

## VERIFICATION OF INFORMATION

Please provide as much of the following information as you can. All bills and proof of information must be current. We will tell you if we need any other information at the time your application is processed or at the time of interview. *If you have a Sponsor, you may need to provide proof of your Sponsor's income and resources.*

### 1. PROOF OF ALL INCOME RECEIVED BY YOU OR OTHER MEMBERS OF YOUR HOUSEHOLD.

Income is any money your household receives. Proof of income may include but is not limited to:

Wages/Tips	Retirement Pension	Gifts/Allowances/Contributions
Self Employment	Veterans Benefits	Interest from savings, cd, etc.
Child Support	Military Allotment	Educational Loan/Grant
Unemployment	Rental Income	
Social Security	Roomer/Boarder	
Alimony/Maintenance	Colorado Works Cash	

### 2. SOCIAL SECURITY NUMBERS (SSN).

The SSN or proof of applying for an SSN should be provided for each member unless the member does not wish to apply for benefits or does not have one.

### 3. PROOF OF AGE AND IDENTITY.

You *may* be required to provide identification for yourself and all household members applying for benefits such as a:

Birth Certificate	ID for Health Benefits
Baptismal Record	Work ID
US Passport	Other Documents
Drivers License	

Identification Cards for US Citizens (CIS-I-179 or CIS-I-197)  
Certificate of US Citizenship (CIS form N-560 or NH-561)  
Certificate of Naturalization (CIS form N-550 or N-570)  
Certificate of birth abroad of a citizen in the US (Department of State forms FS-545 or DS-1350)

### 4. PROOF OF CITIZENSHIP AND RESIDENCE.

You *may* be required to provide proof of citizenship and residence.

If you are a US citizen, you may be required to provide proof, such as a:

Birth Certificate	ID for Health Benefits
Client Statement	Work ID
US Passport	Baptismal Record
Drivers License	Other Documents

Forms from Citizenship and Immigration Services (CIS) such as:

Identification Cards for US Citizens (CIS-I-179 or CIS-I-197)

Certificate of US Citizenship (CIS form N-560 or NH-561)

Certificate of Naturalization (CIS form N-550 or N-570)

Certificate of birth abroad of a citizen in the US (Department of State forms FS-545 or DS-1350)

If you are a legal non-citizen, you may be required to provide proof of your status, such as:

CIS Documents

I-551 Resident Alien Card

I-94 Arrival/Departure Record

I-688B or I-766 Employment Authorization Document

A letter from CIS indicating a person's status

## **5. PROOF OF RESOURCES. (Not required for Colorado Works programs)**

You *may* be required to provide proof of resources. Proof of resources may include, but are not limited to:

Vehicles

Real Estate

Stock and Bonds

Retirement Funds

Trust Funds

Life Insurance

Burial Insurance

Home you do not live in

Checking/Savings Accounts

Other

## **6. PROOF OF EXPENSES.**

You *may* be required to provide proof of expenses. Proof of expenses may include, but are not limited to:

Utilities

Medical expenses

Rent or mortgage costs

Child support payments

Child dependent care costs

Expenses for care of disabled household members

## **7. LIVING ARRANGEMENTS. (For Food Assistance Only)**

If you are living with other people in the same house, an explanation of your living arrangements will be helpful. It should include how you buy and prepare food and how rent/ mortgage and utilities are paid.

## **8. CHILD SUPPORT INFORMATION. (For Food Assistance and Colorado Works Only)**

If a parent to your child(ren) is out of the home, you must bring copies of any court orders. These court orders include orders involving a divorce, child support or paternity establishment. In addition to social security numbers for you and your children, please provide social security number(s) for the absent parent(s), if available.

