

Minnesota Family Investment Program

The Minnesota Family Investment Program is Minnesota's Temporary Assistance for Needy Families program. The Minnesota Family Investment Program helps families with children by offering cash and food benefits with employment services. Families usually receive benefits on an Electronic Benefit Transfer (EBT) card.

Families who have not received program assistance in the last 12 months may be enrolled in the Diversionary Work Program.

The Minnesota Family Investment Program is about work

If you are pregnant or a parent of minor children and receiving assistance, you are required to go back to work as soon as possible, actively look for work or take part in activities to prepare for work.

To support you while you work, you may be eligible for health care coverage and subsidies to help pay for child care.

You will get help finding and keeping a job

- Most program participants work with a job counselor to develop an employment plan.
- If you are under age 20 and have not completed high school, you may need to complete your education in order to receive program benefits. Your job counselor or social worker will help you make a plan to complete your education or to find work.
- You may be able to pursue English as a Second Language, a General Education Development diploma or certificate or post-secondary education.

You can combine work income with program assistance

Assistance may not end when you find employment. If you work, but earn low wages, you may still qualify for child care assistance, food benefits and health care coverage.

- Not all of your earnings are counted. Your eligibility worker can explain more.
- Each month, for families who receive child support, up to \$100 for one child or up to \$200 for two or more children will not be counted as income.
- You can build up your savings once you are receiving assistance through the program. You are allowed up to \$10,000 in total assets. Your eligibility worker can give you more information on which assets are counted.
- One vehicle per member of the family who is 16 years old or older is not counted. Additional vehicles as part of the \$10,000 asset limit are counted.

The Minnesota Family Investment Program can add money to your monthly income

Example: If you are a single parent with two children, are not working, and meet all program requirements, you will receive \$1189 a month in combined cash and food benefits. If you find a full-time job that pays \$10.33 an hour and work full-time, you will earn \$1777 a month. With that income, you would still receive cash and food benefits, and both would total \$2229 a month. That is \$588 more each month than the benefits you receive when not working at all.

You can increase your family’s income even more with the tax credits that are available to program participants. Tax credits are money you receive if you work but do not earn enough to owe taxes. Tax credits include the Earned Income Tax Credit, Working Family Credit, Minnesota Child and Dependent Care Credit, K-12 Education Subtraction and Credit and the Property Tax Refund. If you need help, you can receive a referral for a tax preparer from your county worker.

You can also receive free help filling out tax forms from Feb. 1 through April 15 every year. For an up-to-date listing of locations around Minnesota, call 651-297-3724 or 800-657-3989 after Feb. 1 each year.

Penalties for not working

If you do not follow the program’s work rules, you will lose part or all of your assistance.

- The first month, your assistance will be reduced by 10 percent.
- The second through sixth months, your assistance will be reduced by 30 percent.
- After seven months of not complying with or following the program’s work rules, your assistance will be terminated.

If you have a newborn, you may be exempt from the program’s work rules. If you are struggling with a serious physical or mental illness, violence in your family or other challenges, you may be eligible for a subset of the Minnesota Family Investment Program that offers more flexibility in what activities you can choose.

Time limits

Most parents with minor children only receive assistance for a total of 60 months (five years) in a lifetime. You can stop the 60-month time clock by:

- Choosing not to receive the cash option of the Minnesota Family Investment Program grant **and**
- Choosing not to receive the \$110 housing grant.

Ask your county worker about state residency, reporting and verification rules to maintain your program eligibility.

Your right to privacy

Most of the time, the information asked about you and your family is private. This means you may see the information, but it cannot be shared with the public.

Other government agencies may see this information too. You have the right to question what is in your file. For more information, see the full [Notice of Privacy Practices \(DHS-3979\) \(PDF\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979) online at (edocs.dhs.state.mn.us/lfserver/Public/DHS-3979).

Apply

- Online at mnbenefits.mn.gov/
- On paper using the [Combined Application Form \(DHS-5223\) \(PDF\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5223) (edocs.dhs.state.mn.us/lfserver/Public/DHS-5223).

Or contact your local county human services agency to request an application or help completing it.

If you have questions

For questions about the Minnesota Family Investment Program, contact the human services office in your county.

For Teletypewriter for the Deaf (TTY) service, use your preferred relay service provider.

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.

(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 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)
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

You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

Submit your completed form or letter to USDA by:

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

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 ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထဲဲဒၣ်လံာ် တိလံာ်မိတခါအံၤန့ၢ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

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

ໂປຣຕຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຕາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂບທີ່ 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.

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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)

DEPARTMENT OF
HUMAN SERVICES

Reporting Responsibilities for Minnesota Family Investment Program

What families need to know.

Reporting responsibilities

You must report changes that may affect your Minnesota Family Investment Program (MFIP) benefits.

When you sign the back of your check or use your Electronic Benefit Transfer (EBT) card, you state that you have given true, complete and current information. If agencies find your statements are not true, complete and current, they may use this signed statement as evidence of fraud in civil and criminal proceedings.

This brochure tells you when and how to report changes.

How to report changes

You can report changes on one of the following forms:

- Household Report Form (DHS-2120)
- Combined Six-Month Report (DHS-5576-/5576A)
- Combined Application Form (DHS-5223)
- Change Report Form (DHS-2402).

The state or a county agency sends these forms to you. You can also report changes by writing or calling your county eligibility worker.

If you are applying for the Minnesota Family Investment Program (MFIP), you must report changes to the county while the county is processing your application. If you are receiving program benefits, you must report changes within

10 days of the change, or by the eighth of the month, whichever comes first.

Changes in your household may affect your assistance. If you do not report changes on time, you may receive too much in benefits and will have to pay it back.

Changes you must report

Examples of changes you must report are:

- Adult or child in the family starts or quits a job, is fired, works more or fewer hours, or receives a raise
- Address change
- Non-custodial parent returns to your home
- New income from any source (Social Security or veteran's benefits, unemployment insurance, workers' compensation, child support payments) or a change in the amount of any of these that is \$50 or more per month
- Child or adult who will be temporarily absent from your home
- Any pregnancy not resulting in the birth of child, when there are no other minor children in the family
- Any change in the school attendance of a parent under age 20 or any child that works
- Change in the custody of a child
- Change in the number of people in your home
- Birth of a child
- New or change in a rent subsidy
- Marriage, divorce or legal separation

- Selling, buying or transferring property (house, car, other items of value)
- Death of a parent or child
- Change in United States Citizenship and Immigration Service (USCIS) status
- Receipt of lump sum payments (inheritance, court settlement, gambling or lottery winnings)
- Change in the physical or mental status of family member
- Whenever your family's assets exceed \$9800. Assets include cash, bank accounts, stocks and bonds, and vehicles.

Monthly and six-month reporting forms

In some situations, program participants may receive a monthly Household Report Form or a Combined Six-Month Report form. When you receive either form, fill it out. The first page of the Household Report Form, or the cover letter for the Combined Six-Month Report, tells you what month or months to report on.

Report

If you are the parent of a child who gets MFIP:

- Report your own income and the income of your spouse and children who live with you.
- You must do this whether your grant is just for your children or the whole family.

If your grant includes your spouse or another adult:

- Both of you must sign every form you send in to your eligibility worker.

If you are age 17 or younger, a minor caregiver and live with your parents:

- You must report your parent's income.

If you are not the parent or stepparent of any of the children who receive assistance, and you are not included in the grant:

- You must report only the children's income.

Fill out the form

There are general instructions on the first page of the cover letter for each form. Each question also explains how to answer it. Please read all questions carefully. You must answer each question.

Be sure to report changes in your income, assets or household that you expect to happen in the future.

Send in proof

You must send proof of your income and certain expenses with your completed forms. Proof includes pay stubs or an employer's statement. These documents will be returned to you only if

you write on the document or form that you want it returned.

Report at the right time

Your forms will come in the mail with a return envelope. You will get them near the end of the month on which you will report.

Sign and date the form on or after the last day of the month you are reporting about. If you sign and return it earlier, it will not have information about the whole month and we will return it to you.

Put the completed form and proof documents in the envelope. The county address must show through the window of the envelope. Remember to put proper postage on the envelope unless you deliver it by hand.

County agencies must receive your completed form by the **eighth calendar day of the month after the month you report about**. For example, your completed form for May is due by June 8. If the eighth is on a weekend or holiday, the form is due by the first working day after the eighth.

It is your responsibility to mail or hand-deliver the form so it arrives on time.

If you report late

If we receive your complete report after the eighth but before the last day of the month it is due, your next grant may be late.

If we receive your complete report in the month after it is due, your grant for that month will be late. You must also complete any other report due for that month. If we do not receive your report until the second month after it is due, you must reapply for assistance. You must meet all rules to receive assistance again. If you can receive assistance again, your check will only be for the number of days left in the month when you reapply.

Make sure your report is complete

Your report is incomplete if you:

- Sign or date it before the last day of the month
- Don't answer every question needed to determine if you are still eligible
- Don't send the required proof documents
- Your spouse or other adult (if included in your grant) does not sign the form.

Review your report to be sure it is complete. Your county agency will mail incomplete reports back to you. They will tell you what part of the form is not complete and the deadline to return the form.

Recertification form

Every year, to be recertified, you must complete a Combined Application Form (CAF) and have an interview with your eligibility worker. Your interview may be by phone, internet telepresence or a place you and your worker agree upon. If there are two parents on your grant, both of you must sign the Combined Application Form (CAF).

Change Report Form

You may also report changes on a Change Report Form. County agencies can send this form to you. Complete and return this form only if you have a change that you did not report to your eligibility worker.

Assistance amounts

County agencies use what you report and the proof documents you send to assess your assistance amount.

Notice of changes in assistance amount

Your county office will notify you in writing when your amount will change. A notice of change, based on facts you provide on your forms, will be mailed or given to you no later than the day you receive your assistance amount. If you do not agree with any change, you may file an appeal. Information on how to appeal is on the notice of change, or you can ask your eligibility worker.

If you have questions

For questions about reporting changes and how your grant was calculated, contact your county eligibility worker or the human services office in your county.

For TTY service, use your preferred relay service provider.

(agency)

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

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Minnesota Department of Human Services
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Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
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651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

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

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

Contact the OCR directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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.

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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.

This institution is an equal opportunity provider.

