

<b>*For Office Use Only*</b>	County: _____
Date Filed: _____	Case Number: _____
Assigned Worker: _____	



Do you need an interpreter? ( ) Yes ( ) No

What language: \_\_\_\_\_

### Welcome to Tennessee's Department of Human Services Application for Family Assistance Programs and Benefits

Enter the name of the person applying for benefits for himself/herself and/or others in the home.

Name (First, MI, Last)	Household Street Address	City	State	Zip

E-mail:		Best time to contact me:
Home Phone:	(    )	(    ) early morning (    ) midday (    ) late afternoon
Work Phone:	(    )	(    ) early morning (    ) midday (    ) late afternoon
Cell or Other Phone:	(    )	(    ) early morning (    ) midday (    ) late afternoon

Mailing Address (if different)		
City	State	Zip

Enter all household members and check (✓) each program they are applying for.	Families First	Food Stamps	TennCare/Medicaid	Nursing Home Medicaid/HCBS	Not Applying for benefits

We will take your application with only your name, address, and signature if you are only applying for Food Stamps. The more information on this form that you can give us, the faster we can see if you can get benefits. If you are approved, your benefits will start from the date you filed the application. In most cases you will need to talk with a DHS worker to complete your application.

To add more information, please attach another sheet of paper.

We may use your home or cell phone number to call and remind you of an appointment. We will leave a message if you do not answer.

You may be able to get Food Stamps in 7 days if:

1. Your household's monthly income is less than \$150, and you now have resources of \$100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

I certify under penalty of perjury and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statements, or I give DHS permission to get proof. I understand I must report any changes about our living situation within 10 days.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (if signed with an X): \_\_\_\_\_

Date: \_\_\_\_\_

Guardian or Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*You must also sign the back of the last page for this application to be accepted.\*\*\*

If you are helping the person applying, what is your name?

How are you related to the head of household?

Does everyone in the household buy and prepare food together?

( )Yes( )No

Does anyone in the household get paid for room and board?

( )Yes( )No

Do you need special help to apply for benefits? ( )Yes( )No

Are you or anyone you are applying for homeless?

( )Yes( )No

If yes, what help do you need?

Is anyone in the household on strike from a job?

( )Yes( )No

Is anyone in the household a migrant worker?

( )Yes( )No

**List all household members living at the address in the table below.**

**Race:** Please use these codes if you choose to tell us the race for your household members below. This is voluntary and is used to make sure everyone is treated fairly.

W=White or Caucasian, B=Black or African American, A=Asian, H=Native Hawaiian or Pacific Islander, I=American Indian or Alaskan Native

**Marital Status:** Please use one of the following below for each adult member of the household: married, single, divorced, widowed, legally separated.

Household Members (you do not have to give a Social Security number or citizenship status for someone not applying for benefits) (First, MI, Last)	Social Security Number	Sex (M/F)	Date of Birth	Check box if U.S. Citizen	Race (above) enter all that apply	(optional) Check box if Hispanic/Latino	Marital Status (above)	Check box if member is pregnant	Check box if member is disabled
			/ /						
			/ /						
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Has anyone in the household applied for or received benefits in another state in the last 60 days? ( )Yes ( )No

If yes, who:

Which state:

Are you, or anyone you are applying for, already receiving benefits in another case/county? ( )Yes ( )No

If yes, who:

In whose case?

**Did you receive a \$100,000 lump sum payment from the Settlement Law Group in 1998? ( ) Yes ( ) No**

**If you are currently receiving a Social Security check, were you also receiving a Social Security check in 1972? ( ) Yes ( ) No**

**Did you lose Medicare because you returned to work and your earnings were more than the Social Security income limit? ( ) Yes ( ) No**

**Have you been diagnosed with breast or cervical cancer? ( ) Yes ( ) No**

**I understand I may have one or two authorized representatives:**

\_\_\_\_\_ may apply for benefits for me ( ); may use my Food Stamp or Families First benefits for me ( ).

\_\_\_\_\_ may apply for benefits for me ( ); may use my Food Stamp or Families First benefits for me ( ).

**Resource Information:**

**(cash, bank accounts, certificates of deposit, stocks, bonds, mutual funds, retirement accounts, pre-paid funeral plans, trust funds, annuities, or other liquid asset not listed)**

Type :   
 Type :

List the value of the resource less any amount owed: \$   
 List the value of the resource less any amount owed: \$

Do you or anyone that you are applying for have their name on all or part of any resources? ( )Yes ( )No If yes, who?

