

How to Complete the Application/Job Profile

To help you, Human Resources Administration (HRA) must know **who you are** and what you need. This is why you have been asked to fill out this **Application**. The things this application will tell us about you are:

- **Who you are** - **Where you live** - **How you have been living** - **How we can help you**

The directions and application are numbered by Section to help you. Disregard the printed numbers in the boxes that you will write in. You may write over these numbers when appropriate.

- **Please Print Clearly** ● **Complete Each Section**
- **If You Are Applying As Someone's Representative, Give Us Information about that Person, Not Yourself.**

In addition to the W-680B: Application/Job Profile, make sure you have been given copies of:

- DSS-4148A: "What You Should Know About Your Rights and Responsibilities"
- DSS-4148B: "What You Should Know About Social Services Programs"
- DSS-4148C: "What You Should Know If You Have An Emergency"
- LDSS-4148D: "New Information About Public Assistance and Food Stamps"
- DSS-4148E: "New Information About Medical Assistance"

- **Withdrawal: If you want to withdraw your application, talk to your Eligibility Examiner.**

PAGE 1 OF THE APPLICATION (FORM W-680B)

1 STATEMENT OF MUTUAL EXPECTATIONS: The HRA staff is committed to assisting you in a professional and respectful manner. You must be committed to the goal of achieving self-reliance. **NOTE:** Applicants for Medical Assistance are not required to participate in work programs. Sign your name in the section marked "Applicant's signature" after reading the pledge. Enter the date that you signed the pledge.

DO YOU WANT TO RECEIVE NOTICES IN: Check (v) the "Spanish and English" or "English Only" box. The HRA will send a notice to you when changes are made to your case. If you check the box that you want notices in Spanish and English, you will get both Spanish and English notices sent to you.

DO YOU NEED AN INTERPRETER: Check (v) the box as appropriate.
WHAT IS YOUR PRIMARY LANGUAGE: Check the English or Spanish box or enter the language you speak and read.
THE AMERICANS WITH DISABILITIES ACT: Staff at our centers will make any reasonable accommodations to meet your needs. If you need help in filling out this application or have a disability which prevents you from waiting to be interviewed, please notify the receptionist.

2

NAME: PRINT your first name first, middle initial, and full last name last.

DATE OF BIRTH: ENTER the month, day and year of your birth.

MARITAL STATUS: PRINT whether you are now single, married, widowed, legally separated or divorced. Do not use common-law to describe yourself.

HOUSE NUMBER: ENTER the number of the building you live in.

STREET ADDRESS: PRINT the name of the street, avenue, road, etc., that you live on

APT. NUMBER: ENTER the number of your apartment. If you live in a private house, enter PH.

CITY: PRINT the name of the borough you live in, (for example, Brooklyn, Bronx.)

STATE: PRINT the state you live in. You may use an abbreviation such as NY, NJ etc.

ZIP CODE: Enter the zip code for your address.

AREA CODE/PHONE NUMBER: PRINT your home phone number including your area code.

CARE OF NAME: If you receive your mail in care of someone else, PRINT that person's full name.

WHERE YOU CAN BE REACHED
ANOTHER PHONE: If you can be reached at someone else's phone or that person can take a message for you, PRINT that person's name and telephone number. If you are working, PRINT your company's name and telephone number.
MAILING ADDRESS: If you get your mail somewhere other than where you live, PRINT the complete address including apartment number and the person's name who lives there.

HOW LONG HAVE YOU LIVED

AT PRESENT ADDRESS: ENTER the number of years and/or months that you have lived where you are now living.

FORMER ADDRESS: ENTER the complete address of where you lived before you moved to your present address.

AGENCY HELPING APPLICANT: If an agency is helping you apply, PRINT the name of the agency, the name of the person helping you as the contact person and the person's telephone number including area code.

NOTE: If you are applying for cash assistance and have children be sure to read about your rights regarding Essential Persons. The DSS 4148B, "What You Should Know about Social Service Programs" tells you about Essential Persons. If you need more help ask your worker. It is important to check (v) YES or NO to the question "Does this person (including your minor children) buy food and/or prepare meals with you?" for every person who sometimes lives with you.

3 FOOD STAMP APPLICANTS: Read this section carefully or have someone read it to you. You have the right to turn in your food stamp application on the same day that you receive it. It must be accepted if it has at least your name, address (if you have one) and signature. In order for us to figure out if you can get food stamps, you will have to complete the entire application. You may request expedited service if you meet the requirements listed. Sign your name and write the date you signed the application.

