

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Application for Food Stamps, TANF, PaS, or MaineCare

If your primary language is other than English, please list:

You only need to answer questions that concern the program(s) for which you are applying.

For Food Stamps, to immediately file this application we must have your name, address, and signature (or that of an authorized representative). If eligible, your benefits will begin from date of application.

Your Name (First, Middle, Last)		Social Security #	Birthdate-(Mo/Day/Yr)	
Mailing Address: Street, PO Box, RR or RFD (Include apartment number, care of, etc.)			Safe Delivery Address? No <input type="checkbox"/> Yes <input type="checkbox"/>	
City	State	Zip Code	Telephone/Message Number	

Street, address and town where you actually live, if different

Have you or anyone in your household ever received Food Stamps, TANF or PaS and/or MaineCare? No Yes
 Who: _____ Where: _____ When: _____

Is this person fleeing to avoid prosecution or confinement for a felony or violation of probation or parole?
 Who? _____ Where? _____ When? _____ No Yes

Is anyone 65 years or older? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Is anyone disabled? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Name(s): _____ Is anyone blind? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Name(s): _____ Is either parent unemployed? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>	Does anyone receive SSI? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Did anyone ever receive SSI? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Name(s): _____ Is anyone pregnant? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Name(s): _____ Due Date(s): _____
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If your household has little or no income, you may be able to receive Food Stamps within a few days. If so, answer the following questions, complete and sign this application form.

How many people, including yourself, live in your home and purchase and prepare meals with you? _____ How much is your rent or mortgage? _____ → \$ _____ How much are your utilities? _____ → \$ _____ Do you pay separately for heat? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Has anyone received HEAP Fuel Assistance at your current residence since last October? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> Are everyone you are applying for homeless and without free shelter? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>	Did all of the household income stop recently? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/> What is the total income you expect your household to receive this month? _____ → \$ _____ How much do the members of your household have in cash or savings? _____ → \$ _____ Is anyone in your household a migrant or seasonal farm worker? _____ → No <input type="checkbox"/> Yes <input type="checkbox"/>
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I understand and agree to provide documents to prove what I have stated. I understand and agree that the information I have given may be verified by federal, state and local officials or other persons and organizations. If I have given incorrect information, my application may be denied and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those concerning citizenship or alien status, are correct and complete for all persons applying for benefits.

 Applicant's Signature Date Interviewer Date

Please list if you have a Guardian, Conservator or Authorized Representative or someone who knows your financial situation whom you would like us to contact to help us determine if you are eligible:
 Name: _____ Address: _____
 Telephone Number: _____

Expedite: No <input type="checkbox"/> Yes <input type="checkbox"/> Worker: _____	I.D. Verification: _____	Residence Verification: _____
Date received: _____		Date logged on: _____ 45th day: _____

Check what you want for each person.

Questions on this application apply to members of your household. This includes you, your spouse, and everyone else for whom you are requesting assistance. Please print answers.

Verification of information may be required.

For Food Stamps: if eligible, you will receive reporting requirements. To receive a credit for some expenses, such as child support paid, medical expenses (for elderly or disabled members) or fuel assistance (HEAP), you may be asked for verification. Failure to report or verify such expenses at application or review (or at other times you need to report) may mean you will receive less Food Stamp benefits each month. This will be seen as your statement that your household does not want to receive credit for the unreported or unverified expense.

_____ (applicant initial)

Food Stamps	TANF	PaS	MaineCare

Last Name	First Name	MI	Jr./Sr.	Social Security Number	Birthdate Mo/Da/Yr	Age	Sex M/F	Relation to you
APPLICANT								SELF
PERSON ALREADY LISTED ON PAGE ONE								

Please list anyone else who lives with you for whom you are not requesting assistance.

Name	Birthdate Mo/Da/Yr	Sex M/F	Relation to you	Amount paid to you (if applicable)	How often Paid?

Please complete a section for each adult applying for benefits. This information is voluntary. Your benefits will not be affected if you do not answer.