How much: \$  Type of resource?  Is the resource co-owned? ( )Yes ( )No  
 If yes, with who:

Do you or anyone you are applying for own property? ( )Yes ( )No

Did you or anyone you are applying for sell, trade, transfer, or give away a resource in the last 60 months? ( )Yes ( )No

Did you or anyone you are applying for close an account or add anyone to a title in the last 60 months? ( )Yes ( )No

If yes, who:   
 When (date)?

What type of change?   
 How much is it worth? \$  Is it still available to you? ( )Yes ( )No

Have you or anyone you are applying for received a cash settlement in the last three months? ( )Yes ( )No

If yes, who:  How much was it worth? \$

Do you or your spouse have an annuity that was purchased on or after February 8, 2006: ( )Yes ( )No **MUST** check yes or no.

(Annuities are periodic payments made from funds deposited by an individual in order to establish a source of income for future use.)

Does anyone that you are applying for own a vehicle (or own one with another person)? ( )Yes ( )No If yes, who:

Vehicle make:  Vehicle Year:  How much is the vehicle worth? \$   
 Vehicle model:  Amount owed: \$

Do you own the vehicle with someone else? If yes, who:  Are there any other vehicles in the household? ( )Yes ( )No

How is this vehicle used (work, school, medical transportation, etc):

These members of my household have been convicted of a felony for having, using, or selling illegal drugs:

**Income Details:**

Who is working?	Hours worked per week?	Monthly income before anything is taken out?	How often is the member paid?	Date job started?	Name and address of employer	Phone Number	Can we contact this employer for proof? (Y/ N)
		\$		/ /		( ) - -	
		\$		/ /		( ) - -	
		\$		/ /		( ) - -	

Has anyone's job ended in the last 60 days? ( )Yes ( )No

If yes, who?

Why did the job end?

When did the job end?  Amount made each month before expenses? \$

Employer's name:  Phone: ( ) - -

Employer's address:

Would you prefer to provide proof of the reason your job ended rather than have DHS contact your employer for proof? ( )Yes ( )No

Is anyone self-employed? ( )Yes ( )No

If yes, who?

What kind of work is this?

Amount made each month before expenses? \$

Are there expenses for this job? ( )Yes ( )No

If yes, how much? \$

Has this self-employment ended? ( )Yes ( )No

If yes, when did it end?

**Has anyone in the household applied for or is anyone receiving any of the following:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alimony                                   | <input type="checkbox"/> Income from another agency                    | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Assistance from another State             | <input type="checkbox"/> Interest Income                               | <input type="checkbox"/> Training Allowance                 |
| <input type="checkbox"/> Black Lung Benefits                       | <input type="checkbox"/> Military Allotment                            | <input type="checkbox"/> Unemployment Compensation          |
| <input type="checkbox"/> Child Support                             | <input type="checkbox"/> Money from Another Person (not child support) | <input type="checkbox"/> Union Funds or Pensions            |
| <input type="checkbox"/> Civil Service Annuity                     | <input type="checkbox"/> Public Retirement                             | <input type="checkbox"/> Veteran's Benefits                 |
| <input type="checkbox"/> Disability/Sick Benefits (not SSA or SSI) | <input type="checkbox"/> Qualified Trust                               | <input type="checkbox"/> Workers Compensation               |
| <input type="checkbox"/> Dividends                                 | <input type="checkbox"/> Railroad Retirement                           | <input type="checkbox"/> Other Sources                      |
| <input type="checkbox"/> Educational Stipend                       | <input type="checkbox"/> Repatriation Payments                         | <input type="checkbox"/> None of the above                  |
| <input type="checkbox"/> Estate/Trust Fund                         | <input type="checkbox"/> Social Security Income (SSA)                  |   |

Who receives this income?

Which type?

Date applied/began:  or Amount: \$

How often?

Who receives this income?

Which type?

Date applied/began:  or Amount: \$

How often?

**Expense Details:**

**Please tell us about any child care expenses:**

Who pays?

Name of child:

Amount: \$  How often?

Person or agency providing care:

Care provider's address:

Phone: ( ) - -

**Please tell us about any medical expenses:**

Does anyone in the household have any past, unpaid, or ongoing medical expenses? ( )Yes ( )No

To whom is it owed?

How much? \$

If yes, who:

How often?

Does anyone pay medical bills for a former family member? ( )Yes ( )No

Who is the payment for?

How often?

If yes, who:

How much? \$

To whom is it owed?

