

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SERVICE APPLICATION**

OFFICE USE ONLY:
DATE APPLICATION RECEIVED IN

AGENCY _____
CASE# _____

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE

MAILING ADDRESS (IF DIFFERENT)

DIRECTIONS TO HOME (IF NEEDED)

I AM APPLYING FOR THE FOLLOWING SERVICE OR SERVICES:

- My rights and responsibilities have been explained and I have received a written copy.
- I certify that the information I am giving is correct. I realize that if I give incorrect information, I could be prosecuted under the law.
- I hereby give the agency permission to contact the persons or agencies listed below. I understand that without this, the agency may not be able to determine my eligibility.

I also give permission to contact the following persons or agencies:
(If needed after application date, client is to initial and date.)

PERSON/AGENCY	REASON	CLIENT INITIALS	DATE

APPLICANT'S SIGNATURE

DATE

REPRESENTATIVE OR WITNESS IF SIGNED BY MARK

032-02-0109-04-eng (12/07)

**LOCAL AGENCY
CLIENT**

ELIGIBILITY DETERMINATION AND REDETERMINATION

ELIGIBILITY BASED ON INCOME

IF AGENCY HAS DECIDED TO ACCEPT GENERAL RELIEF, MEDICAID OR FOOD STAMP RECIPIENTS AS AUTOMATICALLY ELIGIBLE, ONLY THIS SECTION NEED TO BE COMPLETED FOR THOSE CATEGORIES.

GIVE MONTHLY GROSS INCOME FOR EACH MEMBER OF FAMILY UNIT. USE AS MANY LIVES AS NEEDED FOR A SINGLE REVIEW.

REVIEW DATE	SOURCE OF INCOME	SOURCE OF VERIFICATION	NEXT REV. DATE	MONTHLY INCOME	RECEIVED BY	TOTAL INCOME	NO. IN FAMILY	ALLOWABLE INCOME

CHECKLIST OF POSSIBLE SOURCES OF INCOME:

- | | | |
|----------------------------------|---------------------------|------------------------|
| SALARY | UNEMPLOYMENT COMPENSATION | NET RENTAL INCOME |
| WAGES | PENSIONS | WORKMEN'S COMPENSATION |
| NET INCOME FROM BUSINESS OF FARM | ANNUITIES | ALIMONY |
| SOCIAL SECURITY | INTEREST | CHILD SUPPORT |
| RAIL ROAD RETIREMENT | DIVIDENDS | VETERAN'S PENSION |

UNIVERSAL ACCESS

REVIEW DATE	WORKER'S STATEMENT REGARDING CONTINUED ELIGIBILITY IN THIS CATEGORY

[BACK PAGE OF PAGE ONE]

**LOCAL AGENCY
CLIENT**

RIGHTS OF APPLICANTS

Anyone may apply for services. You do not have to have lived in the county or city for any specific length of time. There are no citizenship requirements for services.

You have the right to equal treatment regardless of race, color, religion, sex, national origin, or handicap.

You have a right to receive and complete an application on the day you request services. If you need help filling out the application, someone will assist you.

The process of determining eligibility must be explained to you.

The agency will decide on your application within 45 days. If this is impossible, you must be told why. The agency must write you if you are not eligible or if there is a delay.

If you are determined eligible, you have a right for services to begin within 45 days after the agency gets your application.

You have a right to mandated services for which you meet eligibility requirements. Your right to optional services depends on meeting eligibility requirements and on whether or not the agency offers the service.

You have a right to see the information about you, which the agency has in your service record.

The agency may not release information about you without your written consent except for purposes directly connected with the administration of social service programs.

These rights are based on Federal and State laws but there are certain exceptions. If you have any questions or want to see the information in your record, you should talk to your social worker about it.

APPEAL INSTRUCTIONS

If you are not satisfied with the agency decision you may appeal and ask for a Conference or Hearing. This must be done within 30 days from the date Notice of Action was sent to you. You may appeal to your local agency or write directly to:

Manager, Appeals and Fair Hearings
Division of Management and Customer Services
Virginia Department of Social Services
801 East Main Street
Richmond, Virginia 23219

You may also appeal a decision if you are already receiving services. This too, must be done within 30 days and may be made to the local agency or to the Service Hearing Authority.

If you ask for a Conference in the agency, or for a Hearing within 10 days, your service or service payment will continue until a decision is made.

If you feel you were discriminated against at any time, you may file a complaint with your Local Social Services Agency, the Commissioner of the Department of Social Services, or the Region III Office of Civil Rights. This must be done within 180 days of the alleged discriminatory act. A pamphlet called "Virginia Non-Discrimination Program", which gives addresses and procedures for filing a complaint, is available to you.

RESPONSIBILITIES OF APPLICANTS

You must give complete and accurate information needed for determining eligibility. The agency may have to ask you for such things as pay stubs or permission to contact agencies or individuals to get proof of your income. If you give incorrect information you could be prosecuted under the law.

You must notify the agency within 10 days of any changes, which could affect your eligibility for services.

**LOCAL AGENCY
CLIENT**