	Applicant	Second Adult
Are you Hispanic or Latino?	No 9 Yes 9	No 9 Yes 9
Are you an American Indian or Alaskan Native?	No 9 Yes 9	No 9 Yes 9
Circle the tribe you belong to: 1. Houlton Maliseet 2. Peter Dana Pt. Passamaquoddy 3. Pleasant Point Passamaquoddy 4. Penobscot 5. Aroostook Micmac 6. Other		
Do you live on your tribe's reservation?	No 9 Yes 9	No 9 Yes 9
Are you Asian?	No 9 Yes 9	No 9 Yes 9
Are you Black or African American?	No 9 Yes 9	No 9 Yes 9
Are you Native Hawaiian or Pacific Islander?	No 9 Yes 9	No 9 Yes 9
Are you White?	No 9 Yes 9	No 9 Yes 9

List your shelter expenses. Do not include past due payments and Security Deposits.

	How Much	How Often		How Much	How Often		How Much	How Often
Rent	_____	_____	Lot Rent	_____	_____	Cooking Fuel	_____	_____
Heat	_____	_____	Mortgage	_____	_____	Water	_____	_____
Electricity	_____	_____	Property Taxes	_____	_____	Sewer	_____	_____
Telephone (basic)	_____	_____	House Insurance	_____	_____	Trash Collection	_____	_____
Is your heating cost included in your rent?→	No 9	Yes 9	Has General Assistance helped you with any of these expenses in the last 6 months?→	No 9	Yes 9			
Has anyone received HEAP Fuel Assistance at your current residence?→	No 9	Yes 9	Does your mortgage include taxes and house insurance?→	No 9	Yes 9			
Do you live in public housing?→	No 9	Yes 9	Does anyone outside your household pay all or part of these bills?→	No 9	Yes 9			
Do you receive a rent subsidy?→	No 9	Yes 9	If yes, who? _____					
How much?_____ How Often? _____								

Single Married Separated Divorced Widowed	Use one of the following codes. Your benefits will not be affected if you do not answer. For Race: W-White, B-Black, P-Hispanic/Latino, O-Asian, I-American Indian or Alaskan Native, H-Pacific Islander/Hawaiian	1. Social Security 2. SSI 3. Veteran's Benefit (include claim #) 4. Unemployment Benefits 5. Child Support, Alimony 6. Railroad Retirement	7. Workers' Compensation 8. Military Allotment 9. Rental Property 10. Pension 11. Dividend, Interest Annuity 12. Grants, Loans, Scholarships 13. Any other income
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Marital Status	U.S. Citizen Y/N, If N See below	Race Code	Highest school Grade/Degree	Does person attend school at least half-time N/Y	Name of School	Served In Military? N/Y	Type of Unearned Income	Gross Amount	How often received

↓	↓
<u>If not a US Citizen</u> INS Status Verified by	If served in military, answer following questions for each individual: Name: _____ In which branch of the military did you serve? _____ When did you serve? (dates) _____ to _____ Did you serve on foreign soil? Yes _____ No _____ Are you receiving VA benefits that include payment of prescription drugs? Yes _____ No _____ If yes, refer to VA 1-800-827-1000 Name: _____ In which branch of the military did you serve? _____ When did you serve? (dates) _____ to _____ Did you serve on foreign soil? Yes _____ No _____ Are you receiving VA benefits that include payment of prescription drugs? Yes _____ No _____ If yes, refer to VA 1-800-827-1000
1.	
2.	
3.	
4.	
5.	
6.	

Are any of the above foster children, in state custody or boarders? —————▶ No ¹ Yes ¹, If yes, who

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326 – W, Whitten Building, 1400 Independence Avenue, S. W. Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Earnings (including children). You must provide verification of all gross wages: Last 4 weeks' wage stubs for TANF or PaS, Food Stamps and MaineCare.