4 PROBLEMS: If you have any of the problems listed check (v) all of the box(es) that apply to your situation. If you have a problem that is not listed describe the problem on the line next to the box marked "Other". If you checked any of the boxes in the first column or the box that says you have no food or money to buy food, the Worker at the Center will determine if you are eligible for expedited food stamp service.
Check (v) all of the boxes for each program you want to apply for.

PROGRAMS: Your application for Cash Assistance will also be treated as an application for Medicaid and for Food Stamps unless you indicate you do not want Food Stamps or Medicaid. However, you must check (v) all program areas for which you are applying.
Medicare Buy-In: If anyone is receiving or qualifies for Medicare, they may be eligible to have the premiums paid.
Check the Medicare Buy-In box.

SERVICES: Be sure to check (v) the box(es) for all services for which you are applying.

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5 LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

PRINT your first name first, last name last. Then PRINT the names of the other people who live with you in the same way.

Check (v) YES or NO to tell us who is applying.

ENTER the date of birth using numbers. For instance, if the person was born on June 1, 1950, enter 6 in the Month box, 1 in the Day box, and 50 in the Year box.

Enter either M for male or F for female for each person who is applying.

RELATIONSHIP - PRINT how each person you listed is related to you. (For example: wife, son, friend, etc.)

ENTER each person's Social Security Number unless that person is:

- Not applying for assistance of any kind
- Applying only for services
- A pregnant woman who is applying only for Medicaid
- An undocumented alien who is applying only for Emergency Medicaid
- An undocumented alien who is applying only for Emergency Assistance

6 IF YOU ARE APPLYING ONLY FOR FOOD STAMPS, YOU DO NOT NEED TO FILL OUT THIS SECTION.

ALL APPLICANTS FOR CASH ASSISTANCE OR MEDICAL ASSISTANCE MUST, COMPLETE THIS SECTION UNLESS:

- ? They are not a citizen or national of the United States.
- ? They are not an alien with satisfactory immigration status.
- ? They are applying only for Medicaid Assistance and they are pregnant.
- ? They are an undocumented alien applying only for Medical Assistance benefits as result of an emergency medical condition.
- ? They are an undocumented alien applying only for Emergency Assistance.

7 OTHER NAMES: PRINT any maiden names, names from a previous marriage, or other names which any person listed above has used or now uses.

8 INFORMATION ON HUSBAND OR WIFE WHO IS NOT APPLYING:
If anyone who is applying is married and their husband or wife does not live with you, fill out this section as best you can. If you do not know where this person lives now, PRINT their last known address.

9 PUBLIC ASSISTANCE, MEDICAL ASSISTANCE, MEDICARE BUY-IN AND SERVICES APPLICANTS ONLY:

Fill out this section by printing the requested information if any of the following apply:

1. You are under 21 and your parents do not live with you.
2. You are applying for anyone under 21 and this person's parent(s) live outside the household.
3. You or anyone who lives with you is pregnant and the father of the unborn child lives someplace else.

NOTE: If you are applying only for Medical Assistance and are pregnant or gave birth within the past two months, you do not need to fill out this section.

10 If you or anyone in your household has ever been in foster care, check the Yes box and enter the name of the person. If No, check the No box.

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11 IF YOU ARE APPLYING ONLY FOR FOOD STAMPS, YOU DO NOT NEED TO SIGN THIS SECTION
ALL APPLICANTS FOR CASH ASSISTANCE OR MEDICAL ASSISTANCE MUST, IN ORDER TO BE ELIGIBLE, PROVIDE A WRITTEN DECLARATION OF CITIZENSHIP OR SATISFACTORY IMMIGRATION STATUS UNLESS:

- ? They are not a citizen or national of the United States.
- ? They are not an alien with satisfactory immigration status.
- ? They are applying only for Medical Assistance and they are pregnant.
- ? They are an undocumented alien applying only for Medical Assistance as result of an emergency medical condition.
- ? They are an undocumented alien applying only for Emergency Assistance.

NOTICE

If you are not a citizen or national of the United States or not an alien with satisfactory immigration status, you should not complete this section nor sign the declaration. You are not eligible for Cash Assistance or Medical Assistance benefits if you cannot truthfully sign this declaration.

We may confirm the immigration status of any or all household members applying for Cash Assistance or Medical Assistance benefits by submitting the information you give us to the Immigration and Naturalization Service (INS). Information received from the INS may affect your household's eligibility and level of benefits.

A signature and date of signing must be given for all persons applying for Cash and Medicaid benefits, except as noted above.

- ? Each member of the household who is 18 years of age or older and applying for these benefits must sign their own name.
- ? If an applying household member is under 18 (or is 18 or older but is unable to sign their own name due to a medical impairment or disability), a household member who is 18 or older must sign for them.

NOTE: When signing for that individual, sign your name. For example, Mary Doe, when signing for infant Johnny Doe, must sign Mary Doe.

