

STATE OF COLORADO



Notice to Reapply You Need to Act Now

Please return your information to us at:

529 COFFMAN ST, STE 100
LONGMONT CO 80501-5450
(303) 441-1000

Programs:

Certification Period End Date:

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

I have read this form to renew my benefits and to the best of my knowledge and belief, my answers are true. This information includes the people who live in my house and, citizenship and non-citizenship information. I have listed all amounts and sources of income, money and property I receive or own. I understand and agree to the information provided in the section titled What I Should Know .

SIGN HERE: _____ Date: _____

Best phone number to call you: _____

Have you moved? Yes No

If yes, what is your new address? _____

Please complete this section:

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

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

- If I or anyone in my house uses or receives my benefits in a transaction involving the sale of firearms, ammunition or explosives, I will lose my benefits permanently;
 - If I or anyone in my house trafficked benefits for an amount of \$500 or more, as determined by a court of law, I will lose my benefits permanently;
 - If I or anyone in my house have received multiple benefits by misrepresenting my identity or residence, I will lose my benefits for 10 years.
- I understand that to get food assistance, all members of my household that are required to register for work must attend all scheduled appointments with Employment First and complete any Employment First assignments. Anyone who does not keep Employment First appointments or complete Employment First assignments may not be able to get food assistance.
- I understand that if I am an adult between the ages of 18 and 49, with no children under the age of 18 in my household, I may be able to get food assistance benefits for only 3 months during the next 3 years unless:
- I work in a job 80 hours each month and report that information to Employment First;
 - I work all hours assigned by my Employment First office, including Workfare or other activities;
 - I have medical proof I am physically or mentally unable to work;
 - I am told by the department that I am exempt.
- I understand that the department will use the answers I gave on this re-application form to see if I can still get benefits and if my benefit amount changes. I understand that the department will let me know if my benefit amount has changed and what the new amount is. If I think that the department made a mistake, I can ask for a Fair Hearing. The department will tell me in writing of how to ask for a Fair Hearing.
- Domestic violence information and services are available to you. If you ever feel you are in immediate danger call 911. If you would like to receive information regarding safety and services for you and your family in Colorado, call Colorado Coalition Against Domestic Violence at 303-831-9632 or toll free at 1-888-778-7091. You may also find the location of services near you by going to <http://www.colorado.gov/apps/cdhs/dvs>. For information about services in Colorado as well as other states call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TTY 1-800-787-3224 or go to <http://www.ndvh.org>. Most domestic violence programs provide: emergency shelter, telephone support, information about domestic violence, and referrals; safety planning; support groups; children services. Some domestic violence programs offer assistance with such things as protection orders, filing for divorce, going to court; transitional housing; and counseling.
- 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 and Nutrition 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 Ave S.W.
Washington, D.C. 20250-9410

or call 202-720-5964 (voice and TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Ave, 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. You may also file a complaint of discrimination with the county department or state department.

People who Live with You

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

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

Who buys and eats food with you? _____

Is anyone in the home pregnant? Yes No Who? _____

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

List the name of the father: _____

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

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

Who? _____

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

Yes No Who? _____

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

In a Group Home In Rehab A convicted felon

A fleeing felon, probation violator or parolee violator

If yes, please provide the household member s name and date this happened: _____

Money in Your Home

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

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

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

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

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

Who? _____ When? _____

Employer Name: _____ Employer phone number: _____

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

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

Who? _____ When? _____

Does anyone get any OTHER type of money? Yes No

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

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

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

Things You Pay For

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

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

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

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

Did you receive LEAP at your current address? Yes No

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

Things you Own

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

Tell us about the things you own:

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

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

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

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

Yes No

Person who Gave it Away: _____

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

If you receive Medical and/or CHP+ benefits:

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

Who? _____ What changed? _____