Has anyone quit a job in the last 60 days? No Yes If yes, who? _____
 Is anyone on strike? No Yes If yes, who? _____
 If between 18 – 49 years old, has anyone been told they are not eligible because of ABAWD rules?
 No Yes If yes, who? _____

Is this person currently employed N/Y	If no, date last worked	Current or Last Employer's Name and Address	Type of work	# of hours worked weekly	Hourly rate of pay	Gross pay before deductions	How often is pay received	Weekday pay is received

Do you receive an Earned Income Tax Credit (EITC) in your normal paycheck? _____ No Yes
 Do you receive a yearly EITC? _____ No Yes
 If yes, how much \$ _____ When did you get your refund? _____
 Does anyone give any money or assistance which is not listed to anyone in your household? _____ No Yes
 Does anyone pay child support? No Yes Who pays? _____
 How much? _____ per _____ To whom? _____ For whom? _____
 Do you expect any change in income or expenses? _____ No Yes

Complete this section if self-employed. You must provide the most recent tax return or business records.

Name of person who is self-employed: _____ Is this a partnership or corporation? No Yes
 Name of Business: _____ Type of Business: _____ # hours worked weekly: _____
 Gross Amount _____ How often? _____

If you are paying someone to take care of your children or disabled adults, complete the following.

Name of person being paid _____ Address _____ Phone # _____	Name of person being paid _____ Address _____ Phone # _____
How much help do you get with child care expenses \$ _____ How often _____	How much help do you get with child care expenses \$ _____ How often _____
Amount paid \$ _____ How often _____	Amount paid \$ _____ How often _____
For whom: _____ Type of Provider: _____	For whom: _____ Type of Provider: _____

FOR OFFICE USE ONLY

Licensed, Family Based (Relative or Non-Relative)	} Enter type on ACES
Licensed, Day Care Center (Relative or Non-Relative)	
Unlicensed, In-home, Non-Relative	
Unlicensed, In-home, Relative	
Unlicensed, Family, Non-Relative	
Unlicensed, Family, Relative	

ASSETS

FOR OFFICE USE ONLY

- | | | |
|---------------------|--------------------|---------------------------|
| 1. Cash Not in Bank | 5. Trust Accounts | 10. Stocks, Bonds, |
| 2. Savings Account | 6. Christmas Clubs | Annuities, Profit Sharing |
| 3. Checking Account | 7. Life Insurance | 11. IRA, 401K, Keogh |
| 4. Credit Union | 8. Certificate of | Accounts |
| Shares | Deposit | 12. Prepaid Burial |
| | 9. Separate | 13. Family Development |
| | Identifiable | Accounts |

Type of Asset See Above	Name of Bank/Institution	Account Number	Current Balance or Value
	-----	-----	-----

TANF/PaS Families Total
Countable Cash Assets
\$ _____

Does anyone's name jointly appear on any Bank Accounts, Savings Accounts, Checking Accounts, Credit Union Accounts, Stocks, Bonds, Money Market Certificates or any type of property **other than those listed above**?
Explain: No 9 Yes 9

Does anyone have any land, buildings, or time shares, including jointly held real estate other than where you live
Explain: No 9 Yes 9

Did anyone sell, trade, or give away anything of value during the last three months?
Explain: No 9 Yes 9

Has anyone recently received, or does anyone expect to receive in the near future, any payments such as retroactive government benefits, compensation, pay raises, law suit settlements, inheritance, etc.?
Explain: No 9 Yes 9

Does anyone have, or jointly own, any cars, trucks, boats, campers, motorcycles, snowmobiles, ATVs, trailers, skidders, tractors, or other motorized vehicles? If yes, list below: No 9 Yes 9

Year	Make/Model	Name(s) of Owner(s)	Amount Owed	Use	Exempt?	If Yes, Worker Justification
					No 9 Yes 9	
					No 9 Yes 9	
					No 9 Yes 9	