## What I Should Know - My Rights and Responsibilities

By completing and signing this State of Colorado reapplication form and other documents required to determine whether I can get benefits AND by accepting those benefits that I may get, I understand and agree to the following information:

- I have the right to apply again for any type of financial and/or medical assistance and to see if I can still get benefits.
- **I have the right to apply again for benefits by submitting an application for assistance as long as it has my name, address and signature. I can send this application in by mail, drop it off at the office, or through an authorized representative. If everyone in my household receives SSI, I can apply again for benefits at the local Social Security office.**
- I have the right to ask for help in getting proof to see if I can still get benefits.
- I do NOT have to give information on citizenship or immigration status of family members who are NOT asking for benefits. I understand that I will have to give information on citizenship or immigration status of family members who ARE asking for benefits. I also understand that any citizenship and immigration information provided may be verified through the Systematic Alien Verification for Entitlements (SAVE) system and that the information received may affect my household's eligibility and benefit amount.
- I have the right for my information to stay confidential (private). **I understand that my signature on this form authorizes Federal, State, and local officials to contact other persons or organizations to check and share the information that I gave.** I will allow the department to use Social Security numbers and other information from my application to request and receive information or records to check the information in my application. I release the department from all liability for sharing this information with other agencies for this purpose.
- I must give the department all needed proof and documents before it can see if I can still get benefits.
- **If I give untrue information, or hide information, on purpose so that I and/or my family member(s) can get benefits, or get more benefits than I should get, I/we must pay the program(s) back for any benefits received. It is a crime to get benefits that I/we should not get. This crime may be punished under state and/or federal law by fines, prosecution and/or jail time.**
- I must work with state and federal staff if my case is reviewed. My household will not get food benefits if I refuse to work with staff to review my case. A review can be a quality control review.
- I understand that the department will tell me in writing how and when to report any changes for each of the programs that I receive benefits.
- If I have other insurance, that insurance will pay my medical bill(s) first and my Medical Assistance will pay last. I must tell the department about any new health insurance coverage.
- I CAN NOT use food assistance benefits to buy non-food items. Non-food item examples are: alcohol drinks, tobacco, lottery tickets, ammunition, explosives and controlled substances.
- I CAN NOT trade, sell, obtain or exchange my food assistance benefits to anyone who is not authorized to use them for my household. To do this may be considered 'tra fficking.'
- I CAN NOT use someone else' ' s food assistance benefits for my household.
- I CAN NOT give my food assistance benefits to someone who is not part of my household.
- I understand that anyone in my household who breaks any of these rules on purpose can lose food assistance and/or Colorado Works benefits. I, or members of my family can lose these benefits for the following reasons and length of time:
  - **If I or anyone in my house intentionally breaks the program rules, I can lose benefits for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense;**
  - **If I or anyone in my house breaks the rules on purpose, I can lose benefits for 1 year, receive a fine up to \$250,000, and or be imprisoned for up to 20 years. I, or anyone in my house, may also be barred from the Program for an additional 18 months by court order ;**
  - **If I or anyone in my house uses or receives benefits in a transaction involving the sale of a controlled substance, I may lose my benefits for 2 years for the first offense and permanently for the second offense;**
  - **If I or anyone in my house uses or receives my benefits in a transaction involving the sale of firearms, ammunition or explosives, I will lose my benefits permanently;**
  - **If I or anyone in my house trafficked benefits for an amount of \$500 or more, as determined by a court of law, I will lose my benefits permanently;**
  - **If I or anyone in my house have received multiple benefits by misrepresenting my identity or residence, I will lose my benefits for 10 years.**

- I understand that to get food assistance, all members of my household that are required to register for work must attend all scheduled appointments with Employment First and complete any Employment First assignments. Anyone who does not keep Employment First appointments or complete Employment First assignments may not be able to get food assistance.
- I understand that if I am an adult between the ages of 18 and 49, with no children under the age of 18 in my household, I may be able to get food assistance benefits for only 3 months during the next 3 years unless:
  - I work in a job 80 hours each month and report that information to Employment First;
  - I work all hours assigned by my Employment First office, including Workfare or other activities;
  - I have medical proof I am physically or mentally unable to work;
  - I am told by the department that I am exempt.
- I understand that the department will use the answers I gave on this re-application form to see if I can still get benefits and if my benefit amount changes. I understand that the department will let me know if my benefit amount has changed and what the new amount is. If I think that the department made a mistake, I can ask for a Fair Hearing. The department will tell me in writing of how to ask for a Fair Hearing.
- Domestic violence information and services are available to you. If you ever feel you are in immediate danger call 911. If you would like to receive information regarding safety and services for you and your family in Colorado, call Colorado Coalition Against Domestic Violence at 303-831-9632 or toll free at 1-888-778-7091. You may also find the location of services near you by going to <http://www.colorado.gov/apps/cdhs/dvs>. For information about services in Colorado as well as other states call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TTY 1-800-787-3224 or go to <http://www.ndvh.org>. Most domestic violence programs provide: emergency shelter, telephone support, information about domestic violence, and referrals; safety planning; support groups; children services. Some domestic violence programs offer assistance with such things as protection orders, filing for divorce, going to court; transitional housing; and counseling.
- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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

