

Application for Benefits



3SquaresVT

Helps people to buy food.



Reach Up

Provides support to households with children.



Fuel Assistance

Helps people to heat their homes.



Essential Person

Helps people to pay for essential, live-in care at home.

One application.

Only one application is needed to apply for any of the programs shown above: 3SquaresVT, Reach Up, Fuel Assistance, and Essential Person. Apply for one or more on the same application!

Three easy ways to apply.

- ONLINE:** Go to myBenefits.vt.gov and apply. It's the quickest way for us to receive your application.
- BY MAIL:** Mail this completed application to the address on the next page (#4). Additional applications can be picked up at any district office, or you can call **1-800-479-6151** to have one mailed to you.
- IN PERSON:** Apply in person at one of our 12 district offices. To find the office nearest you, call **1-800-479-6151** or go to myBenefits.vt.gov.

Any questions? We can help!

- CALL:** **1-800-479-6151**
- SENIORS:** If you are age 60 or older, you can also call Vermont's Senior Helpline at **1-800-642-5119**.
- VISIT:** We have 12 district offices. To find the one nearest you, call **1-800-479-6151** or go to myBenefits.vt.gov.
- TTY/RELAY:** If you are deaf, hard of hearing, or have a speech disability, dial **7-1-1** for a relay service.

If you need interpretation services...

إذا أنت ترغب خدمات الترجمة الفورية اتصل برقم 1-855-247-3092 (Arabic)

Ako su Vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian)

စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-247-3092 သို့ ဖုန်းဆက်ခေါ်ပါ။ (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murungo 1-855-247-3092. (Kirundi)

यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा 1-855-247-3092 मा कल गनुहोस्। (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali)

Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-247-3092. (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese)

LET US KNOW IF YOU WOULD LIKE A COPY OF YOUR APPLICATION

READ AND KEEP THIS PAGE FOR YOUR RECORDS.

Getting Started

Step-by-Step Application Process

1. Complete this application. Answer questions completely and honestly.

The Economic Services Division (ESD) will verify the information you provide with other sources, including federal, state, and local agencies.

2. Sign the application.

Before you sign, be sure you read and understand the **Rights & Responsibilities** explained on pages 17–18.

3. Attach any necessary documents.

Some questions ask you to include additional documents. Please send copies of personal documents. Originals may not be returned.

4. Submit your completed and signed application.

IN PERSON: Drop off your completed application at one of our 12 district offices. To find the one nearest you, call **1-800-479-6151** or go to myBenefits.vt.gov.

BY MAIL: Send your completed application to:
DCF - Economic Services Division
Application and Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

5. Participate in an interview, if required.

If you apply for 3SquaresVT or Reach Up, you'll have to complete an interview — by phone or in person — before we can make a decision about your eligibility. We will inform you about the interview process after you apply.

6. Submit any additional documents requested.

After you submit your application, we may ask you to provide further documentation (e.g., driver's license, ID card, immigration documents, pay stubs, bills, forms, etc.) to verify certain information. Please send copies of personal documents. Originals may not be returned.

Facts to Know

OPTIONAL. To get the ball rolling sooner, submit pages 1–2 of this application. It must include at least your name, address, and signature. Complete and submit the rest of the application as soon as possible after.

3SQUARESVT BENEFITS. Benefits will be prorated from the date we receive your application as long as it has at minimum your name, address, and signature.

AMERICANS WITH DISABILITIES ACT (ADA). If you have a physical or mental condition that considerably limits a major life activity (e.g., moving, seeing, or thinking), you may be entitled to reasonable accommodations to help you participate in ESD programs. Call **1-800-479-6151**.

SOCIAL SECURITY NUMBERS (SSN). You must provide an SSN for each person applying for benefits. You don't have to provide SSNs for people not applying, but you do need to give information such as their incomes and resources. For help getting an SSN, call **1-800-772-1213** or visit socialsecurity.gov. TTY users call **1-800-325-0778**.

IMMIGRANTS. Only U.S. citizens and certain non-citizens can get benefits. If your household includes people not eligible because of their immigration status, you can still apply for those who are eligible. You don't have to provide immigration information for people not applying, but you do need to give information such as their incomes and resources. Getting benefits from ESD can affect an immigrant's sponsor or immigration status. Before applying, call Vermont Legal Aid at **1-800-889-2047** if you have questions.

Additional Resources

ENERGY ASSISTANCE: If you use Green Mountain Power or Vermont Gas, you may qualify for a discount. Visit energyhelp.vt.gov or call **1-800-775-0516** to learn more.

OTHER ASSISTANCE: Go to dcf.vermont.gov/esd or call **1-800-479-6151** to learn about other benefits available through ESD, including Lifeline Phone Assistance and Emergency/General Assistance.

HEALTH COVERAGE: To learn about available health care coverage and how to apply, call Vermont Health Connect at **1-855-899-9600** or go to dcf.vermont.gov/esd.

LIFELINE TELECOMMUNICATIONS PROGRAM: For assistance with the federal Lifeline program, please call the USAC Lifeline consumer support phone number at 1-800-234-9473 or visit <https://www.lifelinesupport.org>.

ADDITIONAL HELP: Go to vermont211.org or dial **2-1-1** toll free from anywhere in Vermont to find out about hundreds of other community and statewide resources.

Application for Benefits

Please print clearly and answer questions completely and honestly. Thank you!