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

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గំណత់ສံకాం 1 యే ముగ్గురు గాన గ్రామీణులకు సహాయం చేయడానికి ప్రయత్నించండి. సమస్యను పరిష్కరించడానికి సహాయం అందించడానికి 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。

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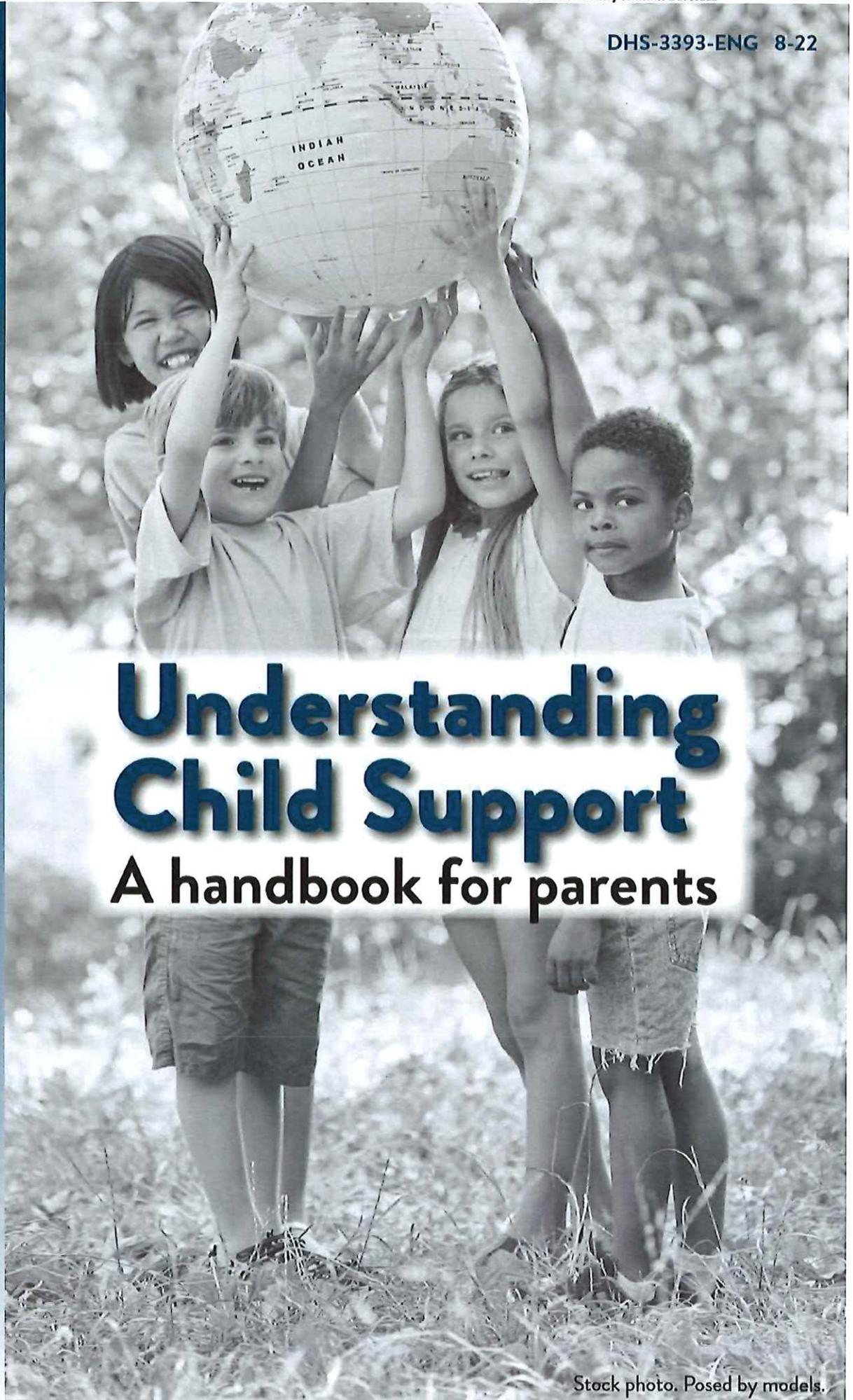
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LB1 (8-16)



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mn
DEPARTMENT OF
HUMAN SERVICES



Understanding Child Support

A handbook for parents

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

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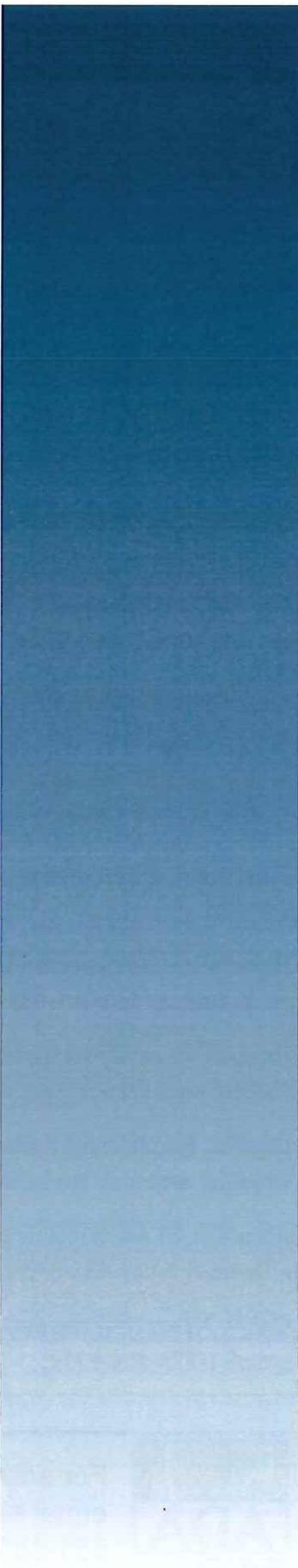
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This handbook gives general information about Minnesota’s child support program. Because parentage and child support are important issues, you may wish to contact an attorney. The Minnesota Department of Human Services Child Support Division and county child support agencies can help you if you apply for or are referred for child support services, but they cannot give you legal advice about your case.



Definitions

Arrears: The terms arrears, and arrearage, mean support obligation amounts that are overdue and unpaid.

Child: An individual under 18 years of age; an individual under 20 years who is still attending secondary school; or an individual who, by reason of physical or mental condition, is incapable of self-support.

Child support: Money parents pay for the care, support and education of their children. It may include a monthly court-ordered amount for basic support, child care support and medical support.

Contempt of court: Not doing what the court has ordered you to do.

Establishing parentage: The process to create a legal relationship between a child and the child's parent when no previous legal relationship existed. Actions to establish a legal relationship between a child and the child's father are informally referred to as paternity actions.

Federal Case Registry: This registry contains limited information about each child support case in the United States. It matches quarterly wage information and unemployment insurance records submitted by each state with the National Directory of New Hires.

Good cause: A county agency determination that a public assistance recipient does not have to cooperate with the child support agency because the recipient or child may be in danger of physical or emotional harm if efforts are made either to adjudicate parentage or to establish or enforce support.

Joint child: A dependent child who is the child of both parents in a child support proceeding. In cases where child support is sought from only one parent of a child, a joint child is the child for whom support is sought.

National Directory of New Hires: A directory of information employers are required by federal law to report about newly hired and re-hired employees. The directory uses information from the Federal Case Registry to match Social Security numbers and report job information to the Minnesota child support agency.

Nonjoint child: The legal child of one, but not both, of the parents subject to the legal action being taken. Stepchildren are excluded from this definition.

Obligee: A person to whom payments for spousal maintenance or child support are owed.

Obligor: A person obligated to pay spousal maintenance or child support. For purposes of ordering medical support, a parent who has primary physical custody of a child may be an obligor.

Parenting time: The time a parent spends with a child regardless of the custodial designation regarding the child. Parenting time is also referred to as visitation.

Public assistance: Benefits from a state or federal program. Public assistance programs include: The Diversionary Work Program; the Minnesota Family Investment Program, which is Minnesota's Temporary Assistance to Needy Families program; Tribal Temporary Assistance to Needy Families; Child Care Assistance Program; Medical Assistance; and Title IV-E Foster Care services.



Stock photo. Posed by models.

Every child needs financial and emotional support. All children have the right to this support from both parents. Devoted parents can be loving and supportive forces in their children's life. Even when parents do not live together, they need to work together to support their children.

Without the involvement of both parents, too many children do not get the chance they need and deserve to reach their full potential.

**You make a difference
in your children's lives.
Be there for them.**

Minnesota's child support program helps parents establish a financial partnership.

The Minnesota Department of Human Services Child Support Division and county child support agencies work with both parents to establish and enforce support orders. Together, they help families become and remain self-sufficient through improved child support collections.

What is child support?

Child support is money parents pay to their child's other parent or caregiver to support their child.

The court orders the support, which generally includes basic, medical and child care support.

The support may be part of an interim, temporary, permanent or modified court order in a:

- Divorce or legal separation
- Paternity action
- Order for protection
- Child custody action
- Separate child support action.

What child support services are available?

Full child support services

- Locating parents
- Establishing parentage
- Establishing court orders for basic, medical and child care support
- Reviewing and asking the court to modify basic, medical and child care support orders when appropriate

- Adjusting support orders based on the cost-of-living index
- Enforcing support orders
- Working with other states to establish and enforce support orders
- Processing payments received by the Child Support Payment Center for child support and spousal maintenance.

Full services are not available for the collection of spousal maintenance if the order does not include child support.

Income withholding-only services

- Services are limited to processing child support and spousal maintenance payments only. No other services are provided.
- The obligee or obligee's representative must serve the income withholding notice on the employer or payor of funds.
- This is the only service available for the collection of spousal maintenance when child support is not ordered.
- The obligor is charged a \$15 per month fee for this service.

Who can use these services?

Full child support services are available to:

- Parents of minor children if one parent does not live with the child
- Parents who pay court-ordered child support
- People who have court-ordered, physical custody of a minor child
- People who receive public assistance for a minor child who lives in their home.

What services are not provided?

Child support services do not include:

- Divorce assistance
- Parenting time or custody assistance
- Spousal maintenance order establishment or modification
- Collection of:
 - Bills not related to support
 - Property settlements
 - Attorney's fees, except in limited circumstances (Minn. Stat. § 518A.735)
 - Legal advice or counsel.

If you need any of these services, contact an attorney.

How can I apply for child support services?

You can apply for child support services through your county child support agency: Return a completed application to your county child support agency.

If you or your dependent minor child(ren) receive benefits from the Diversionary Work Program, Minnesota Family Investment Program, Tribal Temporary Assistance for Needy Families, Medical Assistance or Child Care Assistance Program, your financial worker will provide the child support agency information about you. The agency will open a case for you and will expect you to provide information and cooperate in establishing paternity, establishing an order for support and collecting support. If you receive only Medical Assistance, you may choose to have full child support services or only medical support services.

Are there any fees?

Federal Annual Fee – Each year, non-public assistance child support cases (cases where public assistance has never been provided) are charged a non-refundable \$35 fee after \$550 in support payments have been made to the family. Federal annual fees are automatically deducted from support payments made to obligees, and are collected during each federal fiscal year, from Oct. 1 to Sept. 30.

Federal Tax Refund Offset Fee – An Internal Revenue Service (IRS) fee is deducted from the obligor's tax refund(s) collected for past due support before being disbursed as a support payment to the obligee. The obligor is credited with the full tax refund(s) amount collected. Therefore, the obligee pays this fee.

State Tax Refund Offset Fee – The Commissioner of Revenue charges a \$15 fee for each collection it makes through state tax intercept. The child support agency receives the collection minus the \$15 fee and credits the obligor for only the amount the department receives. Therefore, the obligor pays this fee.

Cost Recovery Fee – Each year the child support agency charges a fee to applicants for child support services to help pay the costs of operating the child support program. The applicant is the person who completed the Application for Support and Collection Services (DHS 1958) or is the person referred to the child support program by one of the applicable public assistance programs. Currently the fee is up to 2% of the support collected by the child support agency from the obligor and is retained directly from the support. Child support applicants receiving public assistance or child support applicants who have

received public assistance in the last 24 months will not be charged the fee. There is a cap on the fee that is adjusted annually.

Other States' Fees – If the county child support agency refers your case to another state for enforcement, the other state may charge you a fee for a particular service. The other state may collect its fees by retaining a part of the child support collection.

After I apply, what else must I do?

You must take an active role in your case. Cooperating with your child support agency makes establishing an order more efficient and makes collecting regular support payments more likely.

You must report changes that may affect your case. You must contact your county child support agency if:

- You or the other parent have new contact information
- You or the other parent have a change in income
- You or the other parent have a change in your child's health care coverage
- Your child moves or graduates from high school
- Your child no longer receives child care
- You have new information that might help locate the other parent
- You apply for public assistance
- You are involved in other court actions regarding support payments or parenting time.

What if I receive public assistance?