TURN OVER AND ANSWER QUESTIONS ON PAGE 6 →

PARTIALLY EXEMPT FS Value _____ - Excluded Amt. _____ = Net Assets _____	NON-EXEMPT LICENSED FS <table border="0"> <tr> <td style="width:50%;">Value _____</td> <td style="width:50%;">Value _____</td> </tr> <tr> <td>-Excluded Amt. _____</td> <td>-Amt. Owed _____</td> </tr> <tr> <td>=Countable Value _____</td> <td>=Equity _____</td> </tr> <tr> <td colspan="2">Net Asset _____ (greater of two amounts)</td> </tr> </table>	Value _____	Value _____	-Excluded Amt. _____	-Amt. Owed _____	=Countable Value _____	=Equity _____	Net Asset _____ (greater of two amounts)		TANF or PaS/MAINECARE AND UNLICENSED FS <table border="0"> <tr> <td style="width:50%;">Equity _____</td> <td style="width:50%;">Value _____</td> </tr> <tr> <td>-Excluded Amt. _____</td> <td>-Amt. Owed _____</td> </tr> <tr> <td>=Net FS Asset _____</td> <td>=Net Assets _____</td> </tr> </table>	Equity _____	Value _____	-Excluded Amt. _____	-Amt. Owed _____	=Net FS Asset _____	=Net Assets _____
Value _____	Value _____															
-Excluded Amt. _____	-Amt. Owed _____															
=Countable Value _____	=Equity _____															
Net Asset _____ (greater of two amounts)																
Equity _____	Value _____															
-Excluded Amt. _____	-Amt. Owed _____															
=Net FS Asset _____	=Net Assets _____															
Total Assets: FS _____ TANF/PaS _____ MaineCare _____																

For All Programs

Does any child under 21 have a mother or father who is not living with you or who is deceased? No 9 Yes 9 If you answered YES, list the following information: _____→	#1 - Name of Absent Parent and last known address	#2 - Name of Absent Parent and last known address
	Name of child(ren)	Name of child(ren)
Do you provide the primary home for this child?	No 9 Yes 9	No 9 Yes 9
Do you usually provide the day-to-day care and make decisions concerning this child?	No 9 Yes 9	No 9 Yes 9
Does this child sometimes live with the other parent?	No 9 Yes 9 How often?	No 9 Yes 9 How often?
Do you share custody of this child?	No 9 Yes 9	No 9 Yes 9
Does the other parent provide a home, physical care and guidance for this child in any way?	No 9 Yes 9 How?	No 9 Yes 9 How?

If you are applying for TANF or PaS, under age 18 and a parent or pregnant, please read this: Maine law prevents TANF or PaS cash benefits to never married minor parents. Instead of cash payments, the Department will send portions of the TANF or PaS benefit directly to vendors to pay monthly expenses. The rest of the TANF or PaS benefit must be sent to an adult payee who agrees to manage the money and agrees to explain how it is used on the minor's behalf. List the Name, Relationship, Address and Telephone # of the payee you would like the Department to consider: _____

If you are applying for TANF or PaS or MaineCare, answer the following questions.

Are you requesting help for any medical bills incurred within the **LAST THREE MONTHS**? No 9 Yes 9
Which months? _____

You must provide the medical bills or copies of them.

Does anyone pay for Medical Insurance? _____→ No 9 Yes 9
Premium \$ _____ How often paid? _____

Has any child lost health insurance in the past 3 months? _____→ No 9 Yes 9
If yes, why? _____

Is any child claimed as a tax dependent by someone other than his/her parent? _____→ No 9 Yes 9

If you are applying for Food Stamps for elderly or disabled persons, answer the following questions.

This section applies to anyone who is age 60 or older OR who is receiving any type of total disability benefits. Do you pay over \$35/month for medical insurance (including Medicare), over-the-counter or doctor-ordered medicines, dental care, hearing aids, eye care, transportation or any other medical service or supplies? No 9 Yes 9

List the anticipated expenses (and due dates of payments) and provide proof of expenses for the past year:

Please list anyone who has a red, white and blue Medicare card.	Name	Medicare Number (Voluntary For Non-Applicant)

IMPORTANT INFORMATION ABOUT: FOOD STAMPS, TANF or PaS, & MAINECARE

ABOUT ALL PROGRAMS:

1. In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Federal and State workers check the information you give us. If we find it is incorrect, you may be denied help and/or be prosecuted for giving information you know is not true to get benefits you should not get.