202 Revised 10/2018

1. Tell us about you, the person applying.

First name, middle name, last name and suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)
Social Security number	Phone number where you can be reached () -	Town where you live
Mailing address, line 1		Apartment or suite number
Mailing address, line 2 (if applicable, include an 'in-care-of' person here)		
City	State	Zip code
Physical or home address <input type="checkbox"/> Check if same as mailing address	Apartment or suite number	
City	State	Zip code

2. Which programs are you applying for?

Check off each program you are applying for (you can apply for more than one).

3SquaresVT:



Helps people to buy food.

Reach Up:



Provides support to households with children.

Fuel Assistance:



Helps people to heat their homes

Essential Person:



Helps people to pay for essential, live-in care at home

As you complete this application, look for the symbols above. You only need to answer the questions that show the symbols of the programs you are applying for. If you are not sure which programs you want, please answer all of the questions.

3. Are you interested in these additional services?

WIC: If you have a child under five, or are a pregnant or nursing woman, you may qualify for additional help with food, health screening, and nutrition education. If so, would you like someone from the WIC program to contact you? Yes No

To learn more about the WIC program, you can also call toll free 1-800-464-4343.

Voter Registration: If you are not registered to vote where you live now, would you like a voter registration application? **If you do not check either box, you will be considered to have decided not to register to vote at this time.** Yes No

Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by ESD. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State's Office at 128 State Street, Montpelier, VT 05633-1101, or call 1-802-828-2363, or 1-800-439-8683 (toll free).

SIGN HERE. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED. THEY WILL BE RETURNED.

I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief, including information about citizenship and alien status. I have read and I understand my **Rights & Responsibilities** on pages 17-18, and I agree to them.

Signature of Applicant or Representative (see page 15 for definition) Date _____

Answer for: **4. 3SquaresVT Rules.**



Federal regulations for 3SquaresVT, the federal Supplemental Nutrition Assistance Program (SNAP), require us to ask the following questions. Please answer these questions for convictions that occurred in any state.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or has any member of your household been convicted of trading SNAP benefits for drugs after September 22, 1996?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or has any member of your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or has any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any state after September 22, 1996?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you or is any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition of parole or probation?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you or has any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after September 22, 1996?

Answer for: **5. Get 3SquaresVT Faster.**



You may be eligible to get 3SquaresVT benefits within 7 days if:

- Your household has less than \$150 in monthly gross income and less than \$100 in liquid resources (i.e., cash on hand or in the bank); or
- Your household includes a migrant or seasonal farmworker and the household receives very little income now and then or no income at all, and has less than \$100 in liquid resources; or
- Your household’s combined monthly gross income and resources are less than the household’s monthly rent or mortgage, plus utilities.

If you think you might qualify for faster benefits, answer the questions below about the people in your household as accurately as you can.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did anyone in your household get food benefits (SNAP, 3SquaresVT) this month in any state?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is anyone in your household a migrant or seasonal farm worker?
\$	What is your household’s total gross income (before deductions are taken out) this month?
\$	How much money does your household have available in cash and in any bank accounts?
\$	How much is your monthly rent or mortgage payment?
\$	How much are your monthly utilities (heat, air conditioning, hot water, cooking & lights)?

Answer for:

6. Tell us about each person living in your home.

MEMB



List everyone in the household, even if they are not applying for benefits. List yourself first. You will be considered the head of household. If you need to list more people, get a blank sheet of paper and answer the same questions below for each person. Include your name and SSN at the top of any additional pages.

First, middle, last name & suffix (Jr., Sr., III, etc.)		Applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Essential Person <input type="checkbox"/> None	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Never married/single <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed
Date of birth (mm/dd/yyyy)	Social Security number			
Relationship to you SELF	Last grade completed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

The following question is voluntary. It will not affect eligibility or the level of benefits. It is asked only to assure that program benefits are distributed without regard to ethnicity, race, color, or national origin.

Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: Asian White Native Hawaiian or other Pacific Islander
 Black or African American American Indian or Alaska Native

First, middle, last name & suffix (Jr., Sr., III, etc.)		Applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Essential Person <input type="checkbox"/> None	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Never married/single <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed
Date of birth (mm/dd/yyyy)	Social Security number			
Relationship to you	Last grade completed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

First, middle, last name & suffix (Jr., Sr., III, etc.)		Applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Essential Person <input type="checkbox"/> None	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Never married/single <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed
Date of birth (mm/dd/yyyy)	Social Security number			
Relationship to you	Last grade completed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

First, middle, last name & suffix (Jr., Sr., III, etc.)		Applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Essential Person <input type="checkbox"/> None	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Never married/single <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed
Date of birth (mm/dd/yyyy)	Social Security number			
Relationship to you	Last grade completed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

First, middle, last name & suffix (Jr., Sr., III, etc.)		Applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Essential Person <input type="checkbox"/> None	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Never married/single <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed
Date of birth (mm/dd/yyyy)	Social Security number			
Relationship to you	Last grade completed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

First, middle, last name & suffix (Jr., Sr., III, etc.)		Applying for: <input type="checkbox"/> 3SquaresVT <input type="checkbox"/> Reach Up <input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Essential Person <input type="checkbox"/> None	Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Civil union <input type="checkbox"/> Separated <input type="checkbox"/> Never married/single <input type="checkbox"/> Divorced/dissolved <input type="checkbox"/> Widowed
Date of birth (mm/dd/yyyy)	Social Security number			
Relationship to you	Last grade completed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Household (continued)

Answer for everyone in your household, including children.

