



Reporting responsibilities for public assistance recipients and Minnesota health care program enrollees

It's very important that you provide **true, complete and current information** about everyone in your household. You must also **report any changes** when applying for or receiving public assistance or health care benefits through your county or tribal agency.

This information will be used to determine the amount of benefits you should receive. If your county or tribal worker discovers any information that is not true on your forms, you may be subject to civil and criminal fraud proceedings. The penalties are serious and you risk losing future public assistance benefits.

Report all information

When asked for information by your county or tribal worker or on a public assistance application or form, respond honestly and accurately with all the related information you have.

When there is a change with your job, car, rent, income, residence, property, number of people in your house, physical or mental health, citizenship or immigration status, tell your county or tribal worker. These are just some examples of changes, however; different programs have their own requirements for what changes you should report. If you do not know whether information is important to your public assistance benefits, report it and let your county or tribal worker decide.

Remember, time is important

If you get cash assistance and/or Medical Assistance, you have 10 days after a change to report it to your county or tribal worker. You have 30 days to report a change if you have MinnesotaCare.

If you get Supplemental Nutrition Assistance Program (SNAP) benefits, report changes by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

Some changes will affect your benefits in the month you report them. Some changes will not affect your benefits until the next month. Some changes will not affect your benefits at all. However, failing to report a change may be fraud and result in an overpayment.

Avoid fraud and overpayments

You can avoid fraud and overpayments by reporting changes in one of these ways:

- Send in a **Combined Six-Month Report** form (DHS-5576). If you are required to complete a six month review the Minnesota Department of Human Services or your county or tribal worker will send/give you a Combined Six-Month Report form. You must complete and return the form to your county or tribal worker, even if you have no changes to report.
- Send in a **Household Report Form** (DHS-2120). If you have a job or have worked recently, the Minnesota Department of Human Services or your county or tribal worker will send/give you a Household Report Form. You must complete and return the form to your county or tribal worker each month, even if you have no changes to report.

- Send in a **Change Report Form** (DHS-2402). If you do not have a job, your county or tribal worker will give you this form when you recertify your eligibility for public assistance or whenever you report a change.

- Call your worker, write a note to your worker or report your change to your worker in person.

Do not wait to report changes. Reporting all changes will ensure you get the benefits you are entitled to receive.

Know what you are signing

Before you sign your name on an application or form, read it carefully. Be sure that you are giving true and accurate information about yourself, your situation and all changes in your life. If you give incorrect information, you may be investigated and prosecuted for fraud or asked to go to an administrative disqualification hearing. If you commit fraud, you may be guilty of theft and lose your right to get any future benefits.

You may also have to:

- Pay back the money, SNAP or other public assistance benefits that you wrongfully received
- Pay a fine of up to \$10,000
- Go to prison for up to five years.

Minnesota Health Care Programs

Minnesota Health Care Programs

Some types of changes affect your health care benefits. Some examples are pregnancy, changes in address, current or expected income for the year, family size and tax filing status, access to other health coverage, citizenship, immigration, disability, medical expenses and assets, for people who have an asset limit. You may qualify for a different health care program and your costs may change. If you move within Minnesota, you may have to choose a new health plan or clinic. If you move to another state and don't report the change, you may owe money to the State of Minnesota.

Medical Assistance

Call, write or visit your (<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/contact-us/county-tribal-offices.jsp>) county or tribal agency within 10 days of a change happening.

Minnesota Care

Call MinnesotaCare at 800-657-3672 or 651-297-3862 within 30 days of a change happening. You can write to MinnesotaCare, P.O. Box 64252, St. Paul, MN 55164-0252.

You can submit a change report form (<http://edocs.dhs.state.mn.us/lfserver/Public/DHS-4796-ENG>) with the new information to your county, tribal or MinnesotaCare agency.

Check your information

The county, state and federal agency staff working with you may check the information you provide. They will look for proof that the information you gave them is correct. They will talk to people who know about your situation. To gather some of this information, they must have your signed consent. If you don't allow them to confirm your information, you may not get public assistance.

Help out

People who are dishonest about information related to public assistance benefits cause trouble for themselves and others. If you think someone is cheating, please help by reporting it. You do not have to give your name. To report suspected fraud, call:

- 800-627-9977 toll-free outside the Twin Cities metropolitan area
- 651-431-3968 in the Twin Cities metropolitan area.

agency

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) and local human services agencies do not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)
- political beliefs

Auxiliary Aids and Services: Human services agencies provide auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in their programs.

Contact your worker or agency's ADA Coordinator to get auxiliary aids and services.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency. You may contact any of the following four agencies directly to file a discrimination complaint.

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

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

U.S. Department of Agriculture

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

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

Language Assistance Services: Human services agencies provide translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to information and services.

Contact your worker or agency's LEP Coordinator to get language assistance services.

USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

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

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

This institution is an equal opportunity provider.

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the **MDHR** if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
HYPERLINK “mailto:Info.mdhr@state.mn.us” Info.
mdhr@state.mn.us

DHS

You have the right to file a complaint with **DHS** if you believe you have been discriminated against in our programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex (including sex stereotypes and gender identity)
- political beliefs

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

651-431-4340 / Toll free: 800-367-9559

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



For accessible formats of this information, ask your county worker.
For assistance with additional equal access to human services,
contact your county's ADA coordinator. ADA4 (2-18)