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

STATE OF COLORADO



Notice to Reapply
You Need to Act Now

RETURN AS SOON AS POSSIBLE

Date:
CBMS # or SSN #:
Name:
Address:

Please return your information to us at:
El Paso County Dept. of Human Services
1675 GARDEN OF THE GODS RD
COLORADO SPRINGS CO 80907-9444

Programs:
Food Assistance

To see if you can still get benefits, please answer the questions, sign and return this to us.

Any changes reported can result in a reduction or termination of benefits. Turning this form in incomplete and/or after due date can result in a delay of benefits being issued. I have read this form to renew my benefits and to the best of my knowledge and belief, my answers are true. This information includes the people who live in my house and, citizenship and non-citizenship information. I have listed all amounts and sources of income, money and property I receive or own. I understand and agree to the information provided in the section titled 'What I Should Know'.
I have the right to apply again for Food Assistance benefits by submitting an application for assistance as long as it has my name, address and signature. I can send this application in by mail, drop it off at the office, or through an authorized representative. If everyone in my household receives SSI, I can apply again for benefits at the local Social Security office.
SIGN HERE: Date:

Best phone number to call you:
Have you moved? Yes No
If yes, what is your new address?

Please complete this section:
Is anyone who lives in your house a migrant or a seasonal farm worker? Yes No
Is the money (before deductions) you think you will get this month less than \$150? Yes No
Is all the cash, and money in the checking and savings accounts for the house less than \$100? Yes No
Are your monthly housing and utility costs more than the total monthly money, including cash, money from employment gifts, and money in the checking and savings accounts? Yes No

Attach additional pages if you cannot write your answer in the space provided.

## People who Live with You

Full Name	Relation to You	Birth Date	Male/ Female	Does this person want benefits?	People who do not want benefits do not have to answer these questions.		
					Social Security Number	US Citizen	Race/Ethnicity (see codes below)
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	

\*Race/Ethnicity is optional. Race options include: Asian-A; Hispanic/Latino-H; American Indian/ Alaskan Native-AI; White-W; Native Hawaiian/Pacific Islander-NH; Black/African American-B; Other- O

\*Male/Female is optional

Who buys and eats food with you? \_\_\_\_\_

Is anyone in the home pregnant?  Yes  No Who? \_\_\_\_\_

When is the baby due? \_\_\_\_\_ How many babies does she expect? \_\_\_\_\_

List the name of the father: \_\_\_\_\_

**For a quick decision, please send in a doctor's statement with a due date.**

Is anyone in the home 18 years or older and in school?  Yes  No

Who? \_\_\_\_\_

Are there any school aged children who do not go to school right now (excluding breaks)?

Yes  No Who? \_\_\_\_\_

Please confirm that the highest grade completed we have on file for each of your household members is correct. If not, please indicate their actual highest grade completed below in the 'Actual Grade' column.

Member	Grade on File	Actual Grade

Are you or any member of your household:  In Jail/Prison  In a Nursing Home

In a Group Home  In Rehab  A convicted felon

Not in compliance with the terms of their conviction from 2/7/14 or after for any of the following offenses: aggravated sexual abuse, murder, sexual exploitation and/or abuse of a child(ren), or sexual assault

A fleeing felon, probation violator or parolee violator

If yes, please provide the household member's name and date this happened: \_\_\_\_\_

## Money in Your Home

Tell us about all money in your home:      No one in my home has money (income)

We need to know about the money that you or anyone in your house receives from work. If you or anyone gets money from work, please complete the following:

Person Working	Employer Name and Phone	How often are you paid?	How much do you get each paycheck? (before deductions)
			\$
			\$
			\$

**You must send in proof of all money in the house. Help us make a quicker decision by sending in the proof with this packet.**