EITC

Answer for:

7. Did anyone get a Vermont Earned Income Tax Credit (EITC) in the past 12 months? *(Line 31C on your Vermont tax return)*



If you are unsure, call the Vermont Department of Taxes at 1-802-828-2865.

- YES.** Answer this question ↻ **NO.** Skip to next question ➡

First name, middle initial	Date received

Answer for:

8. Has anyone moved to Vermont in the last 3 years?



- YES.** Answer this question ↻ **NO.** Skip to next question ➡

First name, middle initial	Date arrived in Vermont	State or country moved from

Answer for:

9. Has anyone received financial assistance from another state since July 1, 2001?



- YES.** Answer this question ↻ **NO.** Skip to next question ➡

First name, middle initial	Other state	Date assistance started	Date assistance ended

INST

Answer for:

10. Does anyone currently live in a facility other than a school or college?



Examples: hospital, nursing home, correctional facility, treatment facility, group home, etc.



- YES.** Answer this question ↻ **NO.** Skip to next question ➡

First name, middle initial	Name of facility	Type of facility	Date of admission

SCHL

Answer for:

11. Is anyone in high school, college, vocational school, or a training program?



- YES.** Answer this question ↻ **NO.** Skip to next question ➡



Does any child listed below have an Individualized Education Program (IEP) or a disability that prevents graduation before age 19?

- YES** **NO**

First name, middle initial	Name of school	Type of school	Expected completion date	Enrollment status	Live on campus?
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household (continued)

Answer for everyone in your household, including children.

PREG

Answer for: **12. Is anyone pregnant?**



YES. Answer this question ↻

NO. Skip to next question ↻

First name, middle initial	Expected due date	Does this prevent her from working?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer for: **13. Does anyone live outside the home some of the time?**



YES. Answer this question ↻

NO. Skip to next question ↻



First name, middle initial	Time spent living in your household	When not living with you, who are they with?
	_____ days per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	First, middle, last name & suffix (Jr., Sr., III, etc.)
	_____ days per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	First, middle, last name & suffix (Jr., Sr., III, etc.)

ALIA

Answer for: **14. Has anyone been known by another name?**



Example: maiden name, nickname, or alias.



YES. Answer this question ↻

NO. Skip to next question ↻

CURRENT NAME: First, middle, last name & suffix	OTHER NAME: First, middle, last name & suffix

DISA

Answer for: **15. Does anyone have a physical, mental, or emotional condition that limits activities such as working, going to school, or taking care of children?**



YES. Answer this question ↻

NO. Skip to next question ↻



First name, middle initial	Caused by accident?	Disability determination
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this person applied for disability from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Social Security determined this person is disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this person applied for disability from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Social Security determined this person is disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARE

Answer for: **16. Does another parent of your minor child(ren) live with you?**



YES. Answer this question ↻

NO. Skip to next question ↻

OTHER PARENT: First, middle, last name	Are you married or joined by Civil Union to this person?	Name(s) of shared child(ren)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Household (continued)

Answer for everyone in your household, including children.

QUIT

Answer for: **17. Did anyone stop working in the last 60 days?**



Examples: quit, fired, laid off, or on strike.

- YES. Answer this question** **NO. Skip to next question**

First name, middle initial	Reason for leaving	Date left

EATS

Answer for: **18. Does anyone buy and prepare food separately from you?**



- YES. Answer this question** **NO. Skip to next question**

First name, middle initial	First name, middle initial	First name, middle initial
1	2	3

ESSP

Answer for: **19. Does anyone live with you to provide essential care so you can live at home?**



- YES. Answer this question** **NO. Skip to next question**

First, middle, last name	Type of care	Paid for by another agency?
	<input type="checkbox"/> Homemaker, caretaker, or companionship services <input type="checkbox"/> Medically necessary personal care <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

ABSP

Answer for: **20. Does any child have a parent who does not live with you?**



- YES. Answer this question** **NO. Skip to next question**

ABSENT PARENT: First, middle, last name & suffix (Jr., Sr., etc.)	Name(s) of child(ren)

Before we can determine your eligibility for Reach Up, you must complete a Form 137 for each absent parent. This form assigns your rights to child support to the State of Vermont. We will send you Form 137 after we receive this application. To get the form sooner, call **1-800-479-6151**, or visit **myBenefits.vt.gov** to print it. If you believe pursuing support could cause a noncustodial parent to physically or emotionally harm you or the children involved, you may ask for a waiver of cooperation. More details are on page 17, item 11 in the Rights & Responsibilities.

Health Insurance

Answer only for the adults in your household who are applying for benefits.

MEDI

Answer for: **21. Is anyone enrolled in Medicare (insurance provided by Social Security)?**



If you are unsure, call Medicare at **1-800-633-4227**. TTY users call **1-877-486-2048**.

YES. Answer this question **NO. Skip to next question**

Person 1		Part A	Part B	Part C	Part D
First name, middle initial	Start date				
Medicare claim number	Premium payment	\$	\$	\$	\$
Person 2		Part A	Part B	Part C	Part D
First name, middle initial	Start date				
Medicare claim number	Premium payment	\$	\$	\$	\$

Resources

Answer for everyone in your household, including children.