- If you or your dependent minor children receive public assistance, the other parent may be ordered to pay child support. When the child support agency collects current basic support, they send the support to you. Two months later, the economic assistance agency may adjust your public assistance amount or grant. However, the first \$100 (for one child) or \$200 (for two or more children) of child support received each month will not reduce your public assistance.
- If you or your children receive Minnesota Family Investment Program (MFIP) benefits, you will receive any current basic support collected in the month that it is due. Support that is not paid during any month you receive cash assistance is owed to the state to reimburse MFIP benefits issued to you and your children.
- If you or your children receive Diversionary Work Program benefits, Medical Assistance or child care assistance, you will receive the current basic support collected in the month that it is due, but you will not receive the medical and child care support collected for that month.

- If you receive court-ordered child support directly from the other parent, you must report it to your county child support agency. Obligor should pay child support through the state and not directly to the other parent.
- If the county child support agency has to establish paternity for your child or locate the other parent, you must cooperate by providing complete and correct information.
- If you do not cooperate with the county child support agency, the economic assistance agency may reduce your public assistance benefits and end your coverage under Medical Assistance. If you have reason not to cooperate, you may claim good cause. If your good cause is granted, you do not have to cooperate with the child support agency because the county has determined you or your child may be physically or emotionally harmed if efforts are made to legally determine paternity, establish support or enforce support.
- If Medical Assistance is the only public assistance your child receives and you do not want full child support services, you may be eligible for medical-only services. With medical-only services, the county child support office will be involved with establishing and enforcing medical support. The child support agency will not establish or enforce basic or child care support. When your child no longer receives public health coverage, you may close your case or request full services. Contact your county child support office to request medical-only services.
- If the state makes a mistake and gives you more money than you should have received, the economic assistance agency may adjust your grant and require you to repay all or a portion of the overpayment.

If I apply for child support services, do I have any rights?

Yes. You have the right to:

- Receive fair and nondiscriminatory treatment
- Be notified of all important actions concerning your case
- Participate in any court action involving your case
- Ask the child support agency to review and file a motion with the court to modify your support order if appropriate.

Is my child support information private?

Child support information is private data under the Minnesota Government Data Practices Act. The child support agency can give private or nonpublic data about individuals to:

- The person who is the subject of the data
- Others who the law says can see the data
- Others who the subject of the data authorizes in writing
- Courts and all other parties when filing legal documents; generally, court files are available to the public.

What if I have safety concerns or am experiencing domestic violence?

Minnesota's child support program takes safety seriously and can provide options if you are concerned about your safety. Contact your county child support agency to discuss your options if you have concerns that establishing parentage or establishing, modifying or enforcing an order of support will create a risk of harm to you or your child. Some options include protecting your address and location information from disclosure, and precautions to help with physical safety for office or court appearances. Options are available for people who receive support and those who pay support.

State law requires most public assistance programs to refer cases to the county child support agency if you receive public assistance. If you fear you or your child will be at risk of domestic violence if the county child support agency establishes paternity or an order for support or enforces an order, you may claim good cause from cooperating with the child support program. You may claim good cause if:

- You expect your cooperation will result in physical or emotional harm of a serious nature to the child for whom you are seeking support
- You expect your cooperation will result in physical or emotional harm of a serious nature to you, sufficient to impair the your ability to care for the child
- The child was conceived as the result of incest or rape, or
- Adoption of the child is pending before a court, or you are working with an agency helping you decide if you should place the child for adoption and the work has gone on for less than three months

Communicating your specific concerns to the county child support agency is the best way to find the options available for receiving child support safely.

What must be done before I can get a child support order?

Before a county child support agency can get an order from the court, it must notify the people involved that it is trying to establish an order. The county child support agency cannot take action in some cases if it cannot locate both parents.

If a county child support agency does not know where a parent lives or works, it gathers information from many places, including:

- Unemployment records
- Credit-reporting agency records
- Financial records
- Public assistance and food support records
- Social services records
- Motor vehicle registration and driver's license records
- Minnesota Department of Natural Resources records
- United States Postal Service
- Current and previous employers
- Current and previous utility companies
- Law enforcement agencies, parole and probation offices
- State licensing boards
- Military records
- The Federal Case Registry
- National Directory of New Hire Reporting.

How do parents establish parentage?

If a mother is unmarried when her child is born, the child does not have a legal father. Unmarried parents can establish a legal father for their child by going through a legal action in court or by signing the Minnesota Voluntary Recognition of Parentage form (DHS-3159) and filing it with the Minnesota Department of Health, Office of Vital Records.

Why is establishing a legal father important?

Parentage must be established before the court can order a father to pay child support or before the court can order custody and parenting time. A child must have a legal father before a father's name can be placed on the child's birth record. Children with legal fathers are entitled to benefits, including Social Security benefits, veteran's benefits and inheritance rights through their fathers. Children may also benefit by knowing their families' biological, cultural and medical histories.

What is the difference between a legal father and a biological father?

Every child has a biological father. The biological father is the man with whom a child's mother became pregnant. The legal father may not be the biological father. The legal father is the man the law recognizes as the father of the child. Sometimes parents want proof that the man is the biological father of the child before he is named the legal father. Parents can request genetic testing for this purpose. Genetic testing can exclude a man who is not the biological father of the child or it can show a greater than 99 percent probability that the man is the biological father. Your county child support agency can help you with genetic testing.

Who establishes support orders?

The court establishes child support orders. The county child support agency or parent may ask the court to issue a support order. The support order may be part of a temporary, permanent or modified court order in: divorce, paternity, child custody or a separate child support action; a legal separation; or an order for protection. The court generally orders the parent not living with the child to pay support for the child to the other parent. The court may order past support and set the ongoing amount of basic medical and child care support.

What does a child support order include?

Orders for child support generally include three types of support. In some cases, the court may also order past support.

Basic support

Basic support is for expenses relating to a child's care, housing, food, clothing and transportation. The amount is determined by applying the parent's combined Parental Income for Determining Child Support and the number of joint children to the basic support guidelines table. The basic support obligation does not include payment toward arrears.

Medical support

Medical support is for expenses related to health care coverage, which may include medical, dental and/or vision insurance.

- Medical support may also include the court ordering parents to contribute a monthly dollar amount towards the cost of health care coverage and/or Medical Assistance.
- The court may also order parents to pay a portion of the uninsured and/or unreimbursed medical expenses, which may include dental or vision costs.

Child care support

Child care support is for child care expenses that occur when the parent the child lives with works or goes to school. After reviewing income information from both parents and the amount of child care expense, the court decides each parent's financial responsibility for child care support.

Past support

In some cases, the court may order a child support obligation for a period of time prior to the date the order is signed (these are called retroactive orders). Minnesota law only allows for retroactive child support to go back two years prior to the service of a legal action to establish child support, or the date of the child's birth, whichever is more recent.

Retroactive support or past support is not considered arrears unless the court order does not set forth repayment terms and/or the obligor does not comply with court-ordered repayment terms. Any failure of the obligor to comply repayment terms for past support will turn the entire amount into arrears.

How is the amount of child support determined?

Child support is determined using the guidelines established through Minnesota law and considers the incomes of both parents, the number of children and the actual cost of raising a child at various income levels. The court may deviate from guidelines to encourage prompt and regular payment of child support and to prevent either parent or the joint children from living in poverty.

Gross income

The guidelines use the gross monthly income of both parents in determining the basic support amount. Gross income includes any form of monthly income received, including potential income, but does **not** include:

- Compensation for employment in excess of 40 hours per week, with some exceptions
- A child support payment received by a parent
- The income of the obligor's spouse or the obligee's spouse
- Public assistance benefits.

The guidelines include the child's Social Security or veteran benefits coming from a parent's eligibility.

The guidelines require the subtraction of spousal maintenance payments ordered by the court for a former spouse.

Parental Income for Determining Child Support

Effective Jan. 1, 2023, Minnesota statutes require courts to make deductions from each parent's gross monthly income to determine their combined Parental Income for Determining Child Support, including:

- Court-ordered child support for nonjoint children
- A statutory deduction based on the parent's income for up to six nonjoint children for whom the parent is legally responsible, but for whom the parent does not have a court order to pay support.

Basic support amount

The basic support amount is determined by using the combined Parental Income for Determining Child Support of both parents and finding the corresponding income bracket in the basic support guideline table. The basic support guideline table can be found in Minnesota Statutes 518A.35.

Percentage contribution

The percentage of child support contribution for each parent is determined by dividing the combined Parental Income for Determining Child Support into each parent's Parental Income for Determining Child Support. The obligor's basic support obligation is determined by multiplying the basic support amount by the percentage contribution.

Parenting expense adjustment

The obligor is entitled to a parenting expense adjustment for costs incurred during parenting time, such as food, transportation, recreation and household expenses. The parenting expense adjustment is based on the number of overnights granted in a court order.

Self-support adjustment

A child support order should not exceed the amount an obligor is able to pay. The court calculates the obligor's income available for support by subtracting a self-support reserve equal to 120 percent of the federal poverty guidelines for one person from the obligor's gross monthly income.

If the obligor's income available for support is less than the basic support amount, the support is reduced until the support order is equal to the obligor's income available for support.

Minimum basic support amount

If the obligor's gross monthly income is less than 120 percent of the federal poverty guidelines for one person, the court must order the following amounts as the minimum basic support obligation:

- \$50 per month for one child
- \$60 per month for two children
- \$70 per month for three children
- \$80 per month for four children
- \$90 per month for five children
- \$100 per month for six or more children.

If the court finds the obligor receives no income and completely lacks the ability to earn income, the minimum basic support amount does not apply.

How to estimate your child support obligation using the guidelines calculator

The Minnesota Department of Human Services Child Support Division maintains a web-based child support calculator on its public website. To access the calculator, visit childsupportcalculator.dhs.state.mn.us.

Important disclaimer

The child support guidelines worksheet, instructions and calculator are for informational and educational use only, and are not a guarantee of the amount of child support the court will order. The results obtained are only as accurate as the information provided. Other factors may affect the actual child support order. The court has the final authority to determine the amount of the child support order.

What happens when a parent does not pay child support?

When your child's other parent does not pay the child support obligation and you have an open case, the child support agency will take action to enforce the support order. Past-due child support remains due until paid.

Cases must meet certain criteria before the child support agency can take action. Generally, child support policy allows enough time for the child support agency to give an obligor proper notice and an opportunity to pay the past-due amounts or to establish a payment agreement. Some enforcement actions take time and some actions may not be appropriate for a case. The county child support agency and county attorney may decide to take certain actions based on the circumstances of the case and the likelihood of success.

What enforcement tools are used to collect child support?

Contempt of court

The child support agency may ask the court to find an obligor in contempt of court for not making support payments after the agency has reviewed the circumstances of the case and the likelihood of success. The parent must be:

- At least three months behind in support payments
- Failing to follow a payment agreement
- Failing to respond to other enforcement tools.

The court may find parents in contempt if they have the ability to pay but are intentionally not paying their child support obligation. If the court finds the obligor in contempt, the court may order the obligor to serve a jail sentence unless the obligor begins to meet certain conditions, such as making regular support payments.

Credit bureau reporting

The child support agency may report obligations that are past due to credit bureaus if a parent is:

- At least three months behind in paying support, and
- Not following a payment plan (effective Jan. 1, 2023).

Criminal nonsupport

Obligors who do not pay support and who have previously had a nonsupport contempt action initiated against them may be charged with criminal nonsupport. Obligors may be charged with a misdemeanor, gross misdemeanor or a felony depending on the number of months they're behind and the past-due amount. If convicted, the court may order obligors to pay fines and serve prison time.

Financial institution data match

The child support agency matches information about parents who owe past-due child support with data from financial institutions to find assets. The county child support agency may levy and take an obligor's assets if the agency has already certified the arrears to take tax refunds and the parent is:

- At least five months behind in paying a child support obligation
- Not following a payment plan.

Judgment and interest

Child support arrears automatically become judgments by operation of law. Child support arrears can also be entered and docketed as judgments with the court.