If applying for Medicaid, does anyone you are applying for have life insurance? ( )Yes ( )No If yes, who:

**Please tell us about any shelter expenses:**

	Who Pays?	Total	How often?	Has it ended?
Rent		\$		
Mortgage		\$		
Property Tax		\$		
Homeowner's Insurance		\$		

If you are paying rent, or living in someone else's home, what is their name and phone number?

**Please tell us about any utility expenses:**

	Who Pays?	Amount per month		Who Pays?	Amount per month
Gas ( )Yes ( )No			Sewer ( )Yes ( )No		\$
Electricity ( )Yes ( )No		\$	Water ( )Yes ( )No		\$
Fuel Oil/Kerosene ( )Yes ( )No		\$	Trash ( )Yes ( )No		\$
Coal/Wood ( )Yes ( )No		\$	Other ( )Yes ( )No		\$
Telephone ( )Yes ( )No		\$			

**Please tell us about any court-ordered child support paid for a child outside the home:**

Who pays?	<input type="text"/>	How much: \$	<input type="text"/>	Is this a court-ordered payment? ( )Yes( )No
Child's name:	<input type="text"/>	How often:	<input type="text"/>	
Child's address:	<input type="text"/>	Date of birth:	<input type="text"/>	
	<input type="text"/>	Phone number:	<input type="text"/>	

**Please tell us about any health insurance expenses you or any member you are applying for may have (other than TennCare Standard).**

Examples may include accident, basic hospital, basic hospital/medical/surgical.

Who is the policy holder?	<input type="text"/>	Additional policy holder?	<input type="text"/>
Who is covered?	<input type="text"/>	Who is covered?	<input type="text"/>
What type of coverage?	<input type="text"/>	What type of coverage?	<input type="text"/>
Premium amount? \$	<input type="text"/>	How often?	<input type="text"/>
		Premium amount? \$	<input type="text"/>
		How often?	<input type="text"/>

**Insurance company information:**

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone: ( ) - -	<input type="text"/>
Policy Number:	<input type="text"/>
Begin Date:	<input type="text"/>

**Additional Insurance company information:**

Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone: ( ) - -	<input type="text"/>
Policy Number:	<input type="text"/>
Begin Date:	<input type="text"/>

Does anyone have access to health insurance but has not yet applied for it? ( )Yes( )No If yes, who?

**\*\*\* Turn page over to sign \*\*\* Your application must be signed on the back of this page.**

## Voter Registration

Are you registered to vote where you live now? ( )Yes ( )No

Would you like to register to vote? ( )Yes ( )No

Do you want DHS to mail you a voter registration form? ( )Yes ( )No

The benefits you may receive from DHS will not change whether you register to vote or not.

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## Important Information

We use Social Security numbers to check that you are who you say you are. We use them to make sure you get the right amount of aid, to change the amount of aid you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check Immigration and Naturalization records. If those records don't match what you say, it may affect whether you qualify and how much cash or Food Stamps you get. You may be subject to criminal prosecution for knowingly providing incorrect information.

In accordance with Federal Law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services 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, DC 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)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

You may also file a complaint with the Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37248, or call at 615-313-4700.

**Release:** By signing below I authorize the State of Tennessee, its agents, or assigns to verify any of the facts contained in this application, any attachments, and any statements made to an interviewer.

The next few pages, called the Statement of Understanding, have important information. Please read them carefully. The worker will tear them off and give them to you. Be sure to take them with you. Sign below after you have read them. Your signature below means you have read and understand what this information says and agree that we may get records or proof we need to see if you can get Food Stamps, Families First, or TennCare/Medicaid.

I represent and warrant I am authorized to make the statements in this application. I understand and agree to the rules and information for the programs for which I have applied. I certify that all persons asking for or getting aid are U.S. citizens, legal aliens, or eligible immigrants. I understand if I am asked, I will give information that proves what I say. I give DHS permission to get proof, including school records. I understand I must tell DHS about any changes in my/our living situation within 10 days. I certify under penalty of perjury and all other applicable penalties that what I say on this application, any attachments, any papers that I may give, and to whoever interviewed me are true and correct.

Signature:

Date:





**¿Habla español? Llame 1-866-311-4287.**  
Need to report a change? Have a question?  
Need help? Call us. This call is free.  
**Family Assistance Service Center**  
**1-866-311-4287**  
We are here to help you from 7 a.m.  
to 5:30 p.m. Monday through Friday.