CASH

Answer for: **22. Does anyone have cash that is NOT in a bank, such as at home, on hand, or held by others?**



YES. Answer this question **NO. Skip to next question**

First name, middle initial				
Amount	\$	\$	\$	\$

BANK

Answer for: **23. Does anyone have accounts in a bank, credit union, or other financial institution, including accounts that have no value at this time?**



YES. Answer this question **NO. Skip to next question**

Check the types of accounts and provide details below.

<input type="checkbox"/> Certificate of deposit (CD)	<input type="checkbox"/> IRA/Keogh Plan/401K	<input type="checkbox"/> Savings account		
<input type="checkbox"/> Checking account	<input type="checkbox"/> Pension account	<input type="checkbox"/> Other (describe below)		
<input type="checkbox"/> Christmas club	<input type="checkbox"/> Retirement account			
Name(s) of owner/co-owner(s)	Type of account	Name of bank	Account number	Value
				\$
				\$
				\$
				\$
				\$

Answer for everyone in your household, including children.

CARS

Answer for: **24. Does anyone own, co-own, or lease any vehicles, including vehicles not registered or running at this time?**



YES. Answer this question **NO. Skip to next question**

Check the types of vehicles owned or co-owned and provide details below.

<input type="checkbox"/> ATV	<input type="checkbox"/> Car	<input type="checkbox"/> Snowmobile
<input type="checkbox"/> Boat	<input type="checkbox"/> Jet ski	<input type="checkbox"/> Truck or van
<input type="checkbox"/> Camper/RV/trailer	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other (describe below)

Name(s) of owner/co-owner(s)	Type of vehicle	Year, make & model	Leased?	Amount owed	For ESD use
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

PROP

Answer for: **25. Other than the home you live in, does anyone own or co-own any homes, land, mobile homes, timeshares, buildings, other real estate, or life estate interest in any property?**



YES. Answer this question **NO. Skip to next question**

Name(s) of owner/co-owner(s)	Type of property	Location	Assessed value	Amount owed
			\$	\$
			\$	\$

STOK

Answer for: **26. Does anyone own or co-own any of the resources listed below, including resources that have no value at this time?**



YES. Answer this question **NO. Skip to next question**

Check the types of resources owned or co-owned and provide details below.

<input type="checkbox"/> Burial expense account: Is it irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Collections (e.g., stamps, comic books, etc.)	<input type="checkbox"/> Stocks/bonds/mutual funds
<input type="checkbox"/> Burial plot	<input type="checkbox"/> Promissory or mortgage note	<input type="checkbox"/> Trusts
	<input type="checkbox"/> Savings bonds	<input type="checkbox"/> Other (describe below)

Name(s) of owner/co-owner(s)	Type of resource	Value
		\$
		\$
		\$
		\$
		\$

Resources (continued)

Answer for everyone in your household, including children.

STOK

Answer for:

27. Has anyone sold, given away, traded, or transferred ownership of any resource in the past 24 months (3 months if applying for 3SquaresVT only)?



Examples: vehicle, money, stock, land, home, or something else of value.

- YES. Answer this question** **NO. Skip to next question**

First name, middle initial	Type of resource	Date transferred	Sale price or value
			\$
			\$

Income

Answer for everyone in your household, including children.

JINC

Answer for:

28. Does anyone have income from a job, internship, or training program?



- YES. Answer this question** **NO. Skip to next question**

List gross income from each paycheck received in the last 30 days, before deductions (e.g., taxes, insurance, etc.). *Please list up to 5 paychecks received in the last 30 days.* For faster processing, include copies of pay stubs.

Employee name: first, middle, last		Employer's name		Employer's phone number () -	
Paychecks are issued: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other: _____ Day of week paid: _____		Date paid	Hours worked	Gross income	Tips/commissions
	1			\$	\$
	2			\$	\$
	3			\$	\$
	4			\$	\$
5			\$	\$	

Employee name: first, middle, last		Employer's name		Employer's phone number () -	
Paychecks are issued: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other: _____ Day of week paid: _____		Date paid	Hours worked	Gross income	Tips/commissions
	1			\$	\$
	2			\$	\$
	3			\$	\$
	4			\$	\$
5			\$	\$	

Employee name: first, middle, last		Employer's name		Employer's phone number () -	
Paychecks are issued: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other: _____ Day of week paid: _____		Date paid	Hours worked	Gross income	Tips/commissions
	1			\$	\$
	2			\$	\$
	3			\$	\$
	4			\$	\$
5			\$	\$	

Income (continued)

Answer for everyone in your household, including children.

INKD

Answer for: **29. Does anyone get food, housing, clothes, or something else in return for work?**



Example: Someone gets housing in exchange for working on a farm, and the value is \$500/month.

- YES. Answer this question** ⬇️ **NO. Skip to next question** ➡️

First name, middle initial	Item received	Value
		\$ _____ per _____

DCIN

Answer for: **30. Does anyone have income from taking care of children?**



If you claim income for providing child care on your taxes, answer NO here and YES to question 32.



- YES. Answer this question** ⬇️ **NO. Skip to next question** ➡️

List income from the last 30 days and the number of meals you provide each month for which you are not paid or reimbursed.

