Iowa Department of Health and Human Services
Review/Recertification
Eligibility Document

Case Number County Number Worker Name

DUE DATE:

Follow the instructions of the checked boxes below.

☐ SNAP Notice of Expiration: Your SNAP will end . To keep getting benefits after this date and to allow time for us to process your recertification, **return this signed and completed form by** .

☐ If this box is checked, you must have an interview for SNAP. A worker will contact you by phone or appointment letter. You may request a face-to-face interview. If you miss the interview, your benefits may be delayed or canceled. You must ask your worker to reschedule and also provide required verification.

☐ FIP/Refugee Cash Assistance: It's time to review your case. Please fill out this form and return it, along with any proof, as listed below by . This information will be used to decide if you will continue to get Family Investment Program (FIP) or Refugee Cash Assistance benefits.

You can turn in this document and the proof (listed on page 2) we need to make a decision on your benefits in any of the following ways:

- Mail to the address above,
- Email to:
- Fax to: or
- Drop it off at any local HHS office.
- If you have questions, call your worker at
- In order to receive your SNAP at the regular time next month, you must submit the form by .
- You have the right to ask for an application and submit it with readable name, address, and signature, at any time.
- You have the right to request a fair hearing if your recertification is denied or if you don't agree with the amount of benefits. See page 9 for more information.
- If your household's only income is from Supplemental Security Income (SSI), you may apply for SNAP recertification at any Social Security Administration office.

Documents We May Need

Don't delay turning in this form to look for these items. If you don't turn them in with your form, we will mail you a letter telling you exactly what we need from you. When you apply for Supplemental Nutrition Assistance Program (SNAP) benefits, you need to give us certain documents. Your documents help show that what you reported on your application is correct. This page tells you what documents we need based on your household situation. Items with an * are required for Family Investment Program (FIP) and Refugee Cash Assistance (RCA) as well.

We will need information for you and anyone in your household applying for SNAP benefits. Your household is anyone who lives with you and purchases and prepares food with you. Please only give copies of your documents. We cannot return any original documents to you.

Identity – proof of who you are:
- Driver's license or State identification card
- School or work ID
- Voter's registration card

Residency – proof of where you live:
- Driver's license or State identification card
- Utility bills (such as electric, gas, water, phone)
- Mail sent to you at the address on page 1

Social Security Number (SSN)*
- We need the SSNs, or proof that you applied for one, for all the people you are applying for.

Immigration status*
- Immigration and naturalization documents only if you aren't a U.S. citizen

You may need to provide other documents depending on your situation.

If someone is working – we need proof of the money received in the last 30 days*:
- Paystubs
- Statement from the employer (if you are paid in cash or don't have your paystubs)
- If self-employed, 12 months of business records

If someone has income, not from work – we need proof of the money received in the last 30 days*:
- Social Security, SSDI
- Supplemental Security Income (SSI)
- Veterans Administration (VA)
- Child support
- Retirement or pension
- Unemployment benefits

If someone is responsible to pay any of the following expenses you may be able to get a deduction – proof of the amount they were billed in the last 30 days:
- Rent or mortgage (including property taxes and homeowner's insurance)
- Utilities (electric, gas, water, phone)
- Day care expenses for a child or disabled adult
- Medical bills for anyone who is disabled or over the age of 59
- Court-ordered child support*

If someone has any of the following resources/assets, tell us about them on page 5. You don't have to send proof now, we may ask for proof later*:
- Cash on hand
- Money in bank accounts and credit unions
- Stocks or bonds
- Motor vehicles such as cars, trucks, motorcycles, campers, and boats
- Land, buildings, or homes other than the home you live in

What you need to do now
- **Fill out this form. Make sure you sign and date page 6. Use extra paper if you need to.**
- **Send proof if the question has the following by it:** SEND PROOF
- **Include your name and Case Number on any proof you submit.**

Is your address correct on page 1? If not, give us your current address.

Current Address (Street, City, State, and ZIP Code)_____

Mailing Address, if different_____

People in Your Household – Who gets benefits with you or are counted to figure your benefits

Name/State ID	Social Security Number (SSN)	Age	Last Grade Completed in School	Citizen? Yes/No	If Alien, Status?

Has anyone listed above moved in or out of your home or is there anyone else living in your home that is not listed above? ☐ Yes ☐ No If yes, fill out the information below.

