree with the notice, you have the right to appeal and request a fair hearing. To request a fair hearing, contact your financial worker at your county or Tribal Nation office.

If you see a transaction on your account that you do not agree with, you have the right to request an adjustment to your record. You have 90 days from the transaction to request a correction. To request an adjustment call 888-997-2227.

You may be able to get replacement benefits if food bought with your SNAP benefits are destroyed in a household misfortune like a power outage or fire. The loss must be reported to your county or Tribal Nation office within 10 days from when the food was destroyed.

How to care for your EBT card

Your card is like cash – keep it in a safe place

- Call customer service right away if your card is lost or stolen.
- Put your card away as soon as you finish using it.
- **Do not** let others use your card. Lost benefits may not be replaced.
- **Do not** leave your card lying around, even at home.

Do not throw away your EBT card

- Use the same card every month as long as you receive benefits.
- If you move out of state, you will be able to use your card to get your unused food benefits.

Misuse of your EBT card is against the law

It is a crime to defraud the system or to sell your card and PIN to others. It may result in criminal charges against you and your benefits may end.

It is illegal for an EBT user to buy or attempt to buy tobacco products or alcoholic beverages with the EBT card. If you do, it is fraud and you will be removed from the program.

If you repeatedly lose your card, the county or Tribal Nation office may investigate your case or assign a representative to receive your benefits for you.

How card fees work

- You will receive four free cash withdrawal transactions per month. These cash withdrawals may be at a POS machine or an ATM. You will be charged \$1 for each additional cash withdrawal, up to a maximum of \$10. A cash-only withdrawal is for an amount up to the balance remaining in your cash account. There is no charge for a cash buy transaction or if you get cash back when you make a buy.

- Some ATMs may charge you a fee to use the machine in addition to the cash withdrawal transaction charge. The ATM will tell you if it charges a fee before you make your cash withdrawal. If you do not want to pay the fee, you can cancel your transaction and go to an ATM that does not charge a fee.

How to set or change your PIN

A PIN is four secret numbers you use with your card to access benefits. Every time you use your card, you must enter these four secret numbers. To help prevent fraud you are not able to select a “common” PIN.

Common PINs include:

PIN (Personal Identification Number)

? ? ? ? = PIN

0000 0001 0002 0003 0004
 0005 0852 1111 1212 1234
 2345 2580 3456 4567 5678
 5555 6666 7777 8888 9999

When you select your PIN, choose four numbers that you can remember but that other people can't easily guess.

How to set or change a PIN

- Call customer service at 888-997-2227
 - Visit your county or Tribal Nation office
 - Visit the ebtEDGE cardholder portal at www.ebtEDGE.com
 - Access the ebtEDGE mobile application, available for IOS and Android, at www.FISGLOBaI.COM/EBTEDEMOBILE
- You have four tries each day to enter your correct PIN. After four incorrect tries, you can't use your card until 12:01 a.m. the next day.

PIN safety tips

- Keep your PIN secret. Memorize it.
- Change your PIN often
- Change your PIN when getting a new card, or before or after your monthly deposit
- Do not re-use previous PINs
- Do not let anyone (even the store clerk) see your PIN when you enter it at the POS machine or ATM
- Do not write your PIN on your card. If you need to write down your PIN, keep that paper in a different place than your card.
- Temporarily freeze your account, block out-of-state transactions and block online transactions at www.ebtedge.com or on the ebtEDGE mobile app.
- Your benefits may not be replaced if someone else uses your card without your approval.**

How to use a POS machine

Note: There are no minimum dollar amounts for an EBT purchase.

To buy food

- Slide your card through the POS machine.
- Check the amount that shows in the POS window.
- If the amount is correct, enter your PIN. Press ENTER.
- Take your card, receipt and groceries.

The steps you follow may be different for each type of POS machine. If you need help, ask the sales clerk.

Remember:

- You will not get change from your food benefits when you buy food. The balance will remain in your account.
- You can use POS machines to buy food as many times as you want each month until all your food benefits are used.

To withdraw cash

Ask the sales clerk if you can withdraw cash benefits at this store. If the store allows you to withdraw cash benefits:

- Slide your card through the POS machine
- Tell the sales clerk the amount of cash you want
- Check the amount that shows in the POS window
- If the amount is correct, enter your PIN and press ENTER
- Take your card, cash and receipt from the sales clerk.