2. The Maine Department of Health and Human Services uses the Income and Eligibility Verification System which means we match information with the Maine Employment Security Commission, wages and retirement income, federal retirement and survivors benefits, Social Security and the IRS. This information is verified and may affect eligibility and level of benefits.

3. You must give Social Security numbers for each person applying for benefits. Failure to do so may result in a denial for that person. This does not apply to a child applying for MaineCare only.

4. You have the right to have someone else apply for you. Just tell us in writing that you want another adult to apply and sign the form for you. You will be responsible for anything that person writes on the form about your household that is not true.

5. You or your representative may ask for a hearing either verbally or in writing if you disagree with an action taken by the Department. Any person you choose may present your case at the hearing.

6. The Immigration and Naturalization Service may verify this information. Information provided by the Immigration and Naturalization Service may affect your household's eligibility and level of benefits. For each person who is not a U.S. Citizen, documentation from the Immigration and Naturalization Service or other documents to prove immigration status must be shown.

7. Within ten (10) days of the time it happens, you must tell the Department if:

- a. the income or assets change for anyone in your home...
- b. your residence or mailing address changes or your shelter costs change...
- c. anyone moves into or out of your home...**EXCEPTION:** Note the **5 day** reporting rule in item 1, ABOUT TANF or PaS ONLY.
- d. a household member starts or stops school or training.

Exception: Food Stamp households will be given specific reporting requirements for their household.

ABOUT FOOD STAMPS ONLY:

1. If your household is only made up of SSI applicants or recipients, you may give your Food Stamp application or review at an office of the Social Security Administration.

2. Voluntarily reducing work hours to less than 30 hours a week or quitting a job may disqualify the individual from receiving Food Stamps. If any household member commits one of these violations, that person will not get Food Stamps. This will be until he/she cooperates and for one month (the first time), three months (the second time), or six months (the third time). There are good cause reasons that may allow the individual to receive Food Stamps.

3. Persons between the ages of 18 and 50 who do not live with a dependent child must be working at least 20 hours per week (averaged monthly) to receive Food Stamps. If the person is not working at least 20 hours per week or pregnant, medically certified unfit for work or participating in certain work programs, the person cannot get Food Stamps for more than 3 months within a 36 month period. A person denied help under this provision can regain help if he/she works 80 hours per month or participates in a work program or workfare. If you do not meet any of the above exemptions, you may be eligible if you have an eighth grade education or less, have no transportation, are homeless, or have a language problem. Persons who got Food Stamps for 3 out of 36 months and begin working but lose the job can get help for three consecutive months without working or being in a work or workfare program.

4. Time limits for the TANF program do not affect the Food Stamp program.

5. The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C.2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

6. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

7. If a food stamp claim arises against your household, the information on this application, including all SSNs may be referred to Federal and State agencies, as well as private claim collection agencies, for claims collection action.

We still need these items to find out if you can get help:

If you don't give us this information by _____, we will have to deny you help. If you need help getting any of the items, call us. For TANF or PaS and Food Stamps, if you send in anything asked for within 30 days of your application, your benefits will start with the date you apply (or the date you qualify if that date is later).

RELEASE STATEMENT AND SIGNATURE:

I know that the Department of Health and Human Services may prove any information that would affect my getting help. My signature here authorizes the release of any such information to the Department. I also know that I must report the changes listed above. I certify that the consequences of violating the rules have been explained to me. If I choose to apply for the telephone subsidy with my telephone carrier, I give permission to the Department of Health and Human Services to release information about my benefits.