Did you or anyone in the home leave or lose a job in the past 60 days?     Yes     No

Who? \_\_\_\_\_ When? \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer phone number: \_\_\_\_\_

Date of last pay check: \_\_\_\_\_ Amount of last pay check: \$ \_\_\_\_\_

Are you or anyone in the home on strike?  Yes  No

Who? \_\_\_\_\_ When? \_\_\_\_\_

Does anyone get any OTHER type of money?  Yes  No

Examples: Unemployment benefits; Child Support; Retirement/Pension; Social Security Benefits; Veterans Benefits; Dividends/Interest; Trust; Loans/Gifts; In-kind money (i.e. work around the house in exchange for rent), Worker' s Compensation; Alimony, Disability.

Person getting Money	Money From	Amount	How often is it received?
		\$	
		\$	
		\$	

**You must send in proof of all money in the house. Help us make a quicker decision by sending in the proof with this packet.**

## Things You Pay For

Tell us about any changes in the things you pay for:      I have no changes

Please tell us if you have any changes in what you pay for rent/mortgage, home insurance, property taxes, HOA fees, utilities, child/adult day care, medical expenses and court-ordered child support, OR if you have any new things that you pay for.

Type	Amount you told us you pay	Amount you now pay	How Often Do You Pay?
	\$	\$	
	\$	\$	
	\$	\$	

**You must send in proof of the things you pay for. Help us make a quicker decision by sending in the proof with this packet.**

Did you get LEAP within the past 12 calendar months?  Yes  No

If I do not report and provide requested proof of rent, mortgage, housing fees, property insurance, property taxes, court ordered child support payments, child or adult care, and medical expenses paid by elderly or disabled members, I am stating that I do not want that specific expense used as a deduction to determine my food assistance benefit amount.

**Things you Own**

**If you receive Adult Financial, Adult Medical, Medicare Savings Program or Long Term Care benefits:**

Tell us about the things you own:

Please tell us if you have any cash, checking and savings accounts, annuities, trusts, mutual funds, promissory notes, property (land and/or homes), vehicles and retirement accounts, OR if you have new things that you own.

Type	Value	Current Value	Name of person who owns the item/ account
	\$	\$	
	\$	\$	
	\$	\$	

**You must send in proof of all money in the house. Help us make a quicker decision by sending in the proof with this packet.**

Have you given away anything of value since the last time you applied or re-applied?

Yes  No

Person who Gave it Away: \_\_\_\_\_

What was Given Away and When? \_\_\_\_\_ Value: \$ \_\_\_\_\_

**If you receive Medical and/or CHP+ benefits:**

Has anyone in the home had changes in their medical health insurance?  Yes  No

Who? \_\_\_\_\_ What changed? \_\_\_\_\_



# EPC - GSD – 02/2019

Stop Here if you are only receiving Food Assistance, Adult Financial (OAP, AND, etc.) or Colorado Works. If you are receiving Medical Assistance, please complete these additional questions.

Starting October 1, 2013, changes in Federal law require Colorado to ask additional questions about you and your family. We have identified that you have not provided the information required as of October 1, 2013.

Instructions: Please complete the questions below for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family members who live with you. Use More Paper if Necessary.

Send this letter back to the person and address listed above or you can enter the information on PEAK Redetermination at [Colorado.gov/PEAK](http://Colorado.gov/PEAK).

<b>Do You Plan to File a Federal Income Tax Return NEXT YEAR?</b>	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3  <input type="checkbox"/>	<i>You can still apply for Health First Colorado (Colorado's Medicaid Program), CHP+, or health insurance even if you do not file a federal income tax return.</i>
1. Will you file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will you claim any dependents on your tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will you be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer  <input type="checkbox"/> No How are you related to the tax filer?	

<b>Does Anyone Else in the Home Plan to File a Federal Income Tax Return NEXT YEAR?</b>	<input type="checkbox"/> <input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Health First Colorado (Colorado's Medicaid Program), CHP+, or health insurance even if you do not file a federal income tax return.</i>
Name	<input type="checkbox"/>	
1. Will they file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will they claim any dependents on their tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will they be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer  <input type="checkbox"/> No How are they related to the tax filer?	