First name, middle initial	Income before deductions	Hours/week	Breakfast	Lunch	Dinner	Snacks
	\$ _____ per _____					
	\$ _____ per _____					

RBIN

Answer for: **31. Does anyone have income from providing rooms or meals in your home? Include payments from children.**



- YES. Answer this question** ⬇️ **NO. Skip to next question** ➡️

First name, middle initial of person paid	Payment received	Who is paying? (full name(s))	Check all that apply
	\$ _____ per _____		<input type="checkbox"/> Room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day
	\$ _____ per _____		<input type="checkbox"/> Room <input type="checkbox"/> 1-2 meals per day <input type="checkbox"/> 3 meals per day

BUSI

Answer for: **32. Does anyone have income from self-employment?**



Examples: farming, carpentry, lawn care, home party sales, logging, selling scrap metal, odd jobs, property rental, child care if you answered NO to question 31, or other business.

- YES. Answer this question** ⬇️ **NO. Skip to next question** ➡️

First name, middle initial	Type of business	Hours worked per week	Date business began

You must include a copy of your most recent federal tax return, including forms, schedules, and extensions. If it is a new business and you have not yet filed taxes, include income and expense records to date.

Answer for everyone in your household, including children.

STIN

Answer for: **33. Does anyone have income from work study, a student grant, or loan?**



YES. Answer this question **NO.** Skip to next question

First name, middle initial	Grant or loan amount	Tuition and fees amount	Period covered (month/year - month/year)
	\$	\$	
	\$	\$	

UNEA

Answer for: **34. Does anyone receive income from any other sources, such as listed below?**



YES. Answer this question **NO.** Skip to next question

Check the types of income received and provide details below. List gross income (income before deductions, such as Medicare premiums, taxes, insurance, child support or union dues).

<input type="checkbox"/> Alimony	<input type="checkbox"/> Money from others	<input type="checkbox"/> SSI/AABD	<input type="checkbox"/> Worker's compensation
<input type="checkbox"/> Child support	<input type="checkbox"/> Pensions or retirement	<input type="checkbox"/> Trusts or annuities	<input type="checkbox"/> Other (describe below)
<input type="checkbox"/> Dividends or interest	<input type="checkbox"/> Promissory/mortgage note	<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Insurance settlements	<input type="checkbox"/> Social Security	<input type="checkbox"/> Veteran's benefits	

First name, middle initial	Type of income	Gross income before deductions	Due to disability?
		\$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ per	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answer for: **35. If you have no income, how are your daily living expenses being paid?**



Explain below.

Expenses

Answer for everyone in your household, including children. Reported expenses may help to increase your 3SquaresVT benefit. After you submit this application, you may report new expenses at any time.

DCEX

Answer for: **36. Does anyone pay child support or alimony?**



YES. Answer this question **NO. Skip to next question**

Name of person paying		Amount paid	How often?	Court ordered?	Who is this paid for? (full name(s))
	Alimony	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Child support	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of person paying		Amount paid	How often?	Court ordered?	Who is this paid for? (full name(s))
	Alimony	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Child support	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DCEX

Answer for: **37. Does anyone use child care or adult care services?**



YES. Answer this question **NO. Skip to next question**

List each child or adult separately.

Child/adult being cared for	Person paying for care	Name and address of child/adult care provider		
Amount paid weekly, after subsidy	Miles from home to provider (1-way)	Days of care per week	Reason care is needed: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Looking for work	
Child/adult being cared for	Person paying for care	Name and address of child/adult care provider		
Amount paid weekly, after subsidy	Miles from home to provider (1-way)	Days of care per week	Reason care is needed: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Looking for work	
Child/adult being cared for	Person paying for care	Name and address of child/adult care provider		
Amount paid weekly, after subsidy	Miles from home to provider (1-way)	Days of care per week	Reason care is needed: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Looking for work	

FMED

Answer for: **38. Does anyone age 60 or older or with a disability pay over \$35 a month in out-of-pocket medical costs (not covered by insurance)?**



Examples:

- Health insurance premiums, copays, and deductibles;
- Prescription copays;
- Transportation costs to get medical treatment or services;
- Bills for health services (e.g., health professional, dentist, hospital care, nursing care, mental health professional, or rehabilitation); and
- Over-the-counter medications, equipment, and supplies (if approved by your health professional).

YES. Answer this question **NO. Skip to next question**

1	2	3
First name, middle initial	First name, middle initial	First name, middle initial

Claiming monthly medical expenses may increase your 3SquaresVT benefit. To see if your expenses qualify you for a larger benefit, we may send you a Form 120 for each person listed here. It explains how to claim expenses and what documents you may submit for verification. To have the form sent to you now, call **1-800-479-6151**, or visit **myBenefits.vt.gov** to print it.

A form 120 is not required to process your application

Shelter Expenses

Answer for everyone in your household, including children.

If you rent a room in someone's home, answer NO to questions 39–44 and answer YES to question 45.