Remember:

- Cash withdrawals are not allowed from food benefits.
- Non-food items are paid from your cash benefits account, or you can pay cash.
- Cash withdrawals can't be done in the store if your card can't be read by the POS machine.

If the POS machine is not working

If the POS machine in the store is not working when you make a purchase with your **SNAP benefits**, the sales clerk will ask you to sign a form for the amount of food you buy.

There may be a \$50 limit on the amount of food that you may buy if the POS machine is not working. Stores have the option of not accepting EBT when the POS machine is not working.

Check the amount on the form. It should be the same amount as the food you purchased.

OFFLINE FOOD STAMP VOUCHER		1016575
<small>Vouchers must be obtained on POS device or mailed in for mailing and taking 15 days</small>		
<small>Mail to: Data Systems, Inc PO Box 990 Hillsdale, NJ 07034-0990</small>		Approved Number _____ Trans. Date/Time _____ Store POS Number _____ Purchase Method _____
Card Number _____	Print Store Name _____	\$ _____ Account _____
Exp. Cardholder Name _____	Store Address _____	
Cardholder's Signature _____ Date _____	Store City/State/Zip Code _____	
<small>A receipt, itemized list of items purchased and amount paid for the full amount of this transaction</small>	Store Supervisor/Clerk Signature _____	
<small>This Voucher will be charged back if information on this voucher has been altered</small>	Food stamps are redeemable per state agreement and this voucher is non-transferable and non-refundable	
White - Data Systems Copy	Green - Client/Customer Copy	Blue - Merchant Copy

If the amount is correct, sign your name and record the date.

The clerk will call customer service to check if you have enough benefits in your food account to buy the food. If you do, the total food amount will be subtracted from your food benefits.

This form is also used by food merchants (like farmers markets) that do not have POS machines.

Remember – do not tell the sales clerk your PIN!

How to use an ATM to withdraw cash

1. Insert your card.
2. Enter your PIN. Press Enter.
3. Select Withdrawal.
4. Select Checking
5. Enter the dollar amount. Select Correct or Cancel.
6. Take your cash.
7. Another transaction? Select No.
8. Take your card and receipt.

Remember:

- The steps you follow may be different for each type of ATM.
- You may be able to withdraw all of your cash benefits from an ATM in one day. It may take several transactions to do that if the machine has a limit on the amount of cash you can withdraw each time.
- For single dollars and cents, use a POS machine in a store for a cash buy or, if allowed, a cash withdrawal.

How to use your EBT card safely

Safety tips at the store

- Check the food amount that shows in the PIN pad window before you key in your PIN.
- **Do not** let the store clerk or anyone else see your PIN as you enter it.
- **Do not** let the clerk or store manager leave the area with your card.

Safety tips at the ATM

- Have your card ready.
- Always use ATMs in well-lit areas.
- If you sense danger, cancel your transaction. Take your card and leave the area right away.
- At night, if you are alone, use an ATM inside a store.
- Do not count your money at the ATM.
- Do not let anyone see your PIN as you enter it.
- Put your cash, card and receipt away quickly.

Calling customer service

You can reach customer service at 888-997-2227. The information in this brochure is available in accessible formats for individuals with disabilities by calling 888-997-2227 or by using your preferred relay service. For other information on disability rights and protections, contact your agency's ADA coordinator.

Call 24 hours a day, 7 days a week if:

- You just received your card in the mail and need to select a PIN
- You need a replacement card; there is a \$2 fee for a replacement card
- Someone else is using your card
- Your card does not work
- You forgot your PIN or want a new PIN
- You need to know your food and cash benefit balances and you can't find your last store receipt
- You want to find out about fees

- You have questions about using your card
- You feel you were overcharged at a store
- You feel you did not receive the correct amount from an ATM.

Call customer service for help with your card. **Do not call your financial worker.**

Calls to customer service may be recorded or monitored.

How to access the ebtEDGE cardholder portal or mobile application

Cardholder portal - Using a browser such as Microsoft Internet Explorer or Google Chrome, access the cardholder portal at www.ebtEDGE.com and select "Cardholder Login."