Name	Relationship to You	Birth Date	Last Grade in School*	SSN	Date Moved In/Out	Ethnicity**	Race***	Citizen Yes/No	If Alien, Status

Note: Last Grade in School* is only required for FIP.

We have to ask for ethnicity and race, but you don't have to answer. The reason for the information is to ensure that program benefits are distributed without regard to race, color, or national origin. Your answer won't affect how much you get or how soon. If you choose to answer, use the following codes:

**Ethnicity
H = Hispanic or Latino
N = Not Hispanic or Latino

***Race (Choose all that apply)
W = White
B = Black or African American
A = Asian
I = American Indian or Alaskan Native
N = Native Hawaiian or other Pacific Islander

Is anyone fleeing to avoid prosecution, custody, or jail for a felony crime? ☐ Yes ☐ No

Is anyone violating a condition of probation or parole? ☐ Yes ☐ No

Is anyone in or expecting to go to jail or prison? ☐ Yes ☐ No

Has anyone been disqualified from SNAP in any state for fraud or program violation? ☐ Yes ☐ No

List anyone in your household who:

Dropped out or no longer attending school full-time_____

Is in a college or training program, include which school or program_____

Is in the military, a veteran, or a spouse of a veteran, include their status_____

Aged out of foster care_____

Is experiencing homelessness_____

Is pregnant_____

Income – SEND PROOF Send all pay stubs or proof of income for the last 30 days.

You must tell us about all money the people in your household get.

- **If you leave a space blank**: we will take that to mean no one in your household gets money of this kind. Please use an additional sheet of paper, if needed.
- **New jobs**: send proof showing first pay date, hourly rate, and weekly number of hours.
- **Job ended**: send proof of the last pay date.
- **Proof of tips:** send pay stubs showing tips, employer's statement, or your tip records.

List all jobs the people in your household have.

Who works?	Employer name?	Does this person get tips?
		☐ Yes ☐ No
		☐ Yes ☐ No

Will the amount of money from jobs stay about the same as shown on the proof you are sending? If no, explain_____ ☐ Yes ☐ No

Has anyone been hired for a job but not received a paycheck yet? ☐ Yes ☐ No

If yes, who?_____ New employer name_____

Rate of pay_____ Hours worked per week_____

Has anyone's job ended in the last 30 days? ☐ Yes ☐ No

If yes, who?_____ Employer name?_____

What other money do people in your household get?	Who gets the money?	How much per month? SEND PROOF
Self-Employment or Odd Jobs (Send the most recent federal tax forms. If tax return was not filed, send records that show income and expenses.)		
Unemployment or Worker's Compensation		
Social Security or SSI		
Veterans Benefits, Pensions or Retirement		
Child Support or Alimony		
Bonuses, Commissions, or Interest Income		
Money from Friends or Relatives		
Other (Include irregular or one time payments)		

Will the amount of other money stay about the same as shown on the proof you are sending?
☐ Yes ☐ No If no, explain_____

Expenses – SEND PROOF Send proof of expenses for the last 30 days.

If you have **day care** expenses for a child or a disabled adult who lives with you, tell us how much you are responsible to pay below. We need proof of how much you are responsible to pay to see if you can get a deduction. Proof can be receipts or statement of expenses from the provider.

Who gets care: _____ Amount you pay $_____per month

If anyone pays court-ordered **child support**, tell us how much you pay below. We need proof of how much you pay to see if you can get a deduction.

Who pays:_____ Amount you pay $_____per month

If you have **medical expenses** not paid by insurance for anyone who is disabled or over age 59, tell us. These could be doctor or hospital bills, medicine, transportation, health insurance premiums, home health costs, health-related supplies, medical equipment, or other medical expenses. Send proof if your expenses have changed.

Who pays:_____ Amount you pay $_____ per month

Shelter and Utilities – SEND PROOF Send proof of expenses for the last 30 days.

Only answer these questions if you get SNAP.

Proof for renters can be a **lease agreement or written statement** from the landlord or housing authority. Proof for homeowners can be mortgage, property tax, and insurance statements.