Applicant Signature

Date

Worker Signature

Date

SEE OVER FOR MORE IMPORTANT INFORMATION

OIAS APP03- (R08/05)

When an individual on purpose breaks the rules listed below, they will be disqualified from TANF or PaS and Food Stamp benefits this way:

6 months for the first offense, 12 months for the second offense, and permanently for the third offense if the offense occurred on or before 8/22/96 (for Food Stamps) or before 9/1/97 (for TANF or PaS);

1 year for the first offense, 2 years for the second offense, and permanently for the third offense if the offense occurred after 8/22/96 (for Food Stamps) or after 8/31/97 (for TANF or PaS);

2 years for the first offense and permanently for the second offense of trading Food Stamps for drugs;

Forever for the first offense of trading Food Stamps for firearms, ammunition or explosives;

Forever for a conviction for trafficking Food Stamp benefits of \$ 500 or more;

10 years for a finding of fraudulent representation of identity or place of residence in order to receive multiple (at the same time) Food Stamp or TANF or PaS benefits;

Individuals are disqualified from TANF or PaS and Food Stamps while fleeing to avoid prosecution or custody or confinement or a felony or violating a condition of probation or parole.

The Rules: Do not lie or hide anything to get or continue to get benefits.

Do not trade or sell Food Stamps. Do not use someone else's Food Stamps.

Do not use Food Stamps to buy ineligible items such as alcoholic drinks and tobacco.

If the violation involves either Food Stamps or TANF or PaS, the person may also be subject to further prosecution under other applicable federal laws. If the violation involves Food Stamps, this person can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar a person for 18 months more.

ABOUT TANF or PaS and MAINECARE

1. If you get MaineCare benefits and are age 55 or older, the State may make a claim on the assets of your estate to recover the money that MaineCare has paid for your care. No claim will be made if the only service you get is the Medicare Buy-in. For more information about the Estate Recovery Program call 1-800-572-3839.

2. You may have to pay a small fee if you are found eligible for Transitional MaineCare. You sometimes have to pay a small fee when you use your MaineCare ID card to get drugs and services.

ABOUT TANF or PaS ONLY:

1. Report within 5 days of the date it becomes clear that your minor child will be out of your home for 45 days or more. Report all other changes within 10 days.

2. When you get TANF or PaS, it will include a Special Needs housing allowance (SN) when the total of your rent, lot rent, mortgage, property taxes, and house insurance equals or is more than 75% of your income.

3. When you get TANF or PaS, you and anyone else who gets TANF or PaS with you will get a MaineCare card. This means that most doctor and hospital bills will be paid while you get TANF or PaS. It may also pay for up to 3 months of back bills which you may have had 3 months before you applied for TANF or PaS.

4. When you leave the TANF or PaS program, you may be able to get help with medical costs, with childcare costs, and with transportation costs. This help may be available through Transitional Services which can give help when your TANF or PaS is stopped because of money that you earn. You should contact your local office when this happens.

5. If you cannot have TANF or PaS, we will use the same application to decide if you can get MaineCare Assistance. If you do not give the requested information, your application for MaineCare Assistance may also be denied.

6. The Department of Health and Human Services must find out who the parent of each child is and get child support money from the absent parent whose children are getting TANF or PaS.

7. When you get a TANF or PaS payment, it creates a debt owed to the State by the absent parent. By accepting TANF or PaS, you are transferring your right to all child support to the Department of Health and Human Services.

8. TANF or PaS cannot be denied to eligible children because you refuse to cooperate in efforts to find out the parent of each child or to secure support from absent parents. But your needs will not be considered if you refuse to cooperate without good cause (good cause provision is not available to putative fathers and absent parents).

9. Any child support that you or your children get from the absent parent while you get TANF or PaS must be sent to the Department. Checks should be made payable to the Treasurer, State of Maine, and sent to IV-D Cashier, Department of Health and Human Services, Box 1098, Augusta, ME 04332.

**IF ANYONE IN YOUR HOME GETS ANY LUMP-SUM PAYMENT, CONTACT YOUR WORKER IMMEDIATELY!
DO NOT SPEND ANY OF THE MONEY BEFORE TALKING WITH YOUR WORKER.**