Entering and docketing a judgment creates a lien on real property owned by an obligor in the county in which the judgment is docketed. Child support judgments (both types) may be reported to credit bureaus.

License suspension

The child support agency may suspend the driver's license or occupational license of a parent who is in a job that requires a license from a state, county or municipal board, or from an agency (e.g.: realtors, barbers, lawyers) if the parent is:

- At least three months behind in paying a child support obligation
- Not following a payment plan.

The child support agency may suspend a recreational license of a parent who is:

- At least six months behind in paying child support
- Not following a payment plan
- Not responding to other enforcement actions.

New hire reporting

The child support agencies use data from employers to locate parents. Employers report basic information to the state's new hire reporting center about employees who are newly hired, re-hired or return to work. In Minnesota, employers must provide information within 20 days of an employee's start date. Employers also report when employees no longer work for them. Every state sends information and receives data from new hire reporting.

Other income

If a parent owes past-due child support, the county child support agency may take employment bonuses and periodic or lump sum payments the parent receives from state or local agencies, including unemployment insurance, workers' compensation and lottery winnings. The county child support agency may also take assets held in financial institutions or in retirement accounts.

Passport denial

A parent's application for a passport may be denied if the parent is:

- At least \$2,500 behind in paying a child support obligation
- Eligible for federal tax refund intercept.

Student grant denial

A parent's application for a student grant may be denied if the parent is:

- At least one month behind in paying a child support obligation
- Not following a payment agreement.

State tax refund intercept

The child support agency may collect past-due child support from a parent's state income tax refund or property tax refund if the parent:

- Is at least one month behind in paying a child support obligation or the past-due support has been entered into public record as a judgment
- Owes at least \$25 in past-due support
- Has a payment agreement in which state tax interception is not prohibited.

Federal tax refund intercept

The child support agency may collect past-due child support from a parent's federal income tax refund if the parent owes at least \$500 in nonpublic assistance arrears or at least \$150 in public assistance arrears.

Many children in Minnesota's child support system receive child support payments regularly. However, some parents have circumstances that impact their ability to pay their child support while others are able, but unwilling. If an obligor works for cash, hides assets in other names, is self-employed or actively evades the child support agency, usual enforcement actions may be difficult, if not impossible, to implement.

What happens when one parent does not live in Minnesota?

Some of the most difficult cases to enforce are those involving parents who live in different states. All states must provide child support services, and with the Uniform Interstate Family Support Act, interstate enforcement of child support obligations is improving. The act includes laws requiring states to work together to establish and enforce child support orders. State child support agencies must cooperate and help each other handle requests for assistance.

Can a support order be changed?

Child support orders can be changed by court orders and by cost-of-living adjustments. Either parent may request that the county child support agency review their child support order.

The county child support agency will determine whether the existing order meets review requirements. If it does, the agency will complete the review and file a motion asking the court to modify the order. If the case does not meet the requirements, the county child support agency will notify the parent who requested the review. If a parent still wants the order changed, they can file a motion asking the court to modify the order.

The court may change a child support order if:

- There is a substantial increase or decrease in either parent's gross monthly income
- There is a substantial increase or decrease in the needs of parent or the child
- One of the parents or the child begins receiving public assistance
- There is a change in the cost of living for either parent
- There are extraordinary medical expenses for the child
- There is a change in the availability of health care coverage, or a substantial increase or decrease in health care coverage costs
- There is a substantial increase or decrease in existing work-related or education-related child care expenses
- A child is emancipated.

The court will consider a substantial change of circumstances and presume any of the above circumstances make the terms of the existing order unreasonable and unfair if:

- Application of the guidelines would change the current order by at least 20 percent and at least \$75 higher or lower than the current order; if the current support order is less than \$75, it results in a calculated court order that is at least 20 percent per month higher or lower
- The medical support provisions of the order are not enforceable
- The health coverage ordered is not available to the child for whom the order is established.
- The current order is for a percentage of income, not a fixed dollar amount
- The gross income of a parent has decreased by at least 20 percent through no fault or choice of their own
- A deviation was granted because the child lived in a foreign country and the child no longer resides in a foreign country.

The court may also change a support order if custody has changed.

Cost-of-living adjustments

Most Minnesota basic support orders require a cost-of-living adjustment every two years. County child support agencies take steps necessary to get the adjustment for these orders. Unless the obligor contests the adjustment in court, the child support agency will adjust the basic support obligation every other year on May 1.

How are support payments made?

In Minnesota, approximately 70 percent of all support payments are made through income withholding.

If the child support agency is enforcing your order, child support must be paid to the state, not directly to the other parent. If you receive a payment directly or make a payment directly to the other parent, report it to your county child support agency.

Income withholding

The court may determine that child support payments are subject to income withholding. If the child support agency is enforcing the order, it will identify and notify the obligor's employer or payor of funds to withhold the child support from the obligor's income. After notification, the employer or payor of funds must withhold child support from the obligor's paycheck. The employer can mail a check to the state payment center or electronically transfer the funds to the state.

Employers and other payors of funds may withhold income from one or more checks per month as long as they withhold the entire amount due every month. Based on the number of times per month the employer withholds money, the other parent may get weekly, biweekly or monthly child support payments from the state.

If a parent owes current support and arrears, the support amount collected through income withholding can be increased by 20 percent per month to cover the arrears unless the court has ordered a specific payback amount for arrears.

Other payment options

If income withholding is not available, payments may be made through the following options:

Pay online

- Make secure, free online payments from your checking or savings account by visiting Minnesota Child Support Online at www.childsupport.dhs.state.mn.us/Action/Welcome.

Pay with cash

- Use PayNearMe at participating locations nationwide, including Casey's General Store, CVS Pharmacy, Family Dollar Store and 7-Eleven.
- Get a PayNearMe barcode by using your name and 10-digit participant number (also called MCI number) at <http://www.PayNearMe.com/Minnesota> or by contacting your county child support office.

- Use MoneyGram
 - Find a participating location at <https://www.moneygram.com/billpaylocations>; nationwide locations include Walmart, CVS Pharmacy and Cub Foods.

Pay by mail

- Mail a check, cashier's check or money order to:
 - Minnesota Child Support Payment Center
P.O. Box 64326
St. Paul, MN 55164-0326
 - Include your name on the payment and at least one identifying number, such as: Participant number (also called MCI number) or Social Security number.

Pay through automatic recurring withdrawal

- Complete the Automatic Recurring Withdrawal Authorization Form (PDF) at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4117-ENG>
- Mail the completed form to the Minnesota Child Support Payment Center
P.O. Box 64329
St. Paul MN 55164-0329
- Or, fax the completed form to 651-431-7469.

How quickly does the state process support payments?

Child Support Payment Center staff process payments Monday through Friday. They record payments in the child support computer system within 24 hours of processing.

What happens to child support that is collected?

Federal and state regulations govern how payments are applied. The child support office generally applies payments as follows:

- If a parent owes support to more than one family, the state sends a portion of each payment it receives to each family.
- For each case, most payments collected during a month pay current support first. Current support is support that is received by the child support agency in the month it is due. After current support is paid, other payments received that month go toward past due support called arrears.
- If a family has been on public assistance, the parent who receives support may or may not receive arrears payments made by the other parent.

How do I receive the support collected?

The child support agency collects the support from the obligor. In most cases, the child support agencies send support collected and owed to the obligee within two days. Funds collected through certain tax intercepts may be held for up to six months to make sure the refund was properly intercepted. Once you apply for services, all support payments must come through the state. If you receive a support payment directly from the obligor, you must tell your child support worker. You may be asked to send the payment to the Minnesota Child Support Payment Center so that it can be disbursed according to federal guidelines.

For up-to-the-minute case and payment information:

- Visit www.childsupport.dhs.state.mn.us
- Call the Child Support Payment Line
 - 800-657-3512 outside the Twin Cities metro area
 - 651-431-4340 inside the Twin Cities metro area.

To get information, you must know the personal identification number (PIN) the child support agency assigned to you.

What are my direct deposit choices?

To increase the efficiency, convenience, speed and safety of payments to you, the state sends support by direct deposit. Through direct deposit, you may choose to have your support payments electronically deposited into a checking account, savings account or stored value card account. After your support case is open, the child support agency will send you more information on how to set up direct deposit.

When does a case close?

A child support case does not automatically close when a child turns 18 or emancipates. Your court order will tell you when your child support obligation ends. If you have past due support, your case may stay open until it's paid in full.

If you are a child support obligee who does not receive public assistance and you applied for child support services, you may choose to close your child support case. However, any portion of your case that is for collecting public assistance obligations cannot be closed. If you are a child support obligor who applied for child support services, you may also be able to close your nonpublic assistance child support case. In either case, if you close your child support case, you will be responsible for maintaining payment records and the obligor will be responsible for payments due to the obligee.

Federal law allows the child support agencies to close a child support case. If your children currently receive public assistance from the Diversionary Work Program, Minnesota Family Investment Program, Tribal Temporary Assistance for Needy Families program, Minnesota health care programs, Child Care Assistance Program or Title IV-E Foster Care, your case cannot be closed except in limited circumstances. If your children received public assistance in the past, the public assistance portion of your case may not be closed. In general, county child support agencies close cases when an obligation ends and all support is paid, or the person who asked for child support services requests that the case be closed and the case qualifies.

How can I make a difference?

We recognize that fathers and mothers are important in the lives of their children, and we encourage parents to be involved with their children's lives whether they live with them or not. Staying involved is important even though it may not always be easy.

The more you know about Minnesota's child support program, the better you will be able to exercise your rights and responsibilities under the law, and the more successful you will be in providing support to your children.

Tribal Child Support Services

Minnesota's tribal and county child support programs work together to assist families, promote healthy family relationships and provide financial support for children. Tribal members may be able to receive services from a tribal program. For more information, contact a county child support agency or one of the following Tribal IV-D Child Support Programs:

Leech Lake Child Support Program

218-339-8600

<http://www.llojibwe.org>

Mille Lacs Band Child Support Program

320-532-7755

<http://www.millelacsband.com>

Red Lake Nation Child Support Program

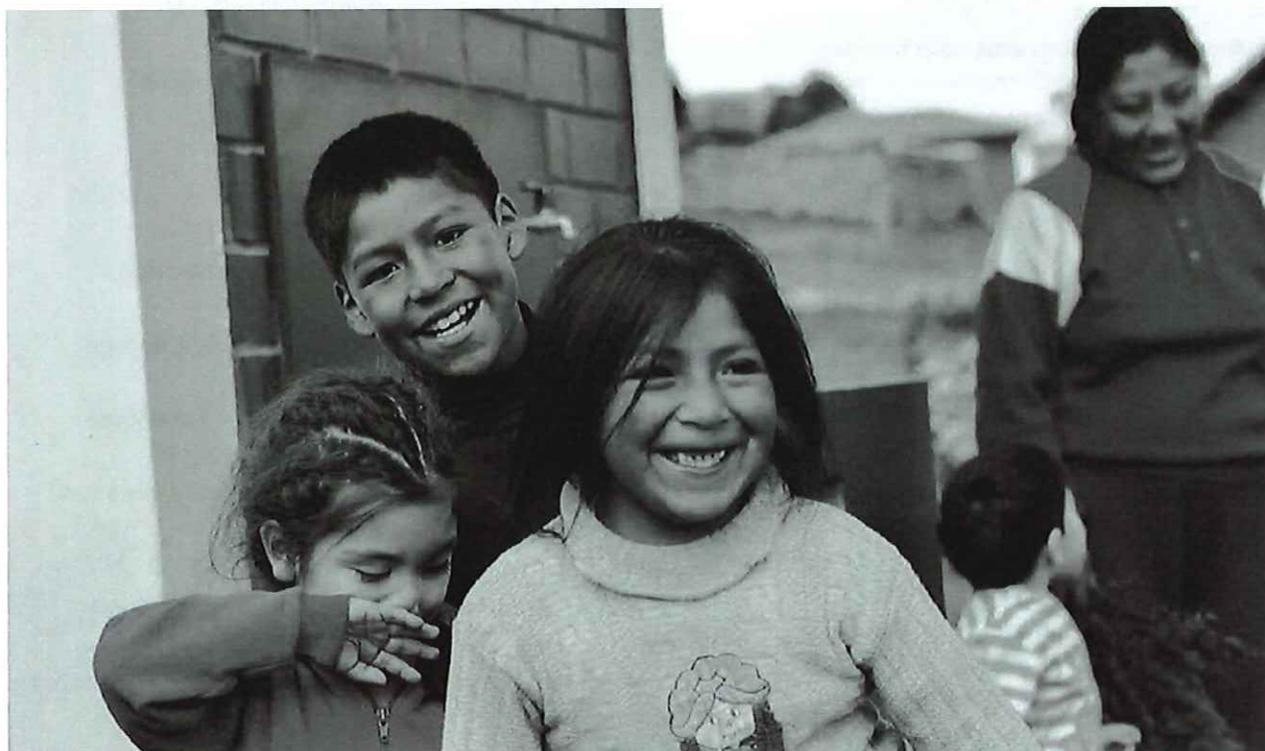
218-679-3350

<http://www.redlakenation.org>

White Earth Nation Child Support Program

218-983-4641

<http://whiteearth.com>



Stock photo. Posed by models.