Mobile application - Download the mobile application at www.FISGLOBAL.COM/EBTEDEMOBILE

The login page for both the cardholder portal and mobile application will ask for a user ID and password. If it is your first time using the cardholder portal or mobile application, you will need to create a user ID and password, and set up three security questions.

Instructions on how to set up your account and to link a EBT card to your account can be found by selecting "Login FAQ here" on the ebtEDGE cardholder portal or mobile application.

- The ebtEDGE cardholder portal and mobile application give the following information:
- **Account balance:** See your real-time account balance for both SNAP and cash benefits.
- **Pending deposits:** Know when your benefits will be deposited.
- **Transaction history:** View your history of transactions for the last 60 days.
- **Benefits schedule:** Get a snapshot of the benefits schedule.
- **Help:** See answers to many commonly asked questions.

How to register to get your EBT balance or last five transactions by text message

Registration is easy!

1. Go to www.ebtEDGE.com, select the "Cardholder Login" and log in using your user ID and password.
2. Select "EBT Account."
3. Select "Messaging Registration" under the Account Services menu at the top right of the screen.
4. Enter your mobile (cell) phone number.
Note: Your card's nickname will always be the last five digits of your EBT card.
5. Check the box next to SMS Balance, then click the "Update" button.
6. You are registered!
7. To get your balance, text BAL to 42265.
To see your last five transactions, text MINI to 42265.

Standard Text messaging charge rate from your carrier may apply.

Conditions of use:

<https://www.fisglobal.com/Terms-of-Use>

Privacy Policy:

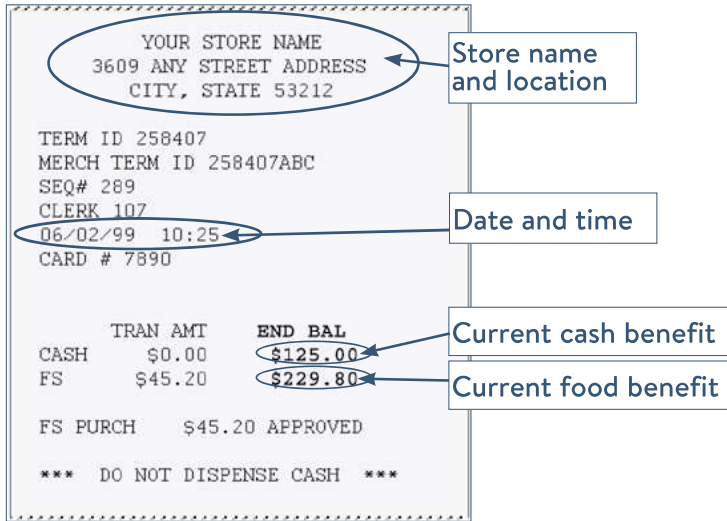
<https://www.fisglobal.com/Privacy>

Accessibility:

<https://cardholder.ebtedge.com/chp/assets/access.html>

How to find your EBT balance

Keep your last receipt



It shows how much you have left in your food and/or cash benefit accounts.

- The store's name and location should appear on your receipt when you use your food and/or cash benefits.
- You may also find your balance by calling customer service, accessing the ebtEDGE cardholder portal or mobile application or registering for text message notifications.
- You may also request a transaction history at your local county or Tribal Nation office.
- Food benefits not used within 274 days will be removed from your account and can't be replaced.
- Cash benefits not used within 90 days will be removed from your account and can't be replaced after 365 days.

If you need help accessing food benefits

Choose a person you trust to be your additional adult. This person will help with shopping and accessing your food benefits.

- Tell your financial worker whom you chose as your additional adult.
- The additional adult will receive an EBT card in the mail.
- An additional adult who is a member of your household must call customer service to select a PIN.
- An additional adult who is not a member of your household must go to the county or Tribal Nation office to select a PIN.
- If you later want to stop the additional adult's access to your SNAP benefits, contact customer service, then notify your financial worker.
- Remember, lost or stolen benefits may not be replaced.

For more information, call your financial worker.

What to do before you move

- Call your county or Tribal Nation office immediately with your new address.
- If you move to an area where you can't access your cash benefits, contact your county or Tribal Nation office.