Do you get rent assistance? ☐ Yes ☐ No
If yes, enter the exact amount you are responsible to pay. **Do not estimate**. $_____ per month

Rent $_____ per month

Lot rent $_____ per month

Mortgage $_____ per month

If you pay taxes or insurance separate from your mortgage, list the **exact amounts** below. **Do not estimate.**

Property taxes: $_____ every ☐ 1 ☐ 3 ☐ 6 ☐ 12 months
Homeowner's insurance: $_____ every ☐ 1 ☐ 3 ☐ 6 ☐ 12 months

Check the boxes if you pay any of the following.

☐ Lights/Electricity ☐ Water and Sewage ☐ Garbage and Trash
☐ Gas ☐ Phone ☐ Extra charges from your landlord
☐ Garage Rent ☐ Pet Fees
☐ Other, explain_____

Check the boxes if:

☐ Any of the utility bills you have to pay are for heating or cooling/air conditioning.
☐ You got energy assistance in the past year.
☐ Your utilities are included in your rent.
☐ Anyone helps you pay rent, utilities, or other expenses. Example: roommate, parent, friend, etc.
If yes, who helped and which expenses did they pay? _____

Resources (Assets)

Does anyone have a car, truck, boat, camper, motorcycle or other vehicle? ☐ Yes ☐ No
If yes, list make, model, year below.

_____

_____

List the money anyone has in:

Checking/savings or other bank/credit union accounts $_____ Who?_____
Cash $_____ Who?_____
Stocks, bonds, savings certificates, annuities, IRAs, Keogh or other assets $_____ Who?_____

List anyone who has or owns any land, buildings, or houses, other than the house you live in: _____

List anyone who has a conservatorship or trust: _____

Does anyone have life or death benefit insurance? ☐ Yes ☐ No

For FIP, list any tools, machinery, livestock, or collections that anyone has:

_____

_____

List the most recent address of each parent not in the home. Only complete if you receive FIP.

Name of Parent Not Living in the Home	Address of this Parent	Name of this Parent's Children

Help With Your SNAP – Authorized Representative

If you feel like you need help from someone else to be at your HHS interviews, complete your HHS documents, answer HHS questions, and buy food for you with your EBT benefits, you can tell us who that is. The person who represents you to HHS is called your Authorized Representative (AR). It's very important to pick an AR who you trust and can rely on. Any information given to HHS from your AR is the same as if that information came from you. If they give wrong information and you get too many benefits, you will have to pay those benefits back. If they use your EBT benefits, you can't get those benefits replaced. You don't have to have an AR. It's optional and is your decision.

I understand what having an Authorized Representative means and I would like to have one. I understand HHS will be able to share my information with the person I list below.

Name:_____ Phone number:_____

Address:_____

Email address:_____ Relationship to you:_____

Expected Changes – Tell us if anything has changed or is expected to change

Sign and Date

I certify, under penalty of perjury, that:

- The answers I give are correct and complete to the best of my knowledge.
- My answers about citizenship or alien status of each person applying for assistance are correct.

I know what I reported may cause my benefits to be reduced, increased, or stopped and that the Department of Health and Human Services may check my case.

Your Signature or Mark	Phone Number	Today's Date
Signature of Any Person Who Helped Complete the Form	Phone Number	Today's Date

Email Address
Do you need an interpreter? If so, which language?

I authorize HHS to communicate confidential information with me by email at the email address I provided above. Confidential information includes anything needed for HHS to process my application. By giving HHS my email address, I understand that it is my responsibility to tell my HHS worker if my email address changes or to stop communicating with me by email.

If you want to register to vote, you can complete a voter registration form at https://hhs.iowa.gov/sites/default/files/Voter_Registration.pdf. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

IOWA | Health and Human Services

OPTIONAL Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

Release of Information

I hereby authorize any person or organization to give the Iowa Department of Health and Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

_____	_____
Your Name (please print clearly)	Other Adult Name (please print clearly)
_____	_____
Signature or Mark	Signature or Mark
_____	
Date	

Please keep the following pages for your information.

You Have the Right to Appeal which is a request for a hearing about a decision you disagree with made by the Iowa Department of Health and Human Services (HHS). [441 Iowa Administrative Code Chapter 7] You can appeal in person, by phone, or in writing for SNAP, Child Care Assistance (CCA), Family Investment Program (FIP) or Medicaid. To appeal in writing, you must do one of the following:

- Complete an appeal electronically at https://hhs.iowa.gov/programs/appeals, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an **Appeal and Request for Hearing** form. You can get this form at your county HHS office.