Resources

Child support information telephone lines and websites provide easy access to child support and payment information 24 hours a day.

Payment and case information

- Minnesota Child Support Online at www.childsupport.dhs.state.mn.us provides up-to-the-minute case and payment information on a secure website.
- The Payment Information Line at 651-431-4340 or 800-657-3512 provides up-to-the-minute payment information.

Minnesota Child Support Offices

A list of Minnesota child support offices, including contact information, can be found at <https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/contact-us/county-offices.jsp>.

Minnesota Child Support Help Desk

The Minnesota Child Support Help Desk is available weekdays from 8 a.m. to noon and 1 p.m. to 3 p.m. by calling 651-431-4400. The Help Desk can assist with accessing Minnesota Child Support Online, obtaining child support officer contact information and providing general information on Minnesota's child support program.

General information

- Visit the Minnesota Department of Human Services website at mn.gov/dhs for more information about child support services, online forms, brochures and other programs.

Child Care Assistance Programs help families provide safe, nurturing and affordable care for their children. Contact your county human services office for more information.

Child Care Resource and Referral can help you select a child care provider. Contact your county human services office for more information.

211 Minnesota Information and Referral is a United Way-sponsored resource that provides information and referral to community services. Call 800-543-7709 to reach their 24-hour phone line or visit www.211unitedway.org.

MinnesotaHelp.info™ is an online directory of services designed to help Minnesotans find resources such as human services, information and referral, financial assistance and other forms of aid and assistance within Minnesota. It specializes in resources for seniors and their caregivers; people with disabilities and their caregivers; parents and families; and Minnesotans with low incomes. Visit www.minnesotahelp.info for more information.

The Diversionary Work Program, Minnesota Family Investment Program and Tribal Temporary Assistance for Needy Families are public assistance programs designed to help families reach self-sufficiency. Contact your county human services office for more information or visit the Minnesota Department of Human Services' website at mn.gov/dhs.

CareerForce provides services that help people find jobs. To find an office in your area, call 651-259-7501. Information is also available online at <https://www.careerforcemn.com>.

National Domestic Violence Hotline at 800-799-7233 (SAFE) is a 24-hour confidential service for survivors, victims and those affected by domestic violence, intimate partner violence and relationship abuse.

Safe at Home is designed to help survivors of domestic violence, sexual assault, stalking or others who fear for their safety maintain a confidential address.

Telephone hours: 8 a.m.-4 p.m.

Metro area: 651-201-1399

Greater Minnesota: 866-723-3035

Minnesota Relay Service: 711 or 800-627-3529

Minnesota Child Support forms and information

The following child support forms are available at <https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/resources/>:

- Application for child support services <https://mn.gov/dhs/child-support/apply>
- Income Withholding-Only (Non-IV-D) Services Application
- Minnesota Voluntary Recognition of Parentage form
- Being a Legal Father: Parentage information for mothers and fathers
- Minnesota Voluntary Recognition of Parentage Revocation Form
- Minnesota Voluntary Recognition of Parentage Husband's Non-paternity Statement
- Minnesota Husband's Non-paternity Statement Revocation Form
- Child Support Payment Options
- Changing Your Minnesota Child Support Order
- Explanation of Child Support (IV-D) and Income Withholding-only (Non-IV-D) Services in Minnesota



**DEPARTMENT OF
HUMAN SERVICES**

Child Support Division
P.O. Box 64946
St. Paul, MN 55164-0946
<https://mn.gov/dhs>



Minnesota Family Investment Program Child-Only Assistance

Answers for grandparents and those raising a relative's child

This brochure answers frequently asked questions relatives may have about the Minnesota Family Investment Program (MFIP), the state's Temporary Assistance for Needy Families (TANF) program, and one of several assistance programs the Minnesota Department of Human Services offers to help children who are cared for and supported by relatives.

What is the Minnesota Family Investment Program?

The Minnesota Family Investment Program (MFIP) is a monthly cash and food assistance program for families with low incomes. It provides cash and food assistance for children who are either 17 years old or younger, or 18 and a full-time high school student.

Can a grandparent or other relative receive assistance?

Relatives can apply for child-only cash and food assistance for children residing in their home. An eligibility worker can provide more information on applying for this assistance.

Can a relative receive foster care benefits instead of Minnesota Family Investment Program assistance?

Relatives who accept a child placed by the county for foster care are eligible for foster care payments. Foster care payments are higher than Minnesota Family Investment Program payments. A relative cannot receive payments from both programs.

What are the income and asset limits?

Only the assets and income of the children are used to determine program eligibility. The earned income of children who are in school full time is not counted. Unearned income received on behalf of the child such as Social Security, is counted. The exception is that unemployment insurance unearned income received by employed children under the age of 17, or 18-year-old students enrolled in secondary school would not be counted. For families who receive child support, up to \$100 for one child or up to \$200 for two or more children will not be counted as income. The income and assets of the relative caregiver are also not counted.

Which relative caregivers can apply for assistance?

Caregivers must be related to or have legal custody of the children they care for. A relative caregiver (who is not the parent or stepparent of a child) is defined as a(n):

- Grandfather
- Grandmother
- Brother
- Sister
- Half-brother or half-sister
- Legal custodian or guardian
- Uncle
- Aunt
- Nephew
- Niece
- Stepbrother or stepsister
- First cousin or first cousin once removed
- Great aunt, great-great grandfather, etc.

A caregiver must be an adult who lives with and provides care and support to the child. The child's parent(s) or stepparent(s) cannot live in the same home.

Relative caregivers must provide proof of relationship if they do not have an order of custody, including birth or marriage certificates, or a Recognition of Parentage form.

Do I need to help get child support for the child I am raising?

One or both parents may be legally required to pay child support. Relative caregivers must cooperate with their county Child Support Enforcement Agency, unless granted good cause. If relative caregivers receive child support directly from either parent, they must report it to their eligibility worker.

Can relatives receive their own assistance?

Relative caregivers with very low incomes may be eligible for a Minnesota Family Investment Program grant for themselves and the children in their care if they meet certain eligibility and income requirements.

Monthly income of the caregivers and children must be within program standards, which vary by household size. Relative caregivers who receive benefits for themselves are expected to work. Relative caregivers and their children are allowed up to \$10,000 in total assets. Some assets owned may not be counted. An eligibility worker can provide more information.

Apply

Relative caregivers can contact their local county human services agency to receive an application and help completing it, or they can apply:

- Online at mnbenefits.mn.gov/
- On paper using the [Combined Application Form \(DHS-5223\) \(PDF\)](https://edocs.dhs.state.mn.us/lfs/lfserver/Public/DHS-5223) (edocs.dhs.state.mn.us/lfs/lfserver/Public/DHS-5223).

Questions

For questions about the Minnesota Family Investment Program, contact the human services office in your county. For assistance with accessibility or equal access to human services, use your preferred relay service.

Your right to privacy

Most of the time, the information we ask about you and your family is private. This means you may see the information, but we cannot share that information

with the public. Other government agencies may see this information too. You have the right to question what is in your file. For more information, see the full [Notice of Privacy Practices \(DHS-3979\) \(PDF\)](https://edocs.dhs.state.mn.us/lfs/lfserver/Public/DHS-3979) online at (edocs.dhs.state.mn.us/lfs/lfserver/Public/DHS-3979).

How do I appeal an eligibility decision?

If you do not agree with the action the county takes on your application, you can ask your eligibility worker to explain the decision.

You're entitled to see and review the policy manuals, rules and laws that give the reasons for the action. If you still do not agree with the county's decision, you may appeal. Your eligibility worker will help you ask for an appeal hearing or contact:

Minnesota Department of Human Services
 Appeals Division
 P.O. Box 64941
 St. Paul, MN 55164-0941
 651-431-3600 (Voice)
 800-657-3510 (Toll Free)
 800-627-3529 (TTY)
 651-431-7523 (Fax)

Appeal hearings are conducted by a human services judge. Most hearings are held by telephone, but in limited circumstances, may be held in person or by video conference. Bring any facts to the hearing that will help you explain why you do not agree with the county's decision. If you want a lawyer, ask your eligibility worker about free legal services. You may bring people to the hearing to give information about the facts surrounding your situation. After you and the agency have each presented your side, the human services judge will make a written recommendation to a chief human services judge. The chief human services judge will issue a written decision about your case. You will receive a copy of the decision in the mail.

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

(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 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)
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

You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

Submit your completed form or letter to USDA by:

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

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.

የስተውሉ፡ ይህንን ደኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮች 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

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

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

ဟိသျှန်ဟိသးဘဉ်တကုန်. ဝဲနမုန်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လိာ် တီလိာ်စိတခါအံၤန့ဉ်,သံကွၢ်ဘဉ်ပှၢၤဂ့ၢ်ဝိအပှၢၤမၤစၢၤတၢ်လၢနီၢ်မ့တ မုန်ကိးဘဉ် 1-844-217-3549 တကုန်.

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LE1 (8-16)



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Le Sueur Department of Human Services

COUNTY

CHILD SUPPORT DIVISION

88 South Park Ave · Le Center, MN 56057

Phone: 507-357-8288 · FAX: 507-357-6122

www.co.le-sueur.mn.us

IMPORTANT INFORMATION REGARDING

REFERRAL TO SUPPORT AND COLLECTIONS AND COOPERATION WITH CHILD SUPPORT DOCUMENTS (Good Cause Form)

The attached documents need to be completed to the best of your ability. Your Financial Worker has completed as much of the form as possible. You are requested to complete the remainder of the documents. Please look over the documents carefully and complete.

REFERRAL TO SUPPORT AND COLLECTIONS

FORM DHS-3163

PAGE 1

CHECK BOX REGARDING Medical Assistance

Check this box if you want child support to establish and enforce medical only child support for you/your children. No basic child support will be enforced nor collected if this box is checked.