RENT

Answer for: **39. Does anyone (including yourself) pay rent for the home you live in?**



YES. Answer this question ↻

NO. Skip to next question ➡



	Total rent	\$		per	
--	------------	----	--	-----	--

Who pays rent? (first name, middle initial)	Amount of rent this person pays	What's included?	Type of rental assistance, if any
	\$ per	<input type="checkbox"/> Heat <input type="checkbox"/> Utilities	<input type="checkbox"/> Public housing <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Section 8
	\$ per	<input type="checkbox"/> Heat <input type="checkbox"/> Utilities	<input type="checkbox"/> Public housing <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Section 8
	\$ per	<input type="checkbox"/> Heat <input type="checkbox"/> Utilities	<input type="checkbox"/> Public housing <input type="checkbox"/> Subsidized housing <input type="checkbox"/> Section 8

Landlord information	Name	Phone number
-----------------------------	------	--------------

Landlord's mailing address:

HOME

Answer for: **40. Does anyone pay a mortgage payment, property taxes, lot rent, home equity loan, condo fees, or other costs for the home you live in?**



YES. Answer this question ↻

NO. Skip to next question ➡



Type of payment	First name, middle initial	How often are payments made?	Amount
Mortgage only <i>(without escrow amount)</i>			Principal / Interest \$ / \$
Name \ Address: Mortgage Lender			
Property Tax (TOTAL TAX)			\$
Property Tax (STATE PAYMENT)			\$
Property Tax (NET TAX DUE)			
Name \ Address: Property Tax Town Office			
Lot rent			\$
Name \ Address: Lot Rent Owner			
Condo fees			\$
Name \ Address: Condo Fee Owner			
Home equity loan			Principal / Interest \$ / \$

UTIL

Answer for: **41. Do you share any housing expenses?**



Name of person you share expenses with	What expenses are shared?				
	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent	<input type="checkbox"/> Taxes	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other
	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent	<input type="checkbox"/> Taxes	<input type="checkbox"/> Utilities	<input type="checkbox"/> Other

Shelter Expenses (continued)

Answer for everyone in your household, including children.

UTIL

Answer for: **42. Tell us about your housing, heating, fuel and utility information.**



Name of person who pays		Check all that apply				
		<input type="checkbox"/> Heat	<input type="checkbox"/> Hot water	<input type="checkbox"/> Cooking	<input type="checkbox"/> Lights	<input type="checkbox"/> Air conditioning
		<input type="checkbox"/> Heat	<input type="checkbox"/> Hot water	<input type="checkbox"/> Cooking	<input type="checkbox"/> Lights	<input type="checkbox"/> Air conditioning
MAIN type of fuel used to heat your home (check only one)	<input type="checkbox"/> Coal	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane gas	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Pellets	<input type="checkbox"/> Wood		
Fuel account and supplier (if you heat with wood, pellets or heat is included in your rent, skip this part)	Name on account			Account number		
	Name of fuel supplier			Fuel supplier's phone number () -		
	Fuel supplier's address					
Household's electricity provider	Electricity Provider	Name on account		Account number		
	Type of housing					
<input type="checkbox"/> Apartment		<input type="checkbox"/> Homeless	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Single-family home		
<input type="checkbox"/> Other:		Number of bedrooms				

PHON

Answer for: **43. Does anyone pay to have a phone?**

YES. Answer this question **NO. Skip to next question**

First name, middle initial	First name, middle initial	First name, middle initial
1	2	3

PHON

Answer for: **44. Does anyone pay for homeowners insurance for your dwelling? This does not include renters insurance.**



If your insurance covers the replacement of outbuildings and personal property, that amount does not get counted as part of the homeowners insurance expense.

YES. Answer this question **NO. Skip to next question**

First name, middle initial	Amount paid	How often?
	\$	
Insurance company name & address		

RBEX

Answer for: **45. Does anyone pay to rent a room in someone else's home (with or without meals included)?**



YES. Answer this question **NO. Skip to next question**

First name, middle initial	Amount paid	How often?	Meals per day included
	\$		
Landlord name & address			

DOES SOMEONE ELSE REPRESENT YOU? If you are unable to, a representative can sign this application, share information with us, and act for you in matters related to your application and benefits. A representative can be:

- A legally-appointed representative, such as a legal guardian or someone with power of attorney; or
- Someone who you designate as your “Authorized Representative” on Form 139REP. To get the form, call **1-800-479-6151** or go to **myBenefits.vt.gov** to print a copy.

If you have a representative, name them below and include proof (e.g., court order, power of attorney form, Form 139REP, etc.). **Without proof we cannot exchange information with this person or accept their signature below.**

Type of Representative:		<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Legal Guardian
First, middle, last name		Phone number where they can be reached () -		
Mailing address: street, city, state, zip code				

DID SOMEONE ASSIST YOU? If someone other than a representative helped you with this application, complete this section. You may give ESD permission to share information with this person, but they cannot sign for you or act for you on future matters.

First, middle, last name / Name of agency	Phone number where they can be reached () -
Mailing address: street, city, state, zip code	

- I give ESD permission to share information about my application and eligibility with this person. I know that:
- I do not have to give this permission; it will not affect my eligibility.
 - ESD is not responsible for what happens to information after sharing it with this person.
 - If I do not stop this permission, it will remain in effect as long as I am receiving benefits from ESD.
 - I may change or stop it anytime by calling **1-800-479-6151**, or by writing to: DCF - Economic Services Division, Application and Document Processing Center, 280 State Drive, Waterbury, VT 05671-1500.

SHOULD SOMEONE ELSE GET COPIES OF YOUR NOTICES? If you want us to send copies of notices about your application and benefits to someone else, complete and submit Form 139AR. This assigns them as an “Alternate Reporter.”

SHOULD SOMEONE ELSE BE ABLE TO ACCESS YOUR BENEFITS? If you want someone else to access benefits on your Electronic Benefits Transfer (EBT) card to help you use them, complete and submit Form 139AP. This assigns them as an “Alternate Payee.”