Mail your appeal to HHS, Appeals Bureau, 321 E. 12th St., Des Moines, IA 50319. If you need help filing an appeal, ask your county HHS office. You can represent yourself or you can have someone else act on your behalf. Iowa Legal Aid provides free civil legal assistance. Their phone number is (800) 532-1275.

How long do I have to appeal? For SNAP or Medicaid, you have 90 calendar days from the date of a decision to file an appeal. For all other programs, you must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect. If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I keep getting benefits when my appeal is pending? You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. FIP, CCA, and Medicaid benefits can also continue if an appeal is filed before the date a decision is in effect. Benefits you get while your appeal is pending may have to be paid back if the HHS action is correct.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a phone hearing is scheduled. You will get a letter telling you if you do not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

You Will Not Be Discriminated Against - It is the policy of HHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status. If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: HHS, Bureau of Human Resources, 321 E. 12th St., Des Moines, IA 50319 or via email inclusion@hhs.iowa.gov

In accordance with federal civil rights law and 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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**: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314;

(2) **Email**: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

USDA is an equal opportunity provider, employer, and lender.

Do **Not** Mail Applications to the Above Address

Social Security Number (SSN) and Immigration Status Information - We can give help only to people who give us their SSN or proof of application from the Social Security office. **You don't have to give us the SSN for people in your household who you do not want help for, but you can choose to give us their SSN.** However, we will use any SSN given to us the same way we use the SSN of people getting assistance. If you do not give us an SSN for people in your household, we will deny assistance to those people. There are some exceptions to this. Please ask your worker. We will not give any SSN to the Citizenship and Immigration Service.

You can apply for part of your household even if some members do not have lawful immigrant status. For example, parents who do not have lawful immigrant status may apply for their children who are U.S. citizens or qualified lawful immigrants. You need to give proof of immigration status or U.S. citizenship for each person in your household for whom you apply. Your household's alien status may be checked with the Citizenship and Immigration Service (USCIS). Any information we get from USCIS may affect your household's benefits. We will not contact the Citizenship and Immigration Service about the people you don't apply for. However, we may use their income and assets to see if the rest of the household can get help.

SNAP, FIP, and RCA - We Check What You Tell Us
The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: social security number, job and pay, bank account amount, amounts received from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny your application.

We may check records from other states to see if any person in your household can get benefits in Iowa. This may be because a person was disqualified from a program in another state.

We check and use computer systems like the state Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank, or other people. Such information may affect your household's eligibility and level of benefits.

Things You Need to Know

- HHS may give your answers to law enforcement to catch persons fleeing to avoid the law.
- The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with Quality Control and Investigations to keep your FIP benefits. You must cooperate with Quality Control to keep your SNAP benefits.
- We will use the information you give us to determine the assistance you are eligible to receive.
- You will have to pay back any benefits you got or that was paid to a third party on your behalf for which you were not eligible.
- Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.
- Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the state of Iowa. This includes, but is not limited to, Iowa Code Chapters 239B, 243, 249, and 249A.
- Your expenses may be used to figure the amount of assistance you get. You may have expenses included in your benefit calculation by reporting and giving proof of your expenses. If you do not report or give proof of your expenses, you choose not to claim the expense. You can report and give proof later, and the expense can be used for future months.

You Also Have the Right to
- Have someone help you complete the application.
- Have all of your questions answered.
- Get information about programs you applied for and any other HHS programs you may be able to get.
- Be sent a notice if you are eligible and when your benefits change or stop.
- Have information about you and your family kept private.

To report a change – Email IMCSC@hhs.iowa.gov or call 1-877-347-5678 Monday – Friday 8:00 a.m. to 4:30 p.m., excluding state holidays

SNAP Only - Follow these rules of the SNAP Program:

- **Don't** hide or give wrong information on purpose to get SNAP benefits.
- **Don't** use SNAP benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell, or give away SNAP benefits.
- **Don't** use someone else's SNAP benefits for yourself.
- **Don't** purchase a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by intentionally discarding the product and intentionally returning the container for the deposit amount.
- **Don't** buy food on credit and attempt to pay for it with SNAP.

- **Don't** buy a product with SNAP benefits so you can get cash or something other than eligible food by reselling that product.
- **Don't** fail to report if your household goes over its income limit.