1. Information about you
 - a. Make sure all information regarding yourself is entered
 - i. Last name, first name, middle name, maiden or other names used.
 - ii. Address including Street, City, State & Zip Code
 - iii. Social Security Number, Date of Birth, Pregnancy Status, & Phone Number
 - iv. Relationship to children
 - v. Language preferences & Order in another state
2. Information about the other parent or alleged father
 - a. Make sure to complete as much information as known
 - i. Is other parent deceased?
 - ii. Is there more than one alleged father
 - iii. Last name, first name, middle name & maiden or other names used
 - iv. Social Security Number, Date of Birth, Gender & Phone Number
 - v. Address including Street, City, State & Zip Code

Page 2

3. Information about the children
 - a. List each child and all information as requested
4. Employment Information (Both Parties)
 - a. Your employment information
 - b. Other Parent's employment information

Page 3

5. Information on the other parent's child support payments
 - a. Complete all information including court file numbers
 - i. If you have a copy of the court order addressing child support include a copy with this document
 - b. Complete child support payment information
 - i. Dates and amounts of payments received
6. Information on the other parent's medical support responsibility
 - a. Complete all information
 - i. Attach copies of insurance cards (front and back)

Referral to Support and Collections (Continued)

Page 4

7. Other parent identifying data
 - a. Complete all information
8. Your relationship to the other parent
 - a. If married at any point to the other parent include all marriage information
 - b. If separated include date of separation and if legally separated include court file information
 - c. If divorced include all court order information
 - i. If other parent spends time with children complete this section
9. Additional other parent information
 - a. Complete all sections with information known

Page 5

Sign and date

COOPERATION WITH CHILD SUPPORT DOCUMENTS

FORM DHS-2338

Read all documentation pages 1 – 5

CLIENT STATEMENT OF GOOD CAUSE

Page 1

1. Make sure your complete name is entered and spelled correctly
2. Make sure the other parent’s name is entered and spelled correctly
 - a. If not entered write complete name here
3. Programs:
 - a. If no boxes are checked please check all boxes that you have applied for or are a recipient of (county based assistance)
4. Good Cause Claim
 - a. Check the appropriate box
5. Reasons for Good Cause Claim
 - a. Check appropriate box(es) if you are claiming good cause
6. Names of Children
 - a. Check any box(es) that apply
 - b. Enter names of children that you are claiming good cause for
 - i. If you are not claiming good cause you do not need to enter names here.

Page 2

7. Comments
 - a. If you are claiming good cause you will need to write the facts that support your claim for good cause in this area.
 - i. If you are not claiming good cause you will not need to enter information here.
8. Sign and date form

Clear Form



Referral to support and collections

Purpose of form

The child support agency will use the information you give to help collect support.

How to complete this form

Fill in each blank. If there are boxes, check the box or boxes that fit your situation. Complete a separate form for each parent or alleged parent other than yourself. If you need another form, ask your worker for one.

Booklet

Please read the booklet "Understanding Child Support: A Handbook for Parents" (DHS-3393) before signing. The booklet explains information about the child support services you may be receiving.

FOR OFFICE USE ONLY	
CASE NUMBER	
WORKER	
PHONE NUMBER	

Check this box if you are applying only for Medical Assistance (MA) and want only medical support services. If you do not check this box, you will also get child support services. See the booklet for more information on medical support.

1. Information about you

CSIA

LAST NAME		FIRST NAME		MIDDLE NAME	
MAIDEN OR OTHER NAME(S)					
STREET ADDRESS			CITY		STATE ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PREGNANT? <input type="radio"/> No <input type="radio"/> Yes - EXPECTED DELIVERY DATE: _____			PHONE NUMBER
What is your relationship to the children listed below? <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other - SPECIFY: _____					
What is your preferred language?	Do you need an interpreter? <input type="radio"/> No <input type="radio"/> Yes	Do you have a child support case in another state? <input type="radio"/> No <input type="radio"/> Yes - WHERE: _____			

2. Information about the other parent or alleged father

CSIA

Is the other parent deceased? <input type="radio"/> No <input type="radio"/> Yes - list: NAME: _____ DATE OF DEATH: _____ STATE OF DEATH: _____ CITY OF DEATH: _____					
Is there more than one alleged father? <input type="radio"/> No <input type="radio"/> Yes (please use a separate form for each father)					
LAST NAME		FIRST NAME		MIDDLE NAME	
MAIDEN OR OTHER NAME(S)					
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female		HOME PHONE NUMBER	
STREET ADDRESS			CITY		STATE ZIP CODE

Case number: _____

3. Information about child(ren) living with you whose other parent you listed in section 2

CSIA

Fill in the code below for each child's relationship to the other parent:

- A** – Adjudicated by court order **L** – Legally adopted **N** – Not established
B – Mother listed on birth certificate **M** – Parents married at child's birth **R** – Recognition of Parentage
D – Declaration of Parentage

Child's name (last, first, middle)	Gender	Date of birth	Social Security number	Place of birth (city, county, state)	Child's relationship to other parent (see codes above)
1.					
1.					
1.					
1.					
1.					

If parentage has not been established for your child(ren), the child support agency will ask you to give more information to help prove who the legal parent is.

4a. Your employment information

CSIB

CURRENT OR LAST EMPLOYER			EMPLOYER'S ADDRESS (street, city, state, zip code)		
EMPLOYER'S PHONE NUMBER	EXTENSION	UNION	LOCAL NUMBER		
YOUR JOB TITLE OR POSITION			MONTHLY SALARY		

4b. Other parent's employment information

CSIB

CURRENT OR LAST KNOWN EMPLOYER			EMPLOYER'S ADDRESS (street, city, state, zip code)		
EMPLOYER'S PHONE NUMBER	EXTENSION	UNION	LOCAL NUMBER		
OTHER PARENT'S JOB TITLE OR POSITION			MONTHLY SALARY		

Case number: _____

5. Information on the other parent's child support payments

CSIB

Is there a court order requiring the other parent to provide child support? <input type="radio"/> No <input type="radio"/> Yes				
COURT ORDER TYPE <input type="radio"/> Temporary <input type="radio"/> Divorce <input type="radio"/> Parentage <input type="radio"/> Other		COUNTY AND STATE OF ORDER	COURT FILE NUMBER	EFFECTIVE DATE
AMOUNT OF BASIC SUPPORT ORDERED	HOW OFTEN?	LAST PAYMENT AMOUNT	DATE OF LAST PAYMENT	TYPE OF PAYMENT
AMOUNT OF MEDICAL SUPPORT ORDERED		AMOUNT OF CHILD CARE SUPPORT ORDERED		
If there is no court order, does the other parent pay you child support? <input type="radio"/> No <input type="radio"/> Yes				
LAST PAYMENT AMOUNT		DATE OF LAST PAYMENT	TYPE OF PAYMENT	

Attach copies of all orders and payment records. The child support agency needs this information to give you services. *If you don't have payment records*, please complete this payment history listing payments by date and amount paid. Begin with the effective date of the order or the date you stopped receiving public assistance. Attach additional sheets if necessary.

DATE	AMOUNT PAID	DATE	AMOUNT PAID	DATE	AMOUNT PAID
DATE	AMOUNT PAID	DATE	AMOUNT PAID	DATE	AMOUNT PAID
DATE	AMOUNT PAID	DATE	AMOUNT PAID	DATE	AMOUNT PAID

6. Information on the other parent's medical support responsibility

1. Is there a court order requiring the other parent to provide medical support (medical support means carrying health care coverage or contributing money toward the cost of coverage)? <input type="radio"/> No <input type="radio"/> Yes – complete the section below.			
2. If there is no court order, does the other parent provide medical support? <input type="radio"/> No <input type="radio"/> Yes – complete the section below.			
EMPLOYER OR GROUP NAME		ADDRESS	
INSURANCE COMPANY OR UNION		ADDRESS	
POLICY NUMBER	POLICY TYPE	GROUP NUMBER	COVERAGE START DATE
CLAIMS SUBMITTED TO: <input type="checkbox"/> Insurance company <input type="checkbox"/> Employer <input type="checkbox"/> Union		Is dental coverage provided? <input type="radio"/> No <input type="radio"/> Yes – list below:	
		NAME OF DENTAL INSURANCE COMPANY	DENTAL GROUP NUMBER

Case number: _____

7. Other parent identifying data

CSIC

Do you know if the other parent has ever used or been known by another name? <input type="radio"/> No <input type="radio"/> Yes - LIST: _____					RACE
Do you know the preferred language of the other parent?			Do you know if the other parent needs an interpreter? <input type="radio"/> No <input type="radio"/> Yes		
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	GLASSES? <input type="radio"/> Yes <input type="radio"/> No	BEARD? <input type="radio"/> Yes <input type="radio"/> No
PLACE OF BIRTH (city, state, country)					
CURRENT MARITAL STATUS <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown					
OTHER PARENT'S FATHER'S NAME (last, first, middle initial)			ADDRESS (street, city, state, zip code)		
OTHER PARENT'S MOTHER'S NAME (last, first, middle initial)			ADDRESS (street, city, state, zip code)		

8. Your relationship to the other parent *(fill in all that apply)*

CSIC

Marital status	Date	County/parish	State/province	Country
<input type="checkbox"/> Never married				
<input type="checkbox"/> Married				
<input type="checkbox"/> Separated				
<input type="checkbox"/> Divorced				

Does the other parent visit or spend time with the child(ren)? No Yes - HOW OFTEN? _____

9. Additional other parent information

CSID

Does the other parent have a driver's license? <input type="radio"/> No <input type="radio"/> Yes					
STATE ISSUED	DRIVER'S LICENSE NUMBER	VEHICLE LICENSE PLATE	MODEL	MAKE	YEAR
Does the other parent receive any of the following: <i>(check all that apply)</i>					
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Social Security (RSDI)	<input type="checkbox"/> Veteran's benefits	<input type="checkbox"/> Retirement benefits		
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Railroad retirement	<input type="checkbox"/> Other _____		
Does the other parent attend high school, college, university, trade or other school? <input type="radio"/> No <input type="radio"/> Yes					WHERE?
Is or was the other parent in the military? <input type="radio"/> No <input type="radio"/> Yes	FROM	TO	BRANCH		
Do you know if the other parent has ever been arrested? <input type="radio"/> No <input type="radio"/> Yes	DATE ARRESTED	CITY	COUNTY	STATE	
Is the other parent in prison, jail, workhouse or workfarm? <input type="radio"/> No <input type="radio"/> Yes	WHERE?			RELEASE DATE	
Does the other parent receive any of the following: <i>(check all that apply)</i>					
<input type="checkbox"/> Real property	ADDRESS: _____	STATE: _____	COUNTY: _____		
<input type="checkbox"/> Bank accounts	TYPE/NUMBER: _____	LOCATION: _____			

Case number: _____

Authorization, Understanding and Declaration

I authorize the child support agency, under provisions of Title IV-D of the Social Security Act to sign support checks received in my name and to take legal actions relating to child support on behalf of the child(ren) I am applying for.

I understand:

- The services available and my responsibilities.
- My support will be assigned to the State of Minnesota when programs are approved. This assignment covers any support due during the time we are on public assistance.
 - When MFIP, cash assistance or IV-E Foster Care is approved, my rights to basic support, child care support, or maintenance are assigned to the State of Minnesota. (Minnesota Statutes 256.741, subd. 2 (a))
 - When Medical Assistance is approved, my rights to medical support are assigned to the State of Minnesota. (Minnesota Statutes 256.741 subd. 2 (b))
 - When child care assistance is approved, my right to child care support is assigned to the State of Minnesota. (Minnesota Statutes 256.741 subd. 2 (c))
- That if I do not cooperate with the child support agency, the Department of Human Services may reduce or terminate my public assistance benefits and end coverage under Medical Assistance.
- I must fully cooperate with the Child Support Division to establish and collect child support on behalf of any minor child in my household in order to receive child care assistance. Full cooperation includes responding to requests for information from the child support agency, providing necessary documentation, appearing at hearings and forwarding any direct support payments to the child support agency for processing.
- That the County Attorney's Office represents only the county and the State of Minnesota, and does not represent either parent, or the child(ren), or other custodian of the child(ren).
- That the state is able to deposit my child support payments into my checking account, savings account or stored value card account. After my child support case is open, the child support agency will send me more information on how to set up direct deposit.
- That I must return any support amounts that I receive by mistake. If necessary, the child support agency may collect repayment from any future payments made by the other parent toward a child support debt owed to me.
- That federal law requires the State of Minnesota to collect an annual fee of \$35 in my case(s) if BOTH of the following are true:
 - Your child(ren) have never received IV-A (cash) assistance under your household, and
 - The state collected and you received at least \$550 in child support collections.
- That, if the state collects the annual \$35 fee in my case(s), it will do so by retaining the fee from support collected on my behalf, but not from the first \$550 collected and received.
- That, if the child support agency refers my case to another state for enforcement, the other state may charge a fee for a particular service. The other state may collect its fees by retaining a part of the child support collection.