*To request forms call **1-800-479-6151**, or visit **myBenefits.vt.gov** to print them.*

You can appoint the same person as your Authorized Representative, Alternate Reporter, and Alternate Payee.

YOU MUST SIGN YOUR APPLICATION.

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED. THEY WILL BE RETURNED FOR A SIGNATURE.

*I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief, including information about citizenship and alien status. I have read and I understand my **Rights & Responsibilities** on pages 17–18, and I agree to them.*

Date _____

Signature of Applicant or Representative (see definitions at the top of the page)

Work Requirements

If you get 3SquaresVT, all household members are automatically work registered at application unless they are exempt. Anyone who is not exempt will be notified about the work requirements and penalties for non-compliance. They may also be referred to the Vermont Department of Labor to participate in work programs and activities.

Free School Meals

If your household receives a monthly benefit from 3SquaresVT and your children attend schools that participate in the National School Lunch or Breakfast Program, they are automatically eligible for free school meals. We'll send their names to the Agency of Education to certify their eligibility unless you ask us not to. Once you receive your grant notice, you may also bring that to the schools to get your children enrolled as quickly as possible. The grant notice can also be used to get your children free meals if they attend a childcare program that participates in the Child and Adult Care Food Program, or a summer school, club, or camp that participates in the Summer Food Service Program. More details are on page 18, item 17 in the Rights & Responsibilities.

3SquaresVT Federal Requirements

3SquaresVT is what Vermont calls the federal Supplemental Nutrition Assistance Program (SNAP). The State must process applications for 3SquaresVT in accordance with SNAP procedures, including timeliness, notice, and fair hearing requirements, regardless of whether the application is for 3SquaresVT only or 3SquaresVT and other programs. An applicant may not be denied 3SquaresVT benefits solely because they were denied benefits from other programs. If the applicant is in an institution and applying for 3SquaresVT and Supplemental Security Income (SSI) at the same time, the filing date will be the date of release from the institution.

The Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, authorizes the collection of information on the application, including the Social Security number of each household member, to be used to determine whether you are eligible or continue to be eligible to receive 3SquaresVT benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination 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. 0250-9410; (2) fax: **(202) 690-7442**; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at **(800) 221-5689**, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call **(202) 619-0403** (voice) or **(800) 537-7697** (TTY).

This institution is an equal opportunity provider.

Rights & Responsibilities

You must read your rights and responsibilities. If you need help understanding them, or would like a copy (in larger print), call 1-800-479-6151. You can also review them online at anytime by visiting myBenefits.vt.gov.

- 1. I have the right to appeal any decision I disagree with.** I may request a fair hearing if benefits are delayed, denied, ended, or changed. My case may be presented by the head of household or a representative, such as a lawyer, relative, friend, or other spokesperson. To begin the process I may call the Benefits Service Center at **1-800-479-6151**; write to ESD Deputy Commissioner, Department for Children and Families, HC 1 South, 280 State Drive, Waterbury, VT 05671-1020; or write to the Human Services Board, 14-16 Baldwin St., Second Floor, Montpelier, VT 05633-4302.
- 2. I have the right to a copy of this application.** To get one I can call the Benefits Service Center at **1-800-479-6151**.
- 3. I have the right to a timely decision.** Unless a delay is caused by me, a doctor, an unexpected emergency, or an administrative problem beyond ESD's control, I can expect a decision within 30 days of submitting my application.
- 4. The Americans with Disabilities Act (ADA) gives people with disabilities certain rights.** If I have a physical or mental condition that considerably limits a major life activity (e.g., moving, seeing, or thinking), I may be entitled to reasonable accommodations to help me participate in ESD programs.
- 5. Information about my application and benefits is confidential and protected by state and federal law.** ESD will not share any information about me unless it is directly connected to program administration, allowed by law or a court order, or I give my permission.
- 6. Only U.S. citizens and certain non-citizens can get benefits.** If my household includes people who are not eligible because of their immigration status, I can still apply for the members who are eligible. ESD will verify the immigration status of all non-citizens who apply for benefits with the U.S. Citizenship and Immigration Services. I do not have to provide immigration information for people who are not applying for benefits, but I do need to include other information, such as their income and resources.
- 7. Getting benefits from ESD can affect an immigrant's sponsor or immigration status.** If this applies to my household, I may choose to contact Vermont Legal Aid at **1-800-889-2047** with legal questions before applying.
- 8. I am responsible for reporting changes.** For all programs except 3SquaresVT, I agree to report changes within 10 days from when they occur. For 3SquaresVT, I must report changes that put our household's income at or above 130% of the federal poverty level or when an ABAWD's work hours are less than 80 hours per month within 10 days after the month the change occurred in. For income guidelines, I can visit www.fns.usda.gov/snap/eligibility. To report changes, I can call 1-800-479-6151, or to print the form (Form 200), I can visit myBenefits.vt.gov.
- 9. I agree to provide a Social Security number (SSN) for each person applying.** Federal law requires this as a condition of eligibility (42 U.S.C. §1320b-7). Some programs may waive this requirement for members of a religious organization who object to providing Social Security numbers. ESD uses SSNs to enforce child support payments, prevent individuals from receiving duplicate benefits, verify the accuracy and reliability of the information provided to ESD, and more.
- 10. I agree to tell ESD immediately about benefits from another state.** If I or any member of my household gets duplicate food assistance or financial assistance from another state, or has been convicted in the past 10 years for lying about where they live to get benefits from more than one state, I will tell ESD.
- 11. I agree to assign all my child support rights to ESD.** Before ESD can determine my eligibility for Reach Up, I must complete and sign a Form 137 (child support authorization) for each noncustodial parent (NCP) of the child(ren) in my home. While waiting for a decision, I must report any support the NCP pays to me directly. If granted assistance, I must turn that support over to the Office of Child Support. If I believe pursuing support may cause the NCP to physically or emotionally harm me or the children involved, I may ask for a Form 137W (waiver of cooperation). To request forms, I can call the Benefits Service Center at **1-800-479-6151**, or visit myBenefits.vt.gov to print forms.
- 12. I agree to cooperate with ESD if my application is selected for a quality control review.** This includes providing proof of any required information and authorizing ESD to get that proof if I am not able to provide it.
- 13. If I receive fuel assistance, I agree to accept free weatherization services.** I also give ESD permission to obtain and share any data about my annual energy consumption, cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company or companies. I authorize the company or companies to provide this information to ESD.