## **Statement of Understanding - Program Rules** **Important - Keep This Paper!**

If you have a disability and require special assistance, please let us know. If you need help understanding English we will provide an interpreter when you talk to us. This is a free service. We can still take your application today.

**INTÉRPRETES GRATUITOS** – Si no entiende bien el inglés y necesita ayuda, por favor avísenos. Le conseguiremos un intérprete que le ayudará a hablar con nosotros. Este servicio es gratuito. Conseguir un intérprete no retrasará el procesamiento de su caso.

**You can apply for Families First, Food Stamp, or Medicaid/TennCare Standard benefits** online or at a DHS office. An application must be completed. You must give us proof of who you are, your income, and other facts needed to approve your application. If you need help getting proof, ask your DHS caseworker.

**Anyone in the household applying for Families First, Food Stamp benefits, or Medicaid/TennCare Standard** benefits must give us a Social Security Number and citizenship or immigration status.

- If you do not have a Social Security number, we can help you ask for one.
- If you have a Social Security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member.
- DHS **does not need** Social Security numbers or citizenship/immigration status for household members not applying for benefits.

**If you are applying for help from DHS, we may give your Social Security Number to:**

- Police who are looking for lawbreakers when the law allows or requires us or a court orders us to do so.
- Other federal or state agencies if the law allows or requires us to do so.

**How long do we take to decide about your application?**

- Medicaid: We take either 45 or 90 days to decide if you can receive benefits. Your caseworker will tell you which decision time applies to you. TennCare Standard may take longer.
- Families First cash payments: We have 45 days to decide if you can receive them.
- Food Stamps: Usually we have 30 days to decide and to give you Food Stamp benefits if you qualify.
- To make a decision on time, DHS must have your help to get all the proof we need.

### **Food Stamps Information:**

**Food Stamp benefits won't change your Families First benefits.** If your Families First cash payments stop, you may still receive Food Stamps. But if you start receiving Families First, your Food Stamp benefits may go down. **You will be notified of this change; however, you may receive this notice less than ten days before your Food Stamps go down.**

**Your Food Stamps benefit may end if you:**

- Lie or hide facts to get Food Stamp benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with Food Stamp benefits like beer, cigarettes, or soap.

**If you break these rules, you will not get Food Stamp benefits for:**

- 1 year the first time.
- 2 years the second time.
- Forever the third time.

**If you trade Food Stamp benefits for drugs. You can be cut off for:**

- 2 years the first time.
- Forever the second time.

**You will be cut off the Food Stamp Program forever if a court finds you guilty of:**

- Trading Food Stamp benefits for guns, ammunition, or explosives.
- Selling Food Stamp benefits worth \$500 or more.

**You will not get Food Stamp benefits for ten (10) years if you lie about who you are or where you live in order to receive Food Stamp benefits.**

**If you do not follow your Families First plan, we may cut your Families First cash payments or your Food Stamp benefits may be reduced.**

**If you do not report your work income or are found guilty of breaking Food Stamp Program rules on purpose, you may have to pay back money if you get too many Food Stamp benefits.**

**People who break these rules may go to prison, be charged under federal laws, or be fined up to \$10,000.**

**Some household members must register for work if they want to receive Food Stamps.** Your worker will tell you who in your household must register to qualify. If this happens, you will have to go to the Department of Labor and Workforce Development (DOLWD) for an interview. They will ask you about your past work and will help you prepare to get a job.

**You may get more Food Stamp benefits if you have proof of these kinds of expenses:**

- Medical
- Child or dependent care
- Child support
- Housing or utilities

**Your DHS caseworker can help you get proof.** But you must report the expense and give us proof. If you don't tell us about these expenses and give us proof, we will assume you do not want the deduction and you won't get more Food Stamp benefits.

### **Families First Information:**

If you get Families First cash payments you don't qualify for, you must pay the State back. You can:

- Pay from your Families First cash payments.
- Pay in cash, if you don't receive Families First.

If you lie or hide facts to get Families First cash payments, you can be taken to court. You may be charged with perjury (lying under oath), theft or another crime, and may be sentenced to time in jail. If you break Families First rules on purpose, we call this an Intentional Program Violation. If you are found guilty, you could be cut off Families First for:

- 6 months the first time
- 1 year the second time
- Forever the third time

It is illegal to get cash payments in two states at the same time. Anyone who does this may be cut off cash payments for 10 years.

**Your children can get Families First OR Food Stamps benefits but you cannot if you are:**

- A fleeing felon
- A parole or probation violator
- Found guilty after August 22, 1996, of a drug-related felony, **unless** you meet a specific exception.
- Your caseworker can give you more information about the exception.