I declare the information given above is to the best of my knowledge true and correct.

SIGNATURE OF APPLICANT	DATE
------------------------	------

Case number: _____

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የሰነድዎን ለማንኛውም ቋንቋ ለመተርጎም ለርዳታ የሚፈልጉ ከሆነ፣ የጉዳዩን ስራተኛ ይጠይቁ ወይም በስልክ ቁጥር 1-844-217-3547 ይደውሉ።

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විද්‍යුත්විද්‍යාත්මකව. ඔබගේ ස්වදේශිකයාගෙන් මෙම ලේඛනයේ අර්ථය පිළිබඳව විමසීමට කැපවී සිටින අයෙකුගේ සහාය ලබා ගැනීමට 1-844-217-3549 ට කථා කරන්න.

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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 (3-16)



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)



CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

Cooperation with Child Support

Purpose: This notice explains your rights and responsibilities for cooperating with the Minnesota Department of Human Services, Child Support Division, and your county child support agency. Cooperation with the child support agency includes answering questions, filling out forms, and appearing at appointments and/or court hearings.

This notice also explains how you make a “good cause claim” that gives you the right not to cooperate if your claim is granted. If you choose to claim good cause and your county child support agency is currently collecting your child support payments, the county will immediately stop collecting those payments for the child(ren) you name on the attached form. The county will stop providing all child support services until it makes a decision on your good cause claim. If you are granted a good cause exemption, the child support agency will close your case.

Instructions: Read this notice so you understand how and why you must cooperate. **Fill out the “Client Statement of Good Cause” whether or not you plan to claim good cause.**

Your Responsibility to Cooperate

Why must you help your county child support agency?

If you receive Minnesota Family Investment Program (MFIP), Diversionary Work Program (DWP), Child Care Assistance Program (CCAP) or IV-E Foster Care, federal and state laws say you must help your county child support agency. You must help establish paternity, collect basic support, medical support and child care support. You must also help establish court-ordered dependent health care and dental coverage. You must help your child support agency for all children in your home if you are getting benefits from CCAP.

If you and your child(ren) receive only Medical Assistance (MA), federal law says that you must help the county child support agency. You must help establish paternity, collect medical payments and/or establish court-ordered dependent health care and dental coverage.

What do you have to do?

We will ask you to do one or more of the following:

- Name the other parent of the child(ren) for whom you applied for or who get MFIP, DWP, IV-E Foster Care or MA. Give all the details you have to help find the parent.
- Name the other parents of all the children in your family if you applied for or get CCAP. Give all the details you have to help us find the parents.

- Help us determine who the legal parent is, if paternity has not been established for a child. You are not required to sign a Recognition of Parentage or waive your right to genetic testing, even if the father asks you to do so.
- Help your child support agency get basic support, medical support, and child care support money owed to you or the child(ren) getting MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA.
- Insist the obligor pay the Minnesota Child Support Payment Center (CSPC), not you directly. The CSPC cannot send medical support to you if you are receiving benefits from MA. The CSPC cannot send child care support to you if you are receiving benefits from CCAP.
- Tell us about any health, dental or accident insurance you now have or you could have through your job.
- Tell us about any health, dental or accident insurance the other parent of your child(ren) has or could have through a job.
- Appear in person at the county human services agency, the child support agency, the Minnesota Department of Human Services (DHS) or court to sign papers or to give information when requested.

How does cooperating with your child support agency help you?

- We will try to find your child(ren)'s other parent by gathering information from government agencies, credit reporting agencies, employers, utility companies and other sources.
- We will try to establish legal paternity for your child(ren), which may give your child(ren) Social Security or veterans' benefits through the other parent or inheritance rights.

- We will try to establish an order for support if you do not have one.
- We will enforce your child support order.
- You may be able to get off MFIP if support payments are more than your MFIP grant.

Your Right to Claim Good Cause for Not Cooperating

What does "good cause" mean?

Good cause means that there is a reason, due to potential physical or emotional harm to you or your child, why you do not want to cooperate. If establishing paternity or collecting support could harm you or your children and that can be proven, the law allows you to apply for good cause to not cooperate.

The rest of this notice explains how you can claim good cause and what happens if you do. Read this form carefully. If you need help, ask your financial worker, child care worker, lawyer or welfare advocate.

How and when should you claim good cause?

If you want to claim good cause, you must tell your financial worker, child care worker or your child support worker that you think you have good cause not to cooperate. Then you must fill out and sign the attached Client Statement of Good Cause form.

Check the decision box to indicate you are making a claim of good cause and the reason(s) that best describe(s) why you are making the claim. You must complete a form for each parent for whom you are making a claim of good cause. You can claim good cause at any time.

If you are a current participant in the Safe At Home (SAH) Program, you are automatically eligible for a good cause exemption.

What may be good cause for not cooperating?

The following are reasons to claim good cause:

- Physical or emotional harm could come to your child(ren) if you help.

- Physical or emotional harm could come to you that is so serious it would reduce your ability to care for your child(ren) adequately if you help.
- Your child was conceived as a result of rape or incest.
- You are working with an agency that is helping you decide if you should place the child(ren) for adoption, and the work has gone on for three months or fewer.
- Court action is going on to adopt the child(ren).

How do you prove good cause?

If you want to claim good cause, you must:

- Give your public assistance agency the proof to decide if you have good cause for not helping. See "What are acceptable types of proof?"
- Give your public assistance agency the proof within 20 days after you claim good cause. You may get more time only if the agency agrees you need more than 20 days to get proof.

Once you have done these things, your child support and public assistance agencies will:

- Decide your claim for good cause based on the proof you gave or
- Ask you for more proof that might support your claim if needed or
- Investigate further to prove your claim if needed.

What are acceptable types of proof?

The following are examples of proof to help your child support agency decide if you have good cause:

- Safe at Home (SAH) identification card
- Medical or law enforcement records that shows the child was conceived as a result of rape or incest

- Court documents or other records that show legal actions for adoption are pending in court
- Court, medical, criminal, child protective services, social services, domestic violence, psychological or law enforcement (police or sheriff) records that show the alleged father or obligor might cause physical or emotional harm to you or your child(ren)
- Medical or emotional health records that show cooperation with the child support process may cause physical or emotional harm to you or your child(ren), this may include you or your child(ren)'s emotional health history and present status
- Written proof from an agency confirming you are deciding whether to keep your child or place your child for adoption
- Sworn statements from friends, neighbors, clergy, social workers, medical professionals and others that help prove your good cause claim
- A written statement from you giving your reasons for claiming good cause.

If you need help to get copies of some documents, ask your financial worker, child care worker or child support worker to help you.

Will you receive benefits while awaiting a decision?

If you apply for or now get MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA, you will still get these benefits while the decision on your good cause claim is pending as long as you:

- Qualify
- Give the proof we ask for within 20 days and
- Help us investigate your good cause claim.

What happens if you have a good cause exemption?

If your public assistance agency agrees you have good cause, the child support agency will take no further action to establish paternity or get basic support, medical support or child care support.

Can good cause be time-limited?

Your public assistance agency will redetermine your good cause exception at least once per year.

What if your good cause exemption is denied?

- If you cooperate with your child support agency, you will receive services
- If you refuse to cooperate:
 - If you get MA and do not cooperate, your child(ren) will get MA, but you will not
 - If you get MFIP and do not cooperate, your grant will be reduced by at least 30 percent
 - If you get DWP and do not cooperate, DWP will stop for you and your child(ren)
 - If you get Child Care Assistance and do not cooperate for all the children in your home, Child Care Assistance will stop.
- If you withdraw your MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA, you will not receive benefits.

What are your rights to appeal a denial?

You have the right to ask for an appeal if:

- Your child support agency does not give you a chance to claim good cause yet your public assistance agency prepares to deny, end, or reduce your MFIP, DWP, Child Care Assistance, IV-E Foster Care for not helping.
- Your public assistance agency denies your good cause claim, you refuse to cooperate with your child support agency. You may appeal the denial of good cause claim as soon as you are notified of the denial. You do not need to wait until your public assistance agency prepares to deny, end or reduce your MFIP, DWP, Child Care Assistance, IV-E Foster Care or MA benefits for not cooperating. Once you request a hearing, the child support agency will stop all child support services and cannot report your noncooperation to public assistance agencies until a human services judge issues a decision on your appeal.

Definition of terms: The following terms are used in this application

Basic support	Support for expenses relating to the child's care, housing, food, clothing, and transportation. The basic support obligation does not include payment towards arrears.
Child	An individual under 18 years of age; an individual under 20 years who is still attending secondary school; or an individual who, by reason of physical or mental condition, is incapable of self-support.
Child support	Money parents pay for the care, support and education of their children. It may include a monthly court-ordered amount for basic support, child care support and medical support.
Child support agency/office	A county office that provides child support services or the state office of child support.
Custodial parent	The person or entity who has primary care and custody of a minor child.
Establishing parentage	The process to create a legal relationship between a child and the child's parent when no legal relationship previously existed. Actions to establish a legal relationship between a child and the child's father are informally referred to as paternity actions.
Obligee	A person to whom payments for maintenance or support are owed.
Obligor	A person obligated to pay maintenance or support. For purposes of ordering medical support, a parent who has primary physical custody of a child may be an obligor subject to a payment agreement.
Public assistance	Benefits from a state or federal program. Public assistance programs include the Diversionary Work Program (DWP); the Minnesota Family Investment Program (MFIP), which is Minnesota's Temporary Assistance to Needy Families (TANF) program; Tribal TANF; Child Care Assistance; Medical Assistance (MA) and IV-E Foster Care services.
Safe at home	A confidential mail forwarding service administered by the Minnesota Secretary of State Office.
Support	A court-ordered obligation for the benefit of the obligor's child(ren), spouse or former spouse who lives with the child. A support order may include basic support, or child care support. A court order may also include spousal maintenance.

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။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះពេលឥតគិតថ្លៃ 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.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါဆံၤန့ၢ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝဲဒၣ်မၤစၢၤတၢ်လၢနီၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

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

ໂປຣຕຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 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.

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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)

Clear Form



DHS-2338-ENG

12-21

Client Statement of Good Cause

Instructions: Fill out a separate form for each noncustodial parent indicating if you are or are not making a claim of good cause. Be sure to sign the bottom of this form.

YOUR NAME (Last, First, Middle)	OTHER PARENT'S NAME* (Last, First, Middle)	ASSISTANCE CASE NO.
CHILD SUPPORT CASE NUMBER (If Known)		

* Name of parent for whom applicant is claiming good cause.

Programs: (Check all that apply)

I am an applicant for or recipient of:

- Minnesota Family Investment Program (MFIP)
 Title IV-E Foster Care
 Diversionary Work Program (DWP)
 Child Care Assistance only
 Medical Assistance (MA)

Good cause claim:

Decision: (Check the appropriate box below to indicate if you **are** or **are not** making a claim of good cause.)