When you will get your benefits

Benefits are available on the same day every month, even on weekends or holidays.

Cash benefits

Case benefit type	If your case number ends in	Your cash benefits are available after 6 a.m. on the:
DWP/MFIP	1,3,5,7 or 9	2nd to last day of every month
DWP/MFIP	0,2,4,6 or 8	the last day of every month
GA, MSA & RCA	0 thru 9	1st day of every month

Food benefits

If your case number ends in	Your food benefits are available after 12:01 a.m. on the
4	4th of every month
5	5th of every month
6	6th of every month
7	7th of every month
8	8th of every month
9	9th of every month
0	10th of every month
1	11th of every month
2	12th of every month
3	13th of every month

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) and local human services agencies do not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)
- political beliefs

Auxiliary Aids and Services: Human services agencies provide auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in their programs.

Contact your worker or agency's ADA Coordinator to get auxiliary aids and services.

Language Assistance Services: Human services agencies provide translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to information and services.

Contact your worker or agency's LEP Coordinator to get language assistance services.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency. You may contact any of the following four agencies directly to file a discrimination complaint.

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

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

- race
- color
- national origin
- age
- disability
- sex

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

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

U.S. Department of Agriculture Do Not Send Applications Here

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied

for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

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

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

Do Not Send Applications Here

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

This institution is an equal opportunity provider.

Minnesota Department of Human Rights (MDHR)

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

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

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

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

DHS

You have the right to file a complaint with DHS if you believe you have been discriminated against in our programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)
- political beliefs

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:

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

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ደብዳቤ ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዩን ስራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤတလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်မိအပုၤမၤစၢၤတၢ်လၢနဂီၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)



Anoka County

HUMAN SERVICES DIVISION

Economic Assistance

Economic Assistance

Adult Programs
Family Programs
Child Support Services

Phone: 763-422-7200

Adult Fax:
763-324-3620

Family Fax:
763-324-3630

Child Support Fax:
763-324-3990

GEN-375 3/24

Date:

Case Name:

MAXIS #:

Preferred phone number: _____

I, _____, permit Anoka County Economic Assistance Department to leave detailed voicemail messages on the phone number listed above. Voicemails may include but are not limited to details about Public Assistance case status and issuance, verifications, questions, clarification, and appointment times.

I permit Anoka County Economic Assistance Department to text my Public Assistance appointment information to this number: _____.

I permit Anoka County Economic Assistance Department to send me information via email to this email address: _____

I understand this permission will transfer to my new phone number if I change numbers and provide my new number to the agency.

- I understand that the County will continue to contact me by phone and US Mail even if I elect to receive email, text, or detailed voicemails.
- I understand that private data about me may be transmitted via email or voicemail. I accept the risk that that data may be accessed by someone other than me.
- This authorization remains in effect until I notify the County in writing that the authorization is revoked. I may revoke the authorization at any time.
- I agree that the County is not liable for any damages or losses I may incur as a result of interception by a third party of an email, voicemail or text message sent to me by the County under this consent. I understand that I am responsible for any charges from my service.

Client Signature

Date

Working With People to Improve Lives

▲ 1201 89th Ave NE STE 400 ▲ Blaine, MN 55434-3373 ▲ www.anokacountymn.gov

This institution is an equal opportunity provider.

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



763-422-7200

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎም ለከተረጎሙ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီၤလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂທສໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

General Guidelines Regarding Your Case

Your worker is:

Your case number is:

- Processing Timeline
 - 30 days to process SNAP (food support) and cash assistance
 - 45 days to process a health care application
 - 10 business days to process your paperwork
- Please allow us up to 2 business days to return your phone call. Please leave only 1 message.

Your worker phone number is:

- Call your worker if you have questions or changes to report. **You may not see your worker if you come in without an appointment.**
- You will receive a notice in the mail when we are done processing. You will also receive a notice if we need more information from you.
- Please turn in all of your paperwork by the due date.
 - Reviews are due on the 8th of the month. This deadline helps to get your paperwork processed timely, so you receive benefits on time.
 - You can send us your paperwork using our document upload portal. You can find the portal at: www.eapaperwork.co.anoka.mn.us . Instructions can be found on our website: <https://www.anokacounty.us/193/Economic-Assistance>
 - You can fax your paperwork to 763-324-3630 (family cases) or 763-324-3620 (adults without children cases). Include your case number, your name, and worker name on each page of the fax.

