

*St. Vincent*

**POVERTY**

**Experience**

## **Welfare Office Receptionist**

### **Welfare Office Receptionist Packet Contents:**

- 1 Welfare Receptionist Instruction Sheet
- 1 Appointment Log
- 20 Application for Benefits Forms
- 20 Household Members Registration Forms
- 20 Food Stamps and Your Responsibilities Forms
- 12 Change Report Forms
- 5 Statement of Loss Forms
- 6 Work Permits
- 1 business sign and 1 closed sign
- 1 name tag
- 1 pad of paper
- 1 box of pencils

### **General Information - The Welfare Office Receptionist has three tasks:**

- 1) Assign clients to a caseworker
- 2) Give new clients materials and ask them to fill out forms
- 3) Grant work permits to persons under the age of 16 who have been referred to you by the Employment Office In simulation with 40 persons or less, or if business is slow, close the office for a state holiday sometime during the month, if you wish. Tell those waiting that the office is closed and they will have to come back. Put the Closed sign on the desk. When you close the office all Welfare Office vendors should leave their desks for a few minutes and then return and re-open the office. You will be asked to report on your experience with the families during the debriefing period at the end of the simulation.

### **Responsibilities:**

- 1) Collect a transportation pass from each person who comes to you, including children. If they don't have a pass for each person, send them to Quik Cash (Currency Exchange) to purchase some.
- 2) Fill out Appointment Log – Ask clients to state the purpose of their visit.
- 3) Give clients forms to complete – Families with last names starting with letters A to F and S to Z are new applicants. Ask them to go to the waiting room and read and complete the following: Application for Benefits; Household Members Registration; and Food Stamps, Your rights and Responsibilities. Families with last names starting with letters G to R are already receiving aid. Ask them to complete the Change Report Form. Clients who state that their food stamps or TANF checks were lost or stolen should complete the Statement of Loss Form.
- 4) Assign each applicant to a caseworker – On your Appointment Log, assign families G to R to Caseworker # 1. you may choose how to assign the other families between the two caseworkers. Try to keep each caseworker equally busy.
- 5) Write the family name on a piece of paper and give it to the caseworker you have assigned the client.

- 6) Tell all the families they will be called, in order, by their caseworker. If their name is called and they haven't yet completed the forms, they lose their turn and will have to wait until the caseworker calls them again. Interview teenagers under age 16 who come to you to apply for a work permit. (Work permits are not normally issued by a welfare office, but are included here to keep the number of volunteers manageable.) Ask where and when they plan to work and how they are doing in school. Discourage them from working if they are making poor grades. Discourage them from working more than four hours on a school night. If you decide it would be good for them to work, complete and give them a Work Permit. Remind them that their income may affect their families' eligibility for, and benefit levels of, TANF and Food Stamps.

# Welfare Office Appointment Log

Assign To Caseworker # 1 (G,H,I,J,K,L,M,N,O,P,Q,R)

FAMILIES	#	WEEK 1	WEEK 2	WEEK 3	WEEK 4
	1				
	2				
	3				
	4				
	5				

Assign To Caseworker # 1 OR #2 (A – F And S - Z)

FAMILIES	#	WEEK 1	WEEK 2	WEEK 3	WEEK 4
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

NOTE: Write caseworker number in space provided on right side of each column.

# Application for Benefits Form (1 of 2 Pages)

## A. Applicant Information

Name:	<b>FOR OFFICE USE ONLY</b>
Social Security Number:	DCN
Address:	Phone:
City, State, Zip:	Message Phone:
Previous Address:	
Previous City, State, Zip	

If your household circumstances change in any of the ways listed below, Federal law requires you to report the changes to your DFS office within ten (10) days. You must provide the Social Security Number (SSN) of all persons applying for our receiving food Stamps as a condition of eligibility. The SSN will be used to determine eligibility and level of benefits, verify information, prevent duplicate issuances, and to facilitate mass changes in federal benefits (FS Act of 1977 & Public Law 97-98).

## A. Household Members. List Income And Resources (savings, vehicles, etc. In C, d And e Below).

Name	Relationship	Birth date	Social Security No.	How long at this address	Disabled?