- I do not wish to make a good cause claim. Go to the end of this form and sign it.
 I am making a claim of good cause for not cooperating with the child support agency in establishing paternity and in collecting child support for my child(ren); I know I must give any proof I can to support my claim.

Reasons for good cause claim: (Check all the boxes that apply)

- If I help you, I think physical or emotional harm will come to my child(ren).
 If I help you, I think physical harm will come to me and it will reduce my ability to adequately care for my child(ren).
 If I help you, I think emotional harm will come to me and this harm will be such that it will reduce my ability to adequately care for my child(ren).
 My child was conceived as a result of rape or incest.
 Court action is going on to adopt my child(ren).
 I am working with an agency that is helping me decide whether I should place my child(ren) for adoption.

Names of child(ren):

Indicate the name of the child(ren) for whom you are making a claim of good cause. If good cause is granted, no child support enforcement actions will be taken for the child(ren) listed on this form. If you currently have an open case at the county for other children you have with the parent listed on this form, the case will remain open and enforcement actions will be taken unless you are making a claim of good cause for them. If you want to make a claim of good cause for other children you have with the parent, check the box below. Child support enforcement actions will stop immediately for the other children you have with the parent if you choose to make a claim of good cause.

I am making a claim of good cause for the child(ren) listed below: (Check the box that applies)

- I do not have other children with the parent.
 I have other children with the parent listed on this form and wish to include them in my claim of good cause. I understand that child support enforcement actions will stop when I make a good cause for the other children.
 I have other children with the parent listed on this form, but I am not making a claim of good cause for the other children.

CHILD'S NAME (LAST, FIRST, MIDDLE)	CHILD'S NAME (LAST, FIRST, MIDDLE)
CHILD'S NAME (LAST, FIRST, MIDDLE)	CHILD'S NAME (LAST, FIRST, MIDDLE)

Comments: In the space below, tell us the facts that you think support your claim for good cause. Attach more pages if you need more space. **Be sure to sign this form below.**

ASSISTANCE CASE NO.

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Signatures: I have read this notice about my right to claim good cause for refusing to cooperate. I understand that I can discuss any part of this notice I find unclear with my financial worker, child care worker, child support worker or anyone else I choose, including a lawyer or welfare advocate.

SIGNATURE OF APPLICANT/RECIPIENT	DATE	Agency use <input type="radio"/> Approved <input type="radio"/> Not approved
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m DEPARTMENT OF
HUMAN SERVICES



Recognize and End Domestic Violence

Domestic violence information

What is domestic violence?

Domestic violence or abuse is what someone says or does over and over again to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist people who are vulnerable to abuse or who are not able to care for themselves. 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, (TTY: 800-787-3224)
- The Minnesota Coalition for Battered Women at 866-289-6177 or
- The Minnesota Day One Emergency Shelter and Crisis Hotline at 800-223-1111.

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, contact Safe At Home at 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), General Assistance (GA), 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.

Waivers of SNAP rules

This brochure must be given to all households that apply for SNAP. 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, 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 may not need to follow all employment rules
- 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 you want an MFIP Family Violence Waiver
- Provide one of the following items:
 - A statement from a battered women's or sexual assault advocate
 - A statement from a professional, like a doctor, nurse, clergy, counselor or social worker who knows of the abuse
 - A sworn statement from a neighbor, family member or co-worker who knows of the abuse, and a sworn statement from yourself
 - A police report
 - 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.

- 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 a job counselor or county worker. 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 as soon as possible.

Other important things to know

- If you do not follow your plan and do not notify your job counselor or case manager, your MFIP grant may be reduced or closed.

- If you have questions about the MFIP Family Violence Waiver, call the Minnesota Coalition for Battered Women at 866-289-6177 or the Minnesota Day One Emergency Shelter and Crisis Hotline at 800-223-1111. If you are in crisis, call **651-646-0994**.
- If you are denied a waiver, or if your waiver is canceled, 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 have questions

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

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 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 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 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 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)
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

You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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, 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.

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 ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆኑ፡ የጉዳዩን ሰራተኛ 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 ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုန်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထဲဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

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

ໄປຮວດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປ 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.

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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)



Minnesota Department of Human Services

Family Violence Referral

Purpose:

This form tells victims of domestic abuse how to get help.

Help for Domestic Abuse:

- If you, or someone in your home is a victim of domestic abuse **the county can help you.**
If you want to know more or want to stop abuse you can talk to your worker or contact:

AGENCY		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE

- **Some of the Minnesota Family Investment Program (MFIP) rules do not apply to domestic abuse victims.** You must tell us about the abuse and have a special employment plan that includes activities to help keep your family safe. Please talk to your worker or an advocate if you want to know about this. If your plan is approved, you will be excused from some of the rules.
- If you have used 60 months of MFIP you may be able to get more months. Please talk to your worker or an advocate if you want to know about this.
- You can also call the **National Domestic Violence Hot Line at (800) 799-7233 or Legal Aid at (888) 354-5522.**

Non-citizens:

If you are not a United States citizen, but are married to a United States citizen or a legal permanent resident, and you are a victim of domestic abuse you may be able to get help to get permanent residency. Tell your worker if you think you are one of these people. If you qualify, your worker will tell you how to get legal help.

Contact the agency below for help getting permanent residence status.

AGENCY		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE

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

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរៀបរយសំបុត្រ ឬ ទូរស័ព្ទទេសពេទ

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. ຖ້າທາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 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 lagaa 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)

ADA5 (5-09)

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.



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 or other 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."

Where to obtain your card

Your first EBT card will be mailed out 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.

Replacement EBT cards:

- Call customer service at 888-997-2227 and request a card be mailed to you. It will take about five business days to receive the card.
- There is a \$2 charge for all replacement EBT cards.
- The \$2 card replacement fee will be deducted from your cash or food benefits.

Your Number



Your Signature



Note: If you receive only food benefits and later start receiving cash benefits, 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 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 receive your card

- Sign your name in ink on the white stripe on the back.
- Call customer service, visit your local county office or log on to the ebtEDGE cardholder portal or mobile application to select a personal identification number (PIN).

What can I purchase with my SNAP benefits?

For a full list of food items that can be purchased with SNAP benefits please go to:

<https://www.fns.usda.gov/snap/eligible-food-items>.

Food purchased with SNAP benefits must be received at the time of purchase. Exception: You may use SNAP to purchase shares in a CSA (Community Supported Agriculture) up to 14 days in advance of receiving the share of food.

Where to use your EBT card

At a store point-of-sale (POS) machine

A POS machine is a machine in a store 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. In addition, transaction fees cannot be added to your purchase of food items when purchased with an EBT card.
- Buy non-food items with cash benefits.
- Withdraw cash from cash benefits.
- Get cash back with a purchase from cash benefits.
- Some stores may limit the amount of cash you can get back from your cash benefits.

Online

You can purchase eligible food items online with some retailers. Only EBT food benefits can be used online. A separate payment type is required to purchase items that are not eligible for SNAP and to pay any delivery costs. EBT cash benefits not be used as the separate payment type.

At an automated teller machine (ATM)

At an ATM, you can withdraw cash from your cash benefit account. You cannot 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 office or tribal 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 purchased with your SNAP benefits are destroyed in a household misfortune like a power outage or fire. The loss must be reported to your county agency or tribal 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 will 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 unlawful

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 office may need to 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 purchase transaction or if you get cash back when you make a purchase.
- 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 get 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 cannot easily guess.

There are four ways to get or change a PIN

- Call customer service at 888-997-2227
- Visit your county or tribal human services office
- Visit the ebtEDGE cardholder portal at www.ebtEDGE.com
- Access the ebtEDGE mobile application, available for IOS and Android, at www.FISGLOBaL.COM/EBTEDGEMOBILE

You have four tries each day to enter your correct PIN. After four incorrect tries, you cannot use your card until 12:01 a.m. the next day.

How to care for your PIN

Keep your PIN secret. Memorize it!

- 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.
- Do not make your PIN 1234 or 1111 or anything else easy to guess.
- Do not let anyone (even the store clerk) see your PIN when you enter it at the POS machine or ATM.
- Your benefits will not be replaced if someone else uses your card without your approval.

Know your balance!

Remember to check your balance. See page 5 for instructions on how to find your EBT balance.

How to use a POS machine

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

To purchase food

- Slide your card through the POS machine. The clerk will enter your food purchase amount.
- 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 receive change from your food benefits when you purchase food. The balance will remain in your account.
- You can use POS machines to purchase 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 to receive
- 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 cannot be done in the store if your card cannot 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 purchase if the POS machine is not working. Stores have the option of not accepting EBT cards 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 cleared on POS device or mailed in for matching within 15 days.</small>		
<small>Mail to: Delix Data Systems, Inc. P.O. Box 290 Milwaukee, WI 53201-0290</small>		Approval Number _____ Trans. Date/Time _____ Store FCS Auth Number _____ Purchase _____ Refund _____
Card Number _____ First Cardholder Name _____ Cardholder's Signature _____ Date _____	Print Store Name _____ Store Address _____ Store City/State/Zip Code _____ Store Supervisor/Clerk Signature _____	Amount \$ _____
<small>In signing this voucher I believe that food stamp funds are available for the full amount of this transaction.</small>		<small>Food Stamp regulations prohibit representation of this voucher by merchant if voice authorization was denied.</small>
<small>This Voucher will be charged back if information in this section has been altered.</small>		
<small>White - Delix Data Systems Copy Green - Client/Customer Copy Blue - Merchant Copy</small>		

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 purchase 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 purchase 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, when 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 cannot 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 receive 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:

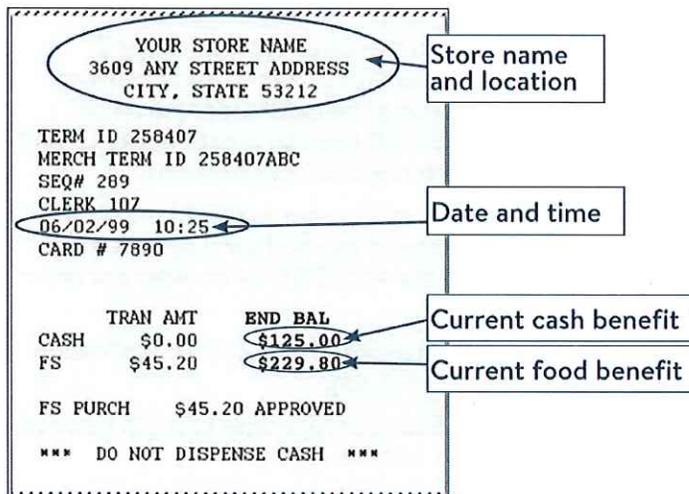
<https://www.fisglobal.com/Privacy>

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 office.
- Benefits not used within 365 days will be removed from your account and cannot be replaced.

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 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 will not be replaced.

For more information, call your financial worker.

What to do before you move

- Call your county or tribal office immediately with your new address.
- If you move to an area where you cannot access your cash benefits, contact your county or tribal office.

When you will receive 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

You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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

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)
Info.mdhr@state.mn.us (email)

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 ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮች ሰራተኛ 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 ntauw no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဖာသုဉ်ဖာသးဘဉ်တကုာ်. ဝဲန့ဗာ်လိဉ်ဘဉ်တမၤစၢကလိလၢတၢ်ကကျိးထဲဲဒဲးဉ်လံာ် တိလံာ်မိတခါအံၤန့ဉ်,သံကွာ်ဘဉ်ပုၤတုာ်ဝဲအပုၤမၤစၢတၢ်လၢန့ဉ်မုတ ဗုာ်ကိးဘဉ် 1-844-217-3549 တကုာ်.

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

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, 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.

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)