**To get Families First cash payments, you must sign and follow a Personal Responsibility Plan.** This plan may require you to go to a work-related activity.

**Important information about Child Support and Families First:**

**You may be able to get Families First cash payments and child support at the same time.** If you get Families First, you must help us prove who the child's father is. You must also work with us to collect child support for the children on Families First. We won't try to collect support if you prove there is a good reason not to do so. All child support must go first to DHS. If the parent gives you money directly, you must send it to DHS. **You may be able to get some or all of the child support back.** We call these payments child support pass-through payments.

The amount of your child support pass-through payment depends on both your "unmet need" and the amount of child support paid. We figure your unmet need based on:

- How many people the Families First cash payment covers
- How much other income you have

You can ask your DHS caseworker how much your unmet need is.

**Medicaid/TennCare Standard Information:**

- You are responsible for providing Medicaid/TennCare Standard with any changes in your address or income.
- Don't let anyone else use your Medicaid/TennCare Standard card. You may have to pay the State back for the other person's medical bills.
- You may have to work with us to get the absent parent(s) to pay medical bills or insurance for your children.
- You must sign over to the State any reimbursement you get for medical treatment paid for by Medicaid/TennCare Standard. By law the money belongs to the State. If you don't turn it over to the State, you may lose your TennCare benefit, be charged with a crime, and be sued in court for the money.
- If the Tennessee Bureau of Investigation, Office of Inspector General, or any other agency contacts you about Medicaid/TennCare Standard fraud or abuse, you must help them.
- Medicaid/TennCare Standard must share financial and personal information in order to run its program. They share it only as the law requires or permits. Everyone who sees your information must follow all state and federal laws about keeping your information private.
- If we need to gather medical information to find out if you can get or keep Medicaid/TennCare Standard, we will give you a special form (a HIPPA release) that will let us ask for your medical information
- If you own or lease a home outside the State of Tennessee, you may not be eligible for benefits.
- If you receive public assistance outside the State of Tennessee other than unemployment benefits, you are not eligible for Medicaid/TennCare Standard.

- **You must report any change to the information you provide to DHS within ten (10) days of the change.** This includes changes in address, family size, assets, employment, income, marital status, eligibility for participation in Medicare, or availability of group health insurance.  
**Tell your caseworker about changes right away. Then mail a report of change letter to the DHS local office within thirty (30) days of the change.** Include copies of any supporting papers with the report of change letter. If you fail to report changes timely, you will have to pay TennCare for any benefits improperly paid on your behalf and/or any premium underpayment.
- If you have TennCare Medicaid coverage, you must tell DHS when you sell or give away assets. You must also tell DHS when you take out a mortgage or home equity loan on your home.
- **It is against the law to lie or hide facts on this application or in your interview.** Telling lies or hiding facts about things like income, where you live, or other types of insurance you have, could result in an investigation by the Office of the Inspector General.
- If the State pays for medical bills or for nursing home care for you, **the State may get money back that you owe. When you die, the State may take money that you owe from your estate.**

**If you purchased an annuity on or after February 8, 2006,** the Deficit Reduction Act (DRA) requires the State of Tennessee to be:

- Named as the remainder beneficiary in the first position for at least the total amount of medical assistance paid; **or**
- Named as such a beneficiary in the second position if there is a community spouse and/or a minor disabled child.

Under certain circumstances, buying an annuity may be treated as a disposal of assets for less than fair market value and this can affect whether you can get TennCare or Medicaid. Your caseworker will be able to give you the details regarding disposals for less than fair market value.

### **Do you want to apply to vote in the next election?**

Federal and state law requires that we ask if you want to register to vote. We must ask you this question any time you apply or re-apply for benefits, when you are recertified for benefits, or if you call to tell us you have moved. We will help you to fill out all the forms.