## C. Income

Name	Source	Amount	Rate of Pay	No. of Hours

## D. Vehicles

Does anyone in your household own a car or truck? List information below.

Owner	Make	Model	Year	Licensed Y/N	Value	Debt	How is vehicle used?

## E. Resources

Cash, Saving Account, Checking Account, Stocks, Bonds, Property, etc.

Name	Resource	Amount	Institution/Location

F. or Rent, Mortgage And Utilities (Gas, electric, oil, etc.) Food stamps Only

Use the space below to tell us which costs you are paying, and how often you are billed (Attach verification).  
If your utilities are more than \$354 you may be eligible to use the actual amount.

Type of Expense	Amount	Institution/Location

G. Dependent Care Costs (ATTACH verification) Optional IF Food stamps only

Provider's Name	Phone number	Amount	How often billed?

H. Child support expense List any legally binding child support paid to non household members.

Dependent's Name	Amount Paid	How often paid
1.		
2.		
3.		

I. FOR TANF Please provide any information about the absent parent

Child's Name	Absent Parent	Absent Parent's SSN

J. Other Please report any other circumstances here: Examples: medical insurance coverage, marital status, ownership of property, etc. Optional if Food Stamps only.


**IF YOU PURPOSELY HOLD BACK INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD, YOU WILL OWE US THE VALUE OF ANY EXTRA BENEFITS YOU RECEIVE AS A RESULT. YOU MAY ALSO BE BARRED FROM THE FOOD STAMP PROGRAM FOR 6 MONTHS, 12 MONTHS, OR PERMANENTLY AND BE FINED, IMPRISONED, OR BOTH. YOU MAY ALSO LOSE YOUR TANF STANDARD DEDUCTION, EARNINGS DISREGARDS AND CHILD CARE EXPENSE DEDUCTIONS.**

PENALTY WARNING: Any information provided on this form is subject to verification by Federal, State, and local officials. If any is inaccurate, you may be denied food stamps and/or be subject to criminal prosecution for knowingly providing false information. Section 13942 of P.L. 103-66. Any individual found guilty in a federal, state or local court of trading coupons for controlled substances can be barred from the Food Stamp program permanently. Anyone who knowingly uses, acquires, alters or possesses coupons or authorization cards or presents coupons and knows they were received, transferred or used incorrectly violates this Act and is punishable by fines and/or imprisonment.

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra benefits I receive because I don't fully report changes in my household. My signature below certifies under penalty of perjury that all declarations made on this change report are true, accurate and complete.

Client Signature	Telephone number	Date
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## Household Members Registrations (1 Page)

CASE NAME		CASE DCN			DATE APPLIED			
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
AF FS DC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. DCN	NAME (LAST, FIRST, MI, MAIDEN)						
	DATE OF BIRTH	RACE	SEX	S S #	S S CLAIM #	WIN	UP	
LOAD # >	WORKER # >	SUP. # >						

## FOOD STAMPS AND YOUR RESPONSIBILITIES FORM

Everyone applying for food stamps has the following responsibilities.

- Participate (or have your authorized representative participate) in a face-to-face interview with the Caseworker. This interview may be waived if you are over age 59 or disabled.
- Answer all questions completely and honestly. This will shorten the time it takes to act on your application
- Provide proof that you are eligible. Proofs you must provide are:
  - Identification including name and address
  - Income – pay stubs from the last two months or statement from employer
  - Resources – current bank statements or book
  - Citizenship – if you are not a citizen, proof of legal alien status
  - Social Security numbers – cards or you may apply at Family Services office
  - Child care expense – cancelled checks or receipts
  - Medical expense (if you are over 59 or disabled) – bills or statements
  - Shelter expenses – utility bills, rent receipts
  - Additional information may be requested by your caseworker
- Report certain changes in your household circumstances to the food stamp office within the time frame your caseworker explains to you. Changes include income, resources, number of people in household, acquiring a vehicle, etc.
- Never make changes on any food stamp cards or documents or buy, sell or trade your coupons
- Use food stamps only to buy eligible items. Eligible items are any food except alcoholic beverages, tobacco, pet food, and hot foods prepared for immediate consumption like pizza. Food stamps can be used to buy seeds or plants to grow food for your household. Non-food items cannot be bought with food stamps.
- Never put your money or possessions in someone else's name in order to qualify for food stamps. It may make you ineligible. Your home, the land it sits on and a car (up to limited value) is not counted towards your eligibility. People who break food stamp rules may be penalized.