- ? If no one in the household is 18 or older, the household member applying must sign their own name for everyone in the household.

If you do not understand the certification, or have any problems in completing this declaration, we will help you.

WARNING/FALSELY CERTIFYING YOUR STATUS IS A CRIME

12 ETHNIC/RACE AFFILIATION CODES:

Enter Y (Yes) for each ethnic race affiliation that describes you and all applying household members. Enter N for (No) for each ethnic/race affiliation that does not describe you. Read the explanation of the codes before completing this section. Complete this section even if you do not complete sections 6 and 10.

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13 INCOME: Check (v) YES or NO for yourself or anyone who lives with you. For each "Yes" answer, ENTER the dollar (\$) amount or value and the name of the person who gets the income.

NOTE: **Foster Care Income and Food Stamps** - If you get foster care income for the care of a foster child or adult, you have two choices. You can choose to include the foster care person and the foster care income in your food stamp household or you can choose not to include the person or the income. Ask your worker which way would give you more Food Stamps.

14 STEP-PARENT / ARMED FORCES / ALIEN INFORMATION: Check (v) YES or NO for yourself, spouse and everyone who is applying for assistance. For each "YES" answer, PRINT the name of the person that the answer refers to. (A step-parent is someone who marries the parent of a child.)

Armed Forces: Check (v) YES or NO for yourself, spouse and anyone in the household. For each "YES" answer, PRINT the name of the person that the answer refers to. The term "served in the U.S. Armed Forces" means anyone who served any time in the:

- ? U.S. Army
- ? U.S. Navy
- ? U.S. Marines
- ? U.S. Air Force
- ? U.S. Coast Guard
- ? U.S. Merchant Marines during World War II

15 ADDITIONAL INFORMATION REQUIRED: Check (v) YES or NO box and PRINT the name of the person and your answers relevant to each of the questions being asked.

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APPLICANTS FOR SERVICES ONLY DO NOT NEED TO COMPLETE SECTIONS 16-19. IF YOU ARE APPLYING FOR SERVICES ONLY, GO TO SECTION 20 OF THIS PUBLICATION AND COMPLETE THE REST OF THE APPLICATION.

16 ADDITIONAL INFORMATION REQUIRED: Check (v) YES or NO box and PRINT the name of the person and your answers relevant to each of the questions being asked.

17 RESOURCES: Check (v) YES or NO for each question for yourself and everyone who is applying for assistance. For each "YES" answer, PRINT the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Cash Assistance and Medical Assistance applicants must also answer these questions about **legally responsible relatives.**

NOTE: If you are applying **only** for Medical Assistance for a pregnant woman or for children only who are under 19 years of age, you do **not** have to fill out this section. If you are applying **only** for Services, you do not have to fill out this section, **unless** you are applying for foster care. **Foster care applicants must fill out this section.** If you are applying **only** for Food Stamps, you **do not** have to answer the question on life insurance. **Has Resources Other Than Those Listed Above:** Include items such as boats, vacation homes, co-ops, etc.

NOTE: It is very important to let your worker know right away if you get or are expecting to get a lump sum. A lump sum is a one time payment such as an insurance settlement, inheritance, award from a lawsuit or lottery winning. See the DSS-4148A: "What You Should Know About Your Rights and Responsibilities" for more information about lump sums.

18 PROPERTY TRANSFER STATUS: Check (V) the I HAVE box or I HAVE NOT box to indicate if you have sold/transferred/given away any of your property to get Cash Assistance, Medical Assistance or Food Stamps.

NOTE: New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Cash Assistance, Medical Assistance or Food Stamps by hiding the facts or not telling the truth. If you or your spouse transfer or give away any assets within the 36 months (60 months for transfers to a trust) prior to the first of the month in which you are in receipt of nursing facility services and have submitted an application for Medical Assistance, you may not be eligible to receive nursing facility services or home and community-based waived services under the Medical Assistance Program.

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19 MEDICAL: Check (V) YES or NO for each question for yourself and everyone who is applying for assistance. For each 'YES' answer, PRINT the requested information. Be sure to list all health and hospital/accident insurance that you have or that is available to anyone applying.

NOTE: If you are applying only for Services, you do not have to fill out this section.

* Change
If you are applying only for Food Stamps, you do not have to answer the following questions:
? Is pregnant ? Is a handicapped child ? Receives treatment from a drug abuse or alcohol treatment program

20 SHELTER: ENTER the amount you pay for rent, mortgage, room and board or other housing. If you have a mortgage payment, include property taxes, homeowner's insurance (including fire insurance), and assessments in the Shelter Expenses Amount. If you pay for your heat separately from your rent/mortgage, ENTER the amount paid for heat each month. If you pay for other utilities, such as water, separate from your rent/mortgage, ENTER the amount paid for each utility each month. Be sure to answer the other four shelter questions at the end of this section.