### **Voter Registration Information:**

- The benefits you may receive from DHS will not change whether you register to vote or not.
- We can help you apply. The decision to get help is yours. You may fill out the form in private.
- You may file a complaint with the Coordinator of Elections, Secretary of State's Office, 900 William R. Snodgrass Tennessee Tower, Nashville, TN 37243, 1-615-741-7956, Tennessee Relay Center, 1-800-848-0299, if you believe:
  - Someone has interfered with your right to register or to decline to register to vote.
  - Someone has interfered with your right to privacy in deciding whether to register or in applying to register to vote.
- If you choose to register or decline, we will not tell anyone outside the election commission about your choice or where you applied. We will only use this for registration purposes.
- You can't vote until you get your voter registration card. If you do not have the card in three weeks, check with the Election Commission.
- The County Election Commission will see if you are able to register to vote. This is **not** done by DHS or the TennCare Bureau.
- If you mail your application to your county election commission, you must vote in person the first time you vote.
- We will mail you a "Mail-In Application for Voter Registration" form within 30 days if you are telling us by phone or internet about:
  - An address change
  - An application
  - A re-application

- A re-certification
- A review

If the deadline to register is less than 30 days away, we will mail the form to you within 5 days or the next work day if we can.

**HIPAA:**

The federal **HIPAA** law says we must keep facts about your health private. It also says we must give you this notice. Here are the rules that we must follow to keep the facts about your health private. These rules can change. If important changes are made, we will tell you.

**In order to determine your eligibility for TennCare, DHS may share your private health information with:**

- Some employees of the Department who need it to decide if you can get TennCare; and
- TennCare.
- DHS may also share your private health information with the federal Department of Health and Human Services because they provide oversight of the TennCare program.

**With your prior written consent, DHS may share your private health information with any other person or entity, such as:**

- Your health care providers;
- An attorney;
- Members of your family.

**If you are not able to provide prior written consent, DHS may share your private health information with:**

- An authorized representative – who will also have the right to provide written consent for release of your private health information to other individuals and entities;
- A family member or others involved in your health care. You may ask us not to tell them your information. We will agree if we can. If you are a minor child or in an emergency, we may not be able to agree.

**Without any prior consent, DHS may also share your private health information:**

- With a health oversight agency or law enforcement as required by law for purposes of investigating theft or fraud allegations related to receipt of program benefits;
- With any other individual or entity, including law enforcement and other government agencies, when allowed by law or when required to do so by a court order;
- With another individual or entity for purposes of research, as permitted by law.

**RIGHTS ABOUT YOUR HEALTH INFORMATION**

**You have the right to:**

- See your health records, except where limited by law.
- Get copies of your health records, except where limited by law.
- Talk to us about how we use and share your health information.
- Ask us to change health information that you think is wrong. You must ask us to change it in writing and tell us why. We may not be able to change it. If we can't change it, we will tell you why.
- You can get a list of those we shared your health information with after April 14, 2003. You must ask us in writing. The list will cover up to the 6 years prior to the request. The list does not have to include those we shared information with in order to determine your eligibility for TennCare or because you asked us to in writing.

- Ask us not to share some facts about your health information. You must ask us in writing. You must tell us what facts you don't want shared. You must tell us who you don't want us to share those facts with. But, there may be some times when we cannot agree to your request. We will tell you why.
- Take back your okay to share your health information. If you signed an authorization form, you can take it back any time. But, you must do it in writing. This will not change any facts we have already shared.
- Ask us to contact you in a different way or at a different address. You must tell us in writing.
- Ask for a new notice of DHS's privacy practices.

## **QUESTIONS or COMPLAINTS**

**Do you have questions about this notice? Please call 1-888-863-6178. In Davidson County, call 313-5790. TTY#1-800-270-1349.**

**Do you have a complaint about how your private health information was handled? You can call or write one of the offices listed below to ask questions or make a complaint. You will not lose your eligibility if you complain or ask a question.**

Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37248, or call at 615-313-4700.

Office of Civil Rights, Medical Privacy, Complaint Division, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, or call at 866-624-7748.

### **Your right to a fair hearing:**

What if you don't agree with what we decide on your application or case? You can appeal for a fair hearing. You may speak for yourself at the hearing. You also may bring a friend, relative, or lawyer to speak for you. After you hear from us, you have 90 days to file an appeal for Families First and Food Stamp benefits, and 40 days to file an appeal for Medicaid/TennCare Standard. **If you want to continue your benefits while the appeal is being decided, you must ask us within 10 days for Families First and Food Stamps and 20 days for TennCare/Medicaid. If you lose the appeal, you may have to pay back the benefits you received during the time the appeal was being decided.** If you want to file an appeal, tell your DHS caseworker. You can also call the Family Assistance Service Center at 1-866-311-4287. This is a free call.

### **Permission to release school attendance records:**

I (client) give permission for the school attendance records of children I included on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities and the records will be destroyed when they are no longer needed.

### **Permission to contact me:**

I agree that DHS may contact me by U.S. Mail and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for benefits / services or the benefits / services that I am already receiving.