## Change Report Form (1 of 3 Pages)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear: \_\_\_\_\_

Use this form to report (within 10 days) any of the following changes in your household circumstances:

- Changes in your total household income when it comes up or down by \$50 or more per month. You don't have to report changes in your AFDC check.
- Changes in any source of income.
- The value of any licensed vehicle, if anyone in your household gets one.
- Increases in your household's savings if the total cash and savings of all household members now amounts to \$4,000 or more.
- Changes in the number of people in your household.
- Your new address if you move.
- Your new rent or mortgage costs if you move.
- When total medical expenses of household members age 60 or over, or who receive Supplemental Security (SSI) benefits or Social Security Disability payments, changes up or down by \$50 or more a month.

You must report these changes within 10 days of the time you know of changes. This will help make sure you get the correct amount of stamps.

If for some reason you can't mail this form, you can report the changes by calling us at \_\_\_\_\_.

You can also use this form to report changes in the cost of earnings for children or disabled adults, or changes in the shelter costs even if you haven't moved. If these expenses go up you may be eligible for additional food stamps.

If you purposely hold back information about changes in your household, you will owe us the value of any extra food stamps you receive as a result. You may also be barred from the Food Stamp Program for 6 months, 12 months or permanently, and be fined or imprisoned.

Sincerely,



## Change Report FORM (2 of 3 pages)

### If you didn't give your social security numbers

If you have not given social security numbers for all household members who are 18 years or over and those children under 18 years with countable income, list their names, ages and social security numbers (SSN) below.

Name 1. \_\_\_\_\_ Age: \_\_\_\_\_ SSN \_\_\_\_\_

Name 2. \_\_\_\_\_ Age: \_\_\_\_\_ SSN \_\_\_\_\_

Name 3. \_\_\_\_\_ Age: \_\_\_\_\_ SSN \_\_\_\_\_

### If income or any source of income changes

You must tell us if the total income received by your household goes up or down by \$50 or more a month. In figuring the change, use your household's total monthly income before deductions such as taxes or retirement or union dues are taken out. You don't have to report changes in our FDC check, but you have to report changes in any other source of income. (For members currently on strike, enter income before the strike.)

Name 1. \_\_\_\_\_ Inc source \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Name 2. \_\_\_\_\_ Inc source \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Name 3. \_\_\_\_\_ Inc source \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

### If the number of cars or licensed vehicles changes

You must tell us if anyone in your household has gotten a car, truck, boat, camper, motorcycle or other licensed vehicle since the last time you told us about the vehicles your household owns.

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Has anyone in your household sold or traded a licensed vehicle since the last time you told us about the vehicles your household owns? How much did you get for it? \_\_\_\_\_

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

### If your savings increase

You must tell us if the total amount of money that members of your household have in cash, savings accounts, checking accounts and/or if stocks and bonds increase to more than \$4,000. How much does your household have now? \_\_\_\_\_

### If someone moves in or out

If someone moves in or out of your home, you must report that. Are there any new members of your household?. If so, please list them and complete the information below. Include newborn children.

Name 1. \_\_\_\_\_ ( ) Left ( ) Entered ( ) Is disabled Age \_\_\_\_\_ Income \_\_\_\_\_

Name 1. \_\_\_\_\_ ( ) Left ( ) Entered ( ) Is disabled Age \_\_\_\_\_ Income \_\_\_\_\_

Name 1. \_\_\_\_\_ ( ) Left ( ) Entered ( ) Is disabled Age \_\_\_\_\_ Income \_\_\_\_\_

# Change Report Form (3 of 3 pages)

If you moved or your rent or mortgage changed  
If you moved, what is your new mailing address?

\_\_\_\_\_  
If you don't have a street address, tell us how to get to your home. Phone \_\_\_\_\_

\_\_\_\_\_  
If you moved, you must also list your new expenses below. You can also use this section to tell us that your rent or mortgage has gone up.