Rights & Responsibilities

14. I authorize the Vermont Commissioner of Taxes to disclose information from my state income tax returns to the Commissioner of the Department for Children and Families, or his or her designee. (33 V.S.A. §112 (c))
15. If I receive 3SquaresVT, I agree to have myself and other household members automatically work registered at application unless exempt. Anyone who is not exempt will be notified about the work requirements and penalties for non-compliance. They may also be referred to the Vermont Department of Labor to participate in work programs and activities.
16. I agree to make sure the adults in my household comply with Reach Up requirements. We will meet our case manager to develop a plan to gain employment and become more self-sufficient. If we do not comply with plan requirements, and we do not have good cause, our financial assistance grant will be reduced. We also agree not to spend or withdraw Reach Up cash at liquor stores, bars, strip clubs, casinos or other gaming establishments.
17. I understand that if my household receives a monthly 3SquaresVT benefit, my children's names will be sent to the Agency of Education to certify their eligibility for free school meals. If I do not want my child's name sent to the school, I must call the Benefits Service Center immediately at 1-800-479-6151. I can change my mind later and complete a school lunch application at the school.
18. I understand the information I provide on this application is subject to verification by federal, state, and local officials, and that I am responsible for its accuracy. This includes information about my spouse or civil union partner, children, and other members of my household. I authorize ESD to contact employer(s) to verify employment and income information for the purpose of determining my household's eligibility for benefits. If I do not want ESD to contact employer(s), I must call the Benefits Service Center immediately at 1-800-479-6151. Information that is available through the Income and Eligibility Verification System (IEVS) will be requested, used, and may be verified through collateral contacts when discrepancies are found by ESD. If the information I provide is not accurate my benefits may be reduced, I may be asked to repay benefits, I may be denied benefits, and/or I may be subject to an administrative disqualification hearing and/or criminal prosecution.
19. I MUST NOT lie or hide information to get benefits my household should not get. I understand it is *fraud* if I or any adult in my household knowingly, with general or specific intent, gives false or misleading information, in order to get, attempt to get, or help someone else get Reach Up, 3SquaresVT, Fuel Assistance, or Essential Person.
20. I MUST NOT misuse 3SquaresVT/EBT cards. I understand that misusing 3SquaresVT/EBT cards in the following ways is considered *trafficking*:
 - I MUST NOT sell my 3SquaresVT.
 - I MUST NOT trade for or use 3SquaresVT to buy non-food items, alcohol, tobacco products, illegal drugs, firearms, ammunition, or explosives.
 - I MUST NOT let anyone use my EBT card, other than to buy food for my household.
 - If I purchase food on credit, I MUST NOT use 3SquaresVT to pay off that credit, even if I charged food only.
 - I MUST NOT use or have in my possession someone else's EBT card(s), unless I'm purchasing food for their household.
21. I understand that I or any adult in my household may be investigated for fraud, trafficking, or both and that I could be subject to an administrative disqualification hearing and/or criminal prosecution. I understand that if I or any adult in my household is found guilty of Reach Up, 3SquaresVT, Fuel Assistance, or Essential Person fraud in a court, the penalty may be up to three years in jail and a fine of up to \$1000. It is also possible to be fined up to \$250,000, imprisoned up to 20 years, or both, if found guilty of 3SquaresVT trafficking in a court. I understand that if I or any adult in my household is found guilty of 3SquaresVT fraud or trafficking, either by an administrative body or court, the ban from 3SquaresVT will be one year for the first offense, two years for the second, and permanently for the third. If I or any member of my household is found guilty of trading for or buying illegal drugs with 3SquaresVT, the ban is two years for the first offense and permanently for second. If I get food benefits from two states at the same time, the ban is 10 years. I understand that if I or any adult in my household is found guilty of any one trafficking instance exceeding \$500 or trading fire arms, ammunition, or explosives for 3SquaresVT, the ban is permanent. As per the Food and Nutrition Act of 2008, 7 C.F.R Section 273.16b, 42 U.S.C Sections 1320a-7b and 33 V.S.A Sections 141, 143 these and other federal and state penalties may also apply.
22. I certify that no one in my household is fleeing prosecution. This includes confinement for a felony or an attempt to commit a felony, or violating a condition of probation or parole under a federal or state law. I understand that ESD must disclose information to law enforcement agencies to apprehend fleeing felons.