EBT customer service: 1-888-997-2227
EZ info line: 763-422-7200 for case information

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

Supplemental Nutrition Assistance Program (SNAP) Work Rules Notice

Date:

To:

Case number:

Case name:

Worker name:

Worker phone number:

Fax number:

Worker agency:

Agency address:

Why did I get this letter?

You or someone in your SNAP household must meet certain work rules to continue to receive SNAP.

Dear

The purpose of this letter is to tell you and others in your SNAP household about work rules for SNAP. **If you do not meet these requirements, your household's SNAP benefits may decrease or end.** Continue reading to learn the requirements for yourself and others in your household, if there are any.

PERSON 1

FIRST NAME	LAST NAME
------------	-----------

needs to follow General Work Rules Time-limited Rules

PERSON 2

FIRST NAME	LAST NAME
------------	-----------

needs to follow General Work Rules Time-limited Rules

you must follow general work rules. Keep reading to find out what to do.

Does everyone need to follow these work rules?

No. Only certain people do. You **may not** have to follow these rules if you are:

- Younger than age 16, or age 55 or older;
- Responsible for the care of a child under age 6;
- Responsible for the care of a person who needs help caring for themselves;
- Already working at least 30 hours a week or already earning \$217.50 or more per week, before taxes or other deductions;
- Receiving unemployment benefits or you applied for unemployment benefits;
- Not able to work because of a physical or mental health reason;
- Attending a school, college, or training program at least half-time (note that college students are subject to other eligibility rules);
- Meeting work rules for another employment program, such as Minnesota Family Investments Program (MFIP), or Diversionary Work Program (DWP);
- Homeless;

- A victim of domestic violence;
- In a drug or alcohol addiction treatment program or experience substance use disorder.

What should you do if you think one of these reasons applies to you?

Call us at as soon as possible if you think one of these reasons applies to you. If we find that it does, you **will not** need to follow any of the work rules in this letter.

General work rules

What do you need to do?

You must follow these rules to keep your SNAP benefits:

1. If you are working at least 30 hours a week, do not quit or reduce your hours to below 30 hours a week. (Unless you have a good reason like illness, discrimination, or not getting paid.)
2. Accept a job offer, unless it is not suitable for you. Examples of things that may make a job unsuitable for you are: your health and safety are at risk, you can't physically do the work, or another good reason.

What happens if you do not meet these general work rules?

If you do not meet the general work rules without a good reason, **you may lose your SNAP benefits.**

What if you have a good reason for not meeting the general work rules?

Good reasons include things out of your control like illness, no childcare for a child under 12, or work conditions that are unreasonable. These are some, but not all of the examples of good reasons. If we determine that you have a good reason, there will be no change to your SNAP benefits. If you think you have a good reason, contact your worker, as soon as possible at .

How long will you lose SNAP benefits if you don't meet the general work rules?

- The first time you do not meet the general work rules without a good reason, you are not allowed to get SNAP benefits for **one month.**
- The second time you do not meet these requirements, you cannot get SNAP benefits for **three months.**
- The third time, you cannot get SNAP benefits for **six months.**

Do you want help meeting your work requirement by training or a job?

If you would like help finding or training for a job, you can ask about our SNAP Employment and Training Program (SNAP E&T). This program can make it easier for you to find and keep a job. SNAP Employment and Training can also help you get supports such as transportation, childcare, and interview clothing that you might need to be successful. You can learn more about the program by visiting the Minnesota SNAP Employment and Training website: <https://mn.gov/dhs/snap-e-and-t/>.

What if you need more help?

To learn more about work rules for SNAP visit <https://www.fns.usda.gov/snap/work-requirements>.

If you have questions or need more information, please call us at , Monday through Friday,

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex or political beliefs.

Civil Rights Complaints

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

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

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

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the **MDHR** if you believe you have been discriminated against because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, disability, sex or political beliefs.

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

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

U.S. Department of Agriculture (Do Not Send Applications Here)

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

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

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

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

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

This institution is an equal opportunity provider.