\_\_\_\_\_  
New amount \_\_\_\_\_ Insurance \_\_\_\_\_ Taxes \_\_\_\_\_

Are you a boarder? ( ) Yes ( ) No

### If your utilities or dependent care costs go up

Have your utility bills (gas, oil, electricity, etc.) gone up? Have you started paying someone to care for a child or dependent adult or have these costs increased? If so, you may be eligible for more food stamps Use the space below to tell us which costs have gone up, the new amount you are paying and how often you are billed.

Type of cost: \_\_\_\_\_ New amt \_\_\_\_\_ How often \_\_\_\_\_

Type of cost: \_\_\_\_\_ New amt \_\_\_\_\_ How often \_\_\_\_\_ Type of cost: \_\_\_\_\_  
\_\_\_\_\_ New amt \_\_\_\_\_ How often \_\_\_\_\_

### If certain household member's medical expenses go up or down

List the medical expenses for all household members age 60 or who are disabled and receive Supplemental Security Income (SSI) benefits or Social Security Disability payments if the total monthly medical expenses have gone up or down by \$50 or more.

Medical and dental \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Hospital or nursing \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Health ins and medical pmts \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Prescription drugs \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Denture, hearing aids, glasses \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Transportation to medical care \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Services of nurse or attendant \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Other (explain) \_\_\_\_\_ Amt \_\_\_\_\_ How often \_\_\_\_\_

Please list the names of household members that have these expenses:

\_\_\_\_\_

Penalty Warning: Do not falsify any of the above information under penalty of law

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

# Statement of Loss (1 Page)

(1) Recipient Name: \_\_\_\_\_  
(Person ATP Card or Coupons were issued to)

(2) Current Address of Recipient: \_\_\_\_\_  
(Street No.) (Apt. No.) (Street)  
\_\_\_\_\_  
(City) (State)

(3) Address ATP Card was mailed to if different than above: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State)

(4) List any other state public assistance programs recipient is participating in:  
Name of Program: \_\_\_\_\_ How long? \_\_\_\_\_

(5) Recipient Food Stamp Case Number: \_\_\_\_\_

(6) Any other state public assistance case number if applicable: \_\_\_\_\_

(7) The card in the amount of \$ \_\_\_\_\_ was ( ) not received ( ) destroyed ( ) stolen  
Coupons in the amount of \$ \_\_\_\_\_ were destroyed. WHEN: Date \_\_\_\_\_

(8) ATP CARD NUMBER: \_\_\_\_\_  
Replacement Card Number and \$ Amount: No. \_\_\_\_\_ Amt. \_\_\_\_\_

(9) If stolen, was police report made? ( ) Yes ( ) No WHEN? Date: \_\_\_\_\_  
Name of Police Agency reported to: \_\_\_\_\_  
Address: \_\_\_\_\_

(10) I, THE UNDERSIGNED, HEREBY DECLARE THAT I DID NOT:  
( ) Receive or use the ATP Card(s) issued and mailed to me for the month of \_\_\_\_, 20\_\_\_\_  
( ) Use the Food Stamp Coupons in the amount of \$ \_\_\_\_\_ for the month of \_\_\_\_, 20\_\_\_\_

I AGREE THAT IF I SHOULD RECEIVE OR RECOVER THE MISSING CARD(S) OR FOOD COUPONS, I WILL IMMEDIATELY RETURN IT TO MY CASEWORKER. FURTHERMORE, I UNDERSTAND THAT IF THE LOST CARD(S) OR FOOD COUPONS ARE USED EITHER BY ME OR BY ANY OTHER PERSON ACTING WITH MY KNOWLEDGE AND CONSENT, I WILL BE INELIGIBLE TO CONTINUE IN THE FOOD STAMP PROGRAM AND WILL BE LIABLE TO PROSECUTION UNDER BOTH FEDERAL AND STATE LAWS.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**Welfare Office  
WORK PERMIT**

For Persons Under 16 years of Age

Name

is authorized to work part-time, 4:00 p.m. to 8:00 p.m. shifts on weekdays and no more than 8 hours on weekends.

Signed \_\_\_\_\_

Welfare Officer  
State of Poverty

**Welfare Office  
WORK PERMIT**

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Signed \_\_\_\_\_

Welfare Officer  
State of Poverty



# Welfare Office Receptionist

Nametag