  If you get SNAP, your worker will tell you what your household's income limit is. If your household's income goes over your limit, or if anyone in your household receives lottery or gambling winnings of $4,500 or more in any month, you must tell us by the 10th day of the next month. If you don't tell us on time, you might have to pay back the benefits.

Penalties of the SNAP Program. Anyone who breaks the above rules:

- **May not get SNAP benefits for one year for the first time, two years for the second time, and forever for the third time;**
- **May be fined up to $250,000 or jailed up to 20 years or both; and may also be subject to prosecution under other applicable Federal and State laws.**
- **May be kept off SNAP for an additional 18 months, if court ordered.**
- **If a court finds you guilty of trading SNAP benefits for firearms, ammunition, or explosives, you will lose benefits forever.**
- **If a court finds you guilty of buying, selling, or trading more than $500 in SNAP benefits, you will lose benefits forever.**
- **If a court finds you guilty of trading SNAP benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.**
- **You will not get SNAP for 10 years if you are found guilty of getting or trying to get SNAP in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.**

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

Things You Need to Know

- If you have a SNAP overpayment, HHS will give your answers to federal and state agencies as well as private claims collection agencies, to collect the overpayment.
- The SNAP office may contact other people or organizations to get proof of your information.
- The application filing date is different if your household is in an institution and applying for SNAP and Supplemental Security Income at the same time. In this case, the filing date is the date of release from the institution.
- For information regarding services provided for Healthy Marriages contact your local office.
- You may not be denied SNAP benefits just because you were denied benefits from other programs. SNAP applications will not be delayed due to requirements of other programs you may apply for.
- By having signed this application, you agree that all members of your household will register for work and follow all of the work and training rules.
- To see what employment and training opportunities are available, please visit:
  - SNAP Employment & Training (E&T) Program either by phone (515) 281-3131 or online at: https://hhs.iowa.gov/programs/programs-and-services/job-training
  - Your local IowaWorks Center at: https://www.iowaworkforcedevelopment.gov/contact
  - United Way – 211
- The collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act of 1977), as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP program. We will verify this information through computer matching programs. This information will be used to monitor compliance with program regulations and for program management.
- A household consisting of only Supplemental Security Income (SSI) applicants or recipients is entitled to apply for SNAP recertification at a Social Security Administration office.

FIP or Refugee Cash Assistance (RCA) Only - Within 10 days of the date the change happens, you must tell HHS about changes, such as:

- Income, when it starts or stops, including getting an inheritance or a one-time payment of past due child support
- Resources or assets
- Someone moving in or out of your home
- Mailing or living address
- Receipt of an SSN
- Change of school attendance of a child

Additional Information

- If you receive FIP or Refugee Cash Assistance benefits, your SNAP may go down or stop
- Unless exempt, all members of your household must cooperate with the Family Investment Agreement (FIA) you signed with PROMISE JOBS (PJ). Talk with your worker if you feel you have a reason not to cooperate. If you choose not to participate in your FIA with PJ, your FIP benefits will stop.
- You must cooperate with Child Support Services. While you get FIP, you give up your rights to child support for the months you are on FIP. The state of Iowa will keep your child support to pay back the money you get from FIP.

Using Your FIP/RCA Electronic Access Card (EAC) or Your Debit Card to Access FIP/RCA Funds from Your Personal Bank Account - You cannot access your cash benefits with your EAC or personal debit card at a:

- Liquor store or any place that mainly sells liquor,
- Casino or other gambling or gaming establishment, or
- Business which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state (such as a strip club).

This includes these types of businesses located in Iowa, on tribal land, or in any other state. If HHS determines you accessed your cash benefits with your EAC or personal debit card at one of the above places you:

- Will have committed fraud,
- Have to repay the amount of cash accessed at the location, as well as any access fees, and
- Your family will not get cash benefits for three months with the first misuse and six months for each additional misuse.

By having signed this application, you agree that no member of your household will use the EAC or your personal debit card to access FIP/RCA funds at prohibited locations.

Additional Responsibilities - You Must:

- Apply for and accept any benefits that you may be able to get.
- Give us information and provide proof when we ask for it.
- Fill out review forms when you are asked to.

Penalty for Getting FIP in More Than One State - You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.