

[~~SECOND NOTICE FOR~~] WORK INCENTIVE (WIN) REPORT – SECOND NOTICE

Your WIN report form and proof of your employment was not received by the 10TH of this month. Your WIN reimbursement will stop [~~and you will no longer be eligible for WIN~~] unless we receive this completed form and proof of your employment for the month of _____ by the last workday of _____.

Return Completed Form to:
DCBS
P.O. Box 2104
Frankfort, KY 40602

Fax: 502-573-2007 [_____]

Individual Name:
 Individual ID:
 County:

Please [~~read and~~] answer each question below [~~carefully~~]. Also, [~~Be sure to~~] attach proof of employment when you return this form. If you have any questions, you can contact [~~call~~] DCBS at 855-306-8959 [_____].

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Do you have a child living in your home?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Are you currently living in Kentucky?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Are you currently working? If yes, you must attach proof. <u>Proof</u> [This] could be a check stub from the current month or a <u>written</u> statement from your employer.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Do you have work expenses? <u>Expenses</u> [This] could be gasoline, bus fare, child care expenses, work uniforms, etc.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. [Find your family size in the first row of the table below.] Is your family's income before taxes more than the amount shown for [below] your family size <u>using the table below</u> ?

Family Size	1	2	3	4	5	6	7	8	For Each Additional Member Add
Income before taxes									

Reminder[Remember]:

- Respond to [~~Read and answer~~] all questions above [~~carefully~~];
- Attach [~~the necessary~~] proof of employment;
- Sign and date this form; and
- Return completed form to the address above by the last workday [~~day~~] of the month.

The information I have given is true. I know if I provide false information or withhold information, I may be prosecuted for fraud.

_____ (Your Signature)

_____ (Date)

Case Number: _____ Date: _____

Report Changes:

Report any changes to your situation within 10 days of you knowing about them. To report changes, call DCBS at 1-855-306-8959 or write the changes on the lines below and take this form to any local DCBS office or mail to P.O. Box 2104, Frankfort KY, 40602.

I want to report the following changes:

These changes are for the months of:

You Have the Right:

- To quick action whenever you report a change;
- To get notice of any action;
- To give us information to show the proposed action should not be taken;
- To discuss your WIN benefits with a DCBS worker;
- To receive fair treatment.

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

You have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Call DCBS at 1-855-306-8959 if you have a physical or mental limitation, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing, or seeing.

Here are some of the ways we can help:

- We can call you if you are not able to come to our office;
- We can tell you what this letter means;
- If you cannot do something we ask, we can help you or change what you have to do;
- We can help you resolve problems without a hearing;
- We can help you request a hearing.

Call DCBS for other kinds of help.

If you think you have been discriminated against because of your race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity, you may file a complaint.

Write or call:

Office of Human Resource Management
EEO Compliance Branch
275 E. Main St., 5C-D
Frankfort, KY 40621
1-502-564-7770 ext. 4107

U.S. Department of Health & Human Services (HHS)
Office for Civil Rights
200 Independence Avenue, SW
H.H.H Building, Room 509-F
Washington, DC 20201
1-800-368-1019 or (TTY) 1-800-537-7697

Follow These Rules:

- Do NOT use the EBT card for any cash benefit transaction or ATM withdrawal at liquor stores, adult-oriented entertainment facilities, casinos, gambling casinos, or gaming establishments;
- Do NOT give false information to get WIN benefits;
- Do NOT hide information to get WIN benefits.

How to get a Hearing:

Do you disagree with something we have told you we are going to do to your benefits? If so, you may ask for a hearing within 40 days from the date of this notice.

Do you disagree with something we have already done to your benefits? If so, you may ask for a hearing within 30 days from the date of this notice.

Want to continue your benefits?

Ask for a hearing **within 10 days** from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision or your current certification period ends, whichever occurs first. You may have to pay back these benefits if the decision is not in your favor.

If you want your benefits to continue, please include the following sentence in your written request: "I want my same benefits continued."

How do I ask for a hearing?

Call DCBS at 1-855-306-8959; OR

Attach a separate sheet of paper to explain your reason for requesting a hearing, sign, and date, then:

Return to any DCBS office; OR

Return to:

Division of Administrative Hearings
Administrative Hearings Branch
105 Sea Hero Rd., Suite 2
Frankfort, KY 40601

What will happen at the hearing?

- You may tell your side of the story or bring a friend, relative, or lawyer to speak for you;
- You can bring witnesses and papers to help tell your story;
- The hearing officer will decide what the state will do after hearing both sides of the story;
- You will be told what to do if you disagree with the hearing officer's decision.

[You Have the Right:

- ~~To quick action whenever you report a change.~~
- ~~To get notice of any action.~~
- ~~To give us information to show the proposed action should not be taken.~~
- ~~To discuss your WIN reimbursement with a DCBS Case Manager.~~
- ~~To receive fair treatment.~~

Do you have complaints about your case?

Call the Ombudsman at 1-800-372-2973 or 1-800-627-4702 (for hearing impaired).

You may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, like trouble with learning, moving around, hearing, or seeing, drug or alcohol addiction, depression, you may call DCBS for assistance.

Here are some of the ways we can help:

- ~~We can visit you if you are not able to come to our office.~~
- ~~We can tell you what this letter means.~~
- ~~If you cannot do something we ask, we can help you or change what you have to do.~~
- ~~We can help you create a plan that allows you to work even though you have a disability.~~
- ~~We can help you request a hearing or appeal.~~

If you think you have been discriminated against because of your race, color, religion, sex, national origin, or disability, you may file a complaint. Write or call:

- ~~Office of Human Resource Management~~
~~EEO Compliance Branch~~
~~275 East Main Street, 5C-D~~
~~Frankfort, KY 40621~~
~~(502) 564-7770 ext. 4548~~

- ~~HHS Director~~
~~Office of Civil Rights, Room 515-F~~
~~200 Independence Ave. SW~~
~~Washington D.C. 20201~~
~~(202) 6190403 (voice)~~
~~(800) 537-7697 (TTY)~~

How to get a Hearing:

~~Do you disagree with something we have told you **we are going** to do to your WIN reimbursements? If so, you may ask for a hearing **within 40 days** from the date of this notice.~~

~~Do you disagree with something **we have done** to your WIN reimbursements? If so, you may ask for a hearing **within 30 days** from the date of this notice.~~

How do I ask for a hearing?

- ~~Call a DCBS worker at 1-855-306-8959; or~~
- ~~Fill in the lines below and return to a DCBS office; or~~
- ~~Cabinet for Health and Family Services to: Division of Administrative Hearings Families and Children Administrative Hearings Bran 105 Sea Hero Road, Suite 2 Frankfort, KY 40601~~

I want a hearing because:

My Signature _____

Date _____

What will happen at the hearing?

- ~~You may tell your side of the story or bring a friend, relative, or lawyer to speak for you.~~
- ~~You can bring witnesses and papers to help tell your story.~~
- ~~The hearing officer will decide what the State will do after hearing both sides of the story.~~
- ~~You will be told what to do if you disagree with the hearing officer's decision.]~~