

Minnesota's Diversionary Work Program

The Diversionary Work Program (DWP) is a four month program that provides services and supports to eligible families helping them move immediately to work rather than go on public assistance.

The four months of assistance do not count towards the 60-month lifetime limit for the Minnesota Family Investment Program (MFIP), the state's Temporary Assistance for Needy Families (TANF) program.

Eligibility

The Diversionary Work Program is for families with children or pregnant women. Most families who apply for cash assistance will be on this program for four months.

Eligibility criteria:

- You must meet the income eligibility test.
- Your family may have up to \$10,000 in assets.

Ask an eligibility worker for information about other eligibility requirements.

Apply

Contact your local county human services agency to receive an application or for help completing it, or:

- Online at ApplyMN.dhs.mn.gov
- On paper using the Combined Application Form (DHS-5223).

Supports for working families

The Diversionary Work Program helps support your family while you work or look for work. You may be eligible for supports, including:

- Help with rent, utilities or other housing costs
- Personal needs allowance.

Electronic Benefit Transfer (EBT)

Cash on an Electronic Benefit Transfer (EBT) card is provided to help families and individuals meet their basic needs. These basic needs include food,

shelter, clothing, utilities and transportation. These funds are given until families and individuals can support themselves. It is illegal for an EBT user to buy or attempt to buy tobacco products or alcoholic beverages with the EBT card. If you do, it is fraud and you will be removed from the program. Do not use an EBT card at a gambling establishment or retail establishment, which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. If you need more information on how to use your EBT card please ask your county to send you the *How to Use Your Minnesota EBT Card*. This brochure can also be found on the department's public website at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3315A>.

Parents are expected to work

All parents, including both parents in a two-parent family, are expected to develop and sign an employment plan before your family is approved for assistance. Your employment plan reflects what work you can do and what best meets your family's situation.

You must seek full-time work immediately if you are approved for assistance.

Employment services

Parents will receive help finding and keeping a job.

- Program services will help find work that fits your employment plan.
- Services may include helping to identify and address family issues, which may prevent or delay your being able to get a job.
- Your employment plan may include limited training that you can complete in four or fewer months.

Penalties for not following rules

If you do not cooperate with your employment plan or child support requirements, your case will be closed. **You are not eligible for any other cash programs until your four months of Diversionary Work Program assistance ends.** Contact your job counselor or eligibility worker if you have good reason for not following the rules.

Verifications

You and each person in your family must submit information that proves:

- Who you are
- Where you live
- What your income and assets are.

To receive help with your living expenses, you will also have to give proof of your housing costs.

Who is not eligible

Some families are excluded from the Diversionary Work Program, including families with:

- Adults age 60 or older
- Adults with disabilities or children with severe disabilities
- Teen parents who do not have a high school diploma or General Educational Development (GED) diploma and wish to finish school
- Some single parents with a child under 12 months old
- One or more caregivers who have been on the Minnesota Family Investment Program or Diversionary Work Program in the last 12 months
- One or more caregivers who have received 60 months of Minnesota Family Investment Program or Diversionary Work Program in the last 12 months
- A caregiver who is disqualified from the Diversionary Work Program or Minnesota Family Investment Program due to fraud

- A caregiver who has been in the United States for less than 13 months
- A caregiver who has been approved for asylum or refugee status within the last 13 months.

Other supports

- You may be eligible for the Supplemental Nutrition Assistance Program (SNAP), health care and child care assistance while on the Diversionary Work Program.
- After the four months of assistance, you may be eligible for the Minnesota Family Investment Program, and you may continue to be eligible for food, health care and child care assistance.

How do you appeal?

If you do not agree with the action the county takes on your application, ask your eligibility worker for an explanation on the action.

You may see the policy manuals, rules and laws that give the reasons for the action. If you still do not agree, you may appeal. Your eligibility worker will help you ask for an appeal hearing or contact:

Minnesota Department of Human Services
Appeals Office
P.O. Box 64941
St. Paul, MN 55164-0941
651-431-3600 (Voice)
800-657-3510 (Toll Free)
800-627-3529 (TTY)
651-431-7523 (Fax)

The hearing is conducted by a human services judge. Most hearings are held by telephone, but in limited circumstances, may be held in person or by video conference. Bring any facts to the hearing that will help you explain why you do not agree. If you want a lawyer, ask your eligibility worker for information about free legal services. You may bring people to the hearing to give information about the facts. After you and the agency have each presented your side, the human services judge will make a written recommendation to a chief human services judge. The chief human services judge will issue a written decision about your case. You will receive the decision in the mail.

If you are still not satisfied, you have 30 days to appeal this decision to the state district court.

Your right to privacy

Most of the time, the information we ask about you and your family is private. This means you may see the information, but we cannot share that information with the public.

Other government agencies may see this information too. You have the right to question what is in your file. For more information, see the full Notice of Privacy Practices online at <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-3979-ENG>.

If you have questions

For questions about the Diversionary Work Program, contact your local county human services agency.

(agency)

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- | | | | |
|-------------------|----------------------|----------------------------|---------------------|
| ■ race | ■ creed | ■ public assistance status | ■ disability |
| ■ color | ■ religion | ■ marital status | ■ sex |
| ■ national origin | ■ sexual orientation | ■ age | ■ political beliefs |

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.

Contact **DHS** directly only if you have 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

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
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

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 | ■ disability |
| ■ color | ■ sex |
| ■ national origin | ■ religion |
| ■ age | |

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

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) 800-537-7697 (TDD)
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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 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.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໄປຮດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)



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