NOTE: If you are unsure about how to answer any questions about your type of housing or the amount of your shelter expenses, ask your worker.

21 OTHER EXPENSES: Check (V) YES or NO for each question for yourself and everyone who is applying for assistance. For each 'YES' answer, PRINT a dollar (\$) amount.

22 JOB EXPERIENCE/JOB POTENTIAL: Fill out this section by printing the requested information for yourself and all adults applying for assistance. The questions help you to access your job experience/skills, explore your job potentials/strength, and identify barriers to employment so that the HRA staff can assist you in developing a plan to employment and self-reliance.

NOTE: If you are employed, you may still be eligible for Medical Assistance benefits and help with paying your child care costs.

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23 to 26 LEGAL STATEMENTS: Read this section carefully or have someone read it to you.

NOTE: New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Cash Assistance, Medical Assistance, or Food Stamps by hiding the facts or not telling the truth.

23 MEDICAID ELIGIBILITY DETERMINATION: Read this section regarding your rights to receive a Medical Assistance eligibility determination. Check (V) the I WANT TO box or I DO NOT WANT TO box to indicate whether you want to receive Medical Assistance if your cash assistance application is denied. Sign your name and PRINT the date you sign at the bottom.

LEGAL STATEMENTS: Read this section carefully or have some one read it to you.

24 **NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Cash Assistance, Medical Assistance or Food Stamps by hiding the facts or not telling the truth.

LEGAL STATEMENT: Read this section carefully or have someone read it to you.

25 **NOTE:** New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Cash Assistance, Medical Assistance, or Food Stamps by hiding the facts or not telling the truth.

26 **FOOD STAMP AUTHORIZED REPRESENTATIVE:** If you are applying for Food Stamps and you want someone from outside your household to get the Food Stamps for you or buy the food for you, PRINT their name, address and telephone number in the signature section on page 8.

27 **REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES:** Read about how reporting your child care and utility expenses gives you additional food stamp benefits and about your obligation to report and verify all household expenses.

28 **CIVILITY RULES:** Hostile, angry and threatening behavior interferes with the HRA's ability to get information needed to determine your eligibility. If you display this type of behavior you may be denied Public Assistance, Food Stamps and Medicaid.

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29 **LEGAL STATEMENTS:** Read this section carefully or have someone read it to you.

NOTE: New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Cash Assistance, Medical Assistance, or Food Stamps by hiding the facts or not telling the truth.

30 **CERTIFICATION OF CITIZENSHIP / ALIEN STATUS FOR FOOD STAMPS:** Read this section carefully or have someone read it to you.

31 **AUTHORIZATION FOR REIMBURSEMENT FROM SSI:** Read this section carefully or have some one read it to you. If this is an application for Temporary Cash Assistance and both husband and wife who live together are applying for Temporary Cash Assistance, **both** must sign the Signature section at the bottom of the page.

NOTE: The Social Security Administration may treat the date you submit this signed authorization to the local Department of Social Services as the date you first become eligible for SSI if you submit an application for initial SSI benefits within the next 60 days.

32 **CERTIFICATION / SIGNATURES:** Read this section carefully or have someone read it to you.

NOTE: New York State Law provides for fine or jail, or both, for a person found guilty of obtaining Cash Assistance, Medical Assistance, or Food Stamps by hiding the facts or not telling the truth.

SIGNATURES: Sign your name. Date the application. When **both** husband and wife who live together are applying for Cash Assistance, Medical Assistance or Services, **both** must sign. If you are applying just for Food Stamps, **only one** signature is needed. (Please note that a signature on this page is required even if Page 1 has already been signed.) If you have filled out the application for someone else, sign **your name** here and PRINT your name, address and telephone number. Enter the date you signed.

All persons 18 years of age or older who are getting Medicare must sign.
You must sign in this section in order for the application to be valid.

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33 WITHDRAWAL/ REFERRALS: Read this section carefully. Check (v) the box next to the program area from which you want to withdraw. Sign your name and PRINT the date you signed if you want to withdraw your application. Read the statement after the first signature line. Check (v) the Food Stamps box and/or Medicaid box to indicate whether you have received the referral(s). Sign your name here and PRINT the date you signed if you have received the referral(s).

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34 Do not complete Expedited Service Worksheet.

NOTE: The last page of this Application is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect the amount of assistance that you will be given by this agency.

NOTE: Applicants for Cash Assistance, Medical Assistance, Services and Food Stamps, who are not satisfied with the action taken on their application, have a right to a fair hearing by contacting the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201.