

Caretaker Application for Child-Only Reach Up

Applying for assistance

- You may use this application to apply for Child-Only Reach Up – monthly cash assistance that helps eligible adults care for the minor, dependent children of their relatives or family friends.
- If you want to apply for 3SquaresVT, Essential Person, Fuel Assistance or Reach Up for yourself, you must use our regular 202 application. Call 1-800-479-6151 or go to mybenefits.vt.gov.

Eligibility for benefits

To be eligible for Child-Only Reach Up, the child must:

- Be under 18 (with a few exceptions*)
- NOT be getting SSI benefits (if an eligible child lives with a sibling who gets SSI, you must let us know in #3 on page 3)
- NOT be in foster care
- Have little or no income of their own
- Be living with/cared for by someone other than a legal, step or adoptive parent

* A full-time HS student expected to graduate before their 19th birthday is eligible through the month of graduation.

* A full-time HS student who is disabled is eligible through the month of graduation or 19th birthday, whichever is first.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-247-3092. (Arabic)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-247-3092. (French)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-247-3092. (Spanish)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-247-3092. (Vietnamese)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-855-247-3092। (Nepali)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-247-3092. (German)

XIYEEFFANNAA: Afaan dubbattu Oromiiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-247-3092. (Cushite)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-247-3092. (Russian)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-247-3092. (Portuguese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-247-3092 まで、お電話にてご連絡ください。 (Japanese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-247-3092。 (Chinese)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-247-3092. (Italian)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. –Nazovite 1-855-247-3092. (Serbo-Croatian/Bosnian)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-247-3092. (Tagalog)

เรียน: ถ้า คุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร 1-855-247-3092. (Thai)

THE APPLICATION PROCESS

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

If you complete this form by hand, PRINT clearly using a pen.

To do it electronically:

- a. Go to <http://dcf.vermont.gov/benefits/reachup/child-only>.
- b. Download the form to your computer.
- c. COMPLETE it, SAVE it and then PRINT a copy to submit.

2. Check your application.

- Make sure you've signed in all the required sections:
 - #11: Signature & authorization for child support services on page 11
 - #12: Authorization for electronic child support payments on page 12
- Make sure you've read and understand the information on pages 13 to 16.

3. Submit your completed application.

DCF - Economic Services Division
Application & Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

You can also drop it off at a district office. To find your office, call 1-800-479-6151 or go to <http://dcf.vermont.gov/esd/contact-us/districts>.

4. Call one of the numbers below if you have questions or need help applying.

GENERAL: Call ESD at 1-800-479-6151.

SENIORS: If you're age 60 or older, call Vermont's Senior Helpline at 1-800-642-5119.

TTY/RELAY SERVICE: If you're deaf or hard of hearing, dial 7-1-1.

FACTS YOU NEED TO KNOW

CHILD SUPPORT

If you get Child-Only Reach Up, you'll have to:

- Apply for services from, and cooperate fully with, the Office of Child Support (OCS).
- Pursue child support for any child entitled to get it, whether or not they're getting a Child-Only Reach Up grant.

You DON'T need to complete a separate application for child support services. Just complete this form.

If you feel pursuing child support could put your safety or a child's safety at risk, see #8 on page 9 for more information.

DISCRIMINATION COMPLAINTS

DCF is an equal opportunity provider. We don't exclude people from programs or deny them benefits because of race, color, age, sex, religion, national origin, marital status, disability, sexual orientation, gender identity, or political beliefs. Federal law prohibits discrimination on the basis of race, color, age, sex, religion, national origin, disability or political beliefs. To file a discrimination complaint with:

1. DCF's Consumer Concerns Team:

- (802) 241-0925
- AHS.DCFConsumerConcerns@vermont.gov
- DCF Commissioner's Office, Consumer Concerns Team, 280 State Drive, HC 1 North, Waterbury, VT 05671-1080

2. Dept of Health and Human Services (HHS):

- <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue S.W., Washington, D.C. 20201
- OCRComplaint@hhs.gov
- VOICE: (202) 619-0403
- TTY: 1-800-537-7697

Application for Reach Up Caretaker Benefits

If you complete this application by hand, print clearly using a pen.



202CARE
Revised 01/2020

1. Tell us about you, the caretaker 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 () -	Email address
Mailing address, line 1		Apartment/suite number
Mailing address, line 2		
City/Town	State	Zip code
Physical or home address <input type="checkbox"/> Check if same as mailing address		Apartment/suite number
City/Town	State	Zip code

2. Tell us how you'd like to get child-only grant payments (if approved)

- On an EBT card that you can use to buy goods or get cash anywhere it's accepted
- By direct deposit into one bank account

If you chose direct deposit, provide the information below.

Bank Name	ABA Routing/Transit #	Account #	Account Type
			<input type="checkbox"/> checking <input type="checkbox"/> savings

3. Tell us about any siblings in the household who get SSI

If an eligible child lives with a sibling who gets SSI, list the sibling below.

Sibling's Full Name (first, middle, last name & suffix (Jr., Sr., III, etc.))	Date of Birth
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4. Tell us if you have safety concerns related to pursuing child support

If you get Child-Only Reach Up, you will have to pursue child support for any child who is entitled to get it — whether or not they are getting a Reach-Up grant.

Do you feel pursuing child support could put your safety or a child's safety at risk?

- NO** - If NO, skip to #5. **YES** - If YES, check one of the boxes below.

I would like to:

- Request a waiver from participating in the child support process. See #8 on page 9 for more info.
- Pursue child support anyway. I can request a waiver later on if the situation changes.

5. Tell us about each child you are applying for

MEMB

You may use this form to apply for more than one child if they are siblings. If they are cousins or not related, you must complete separate applications. Answer as best you can. Use extra paper if needed.

INFORMATION ON CHILD #1							
First, middle, last name & suffix (Jr., Sr., III, etc.)			CITIZENSHIP		KINSHIP ARRANGEMENT		
DOB (mm/dd/yyyy)		Place of birth	<input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other		<input type="checkbox"/> Informal <input type="checkbox"/> Minor guardianship <input type="checkbox"/> Conditional custody <input type="checkbox"/> Permanent guardianship		
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
Social Security number		Relationship to you					
Were the parents married when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			If they weren't married, was paternity established? <input type="checkbox"/> Yes - voluntarily* <input type="checkbox"/> Yes - by court order <input type="checkbox"/> No <input type="checkbox"/> Not sure				
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Date of order	Weekly support \$	Past support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Is the child covered under a parent's health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Type of coverage	Name of insurance company			
Parent 1			ABSP	Parent 2			ABSP
Name (last, first, middle initial)				Name (last, first, middle initial)			
Any other names (maiden name, nickname, alias)				Any other names (maiden name, nickname, alias)			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number	
Date of birth		Place of birth		Date of birth		Place of birth	
Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone number (with area code)				Phone number (with area code)			
Email address				Email address			
Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known				Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			
Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known				Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known			
Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known				Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			

* The parents signed a Voluntary Acknowledgment of Parentage (VAP) to establish parentage because they were not married at the time of the child's birth. This is usually done at the hospital shortly after a child is born.

5. Tell us about each child you are applying for (continued...)

MEMB

INFORMATION ON CHILD #2

First, middle, last name & suffix (Jr., Sr., III, etc.)			CITIZENSHIP		KINSHIP ARRANGEMENT	
DOB (mm/dd/yyyy)		Place of birth	<input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other		<input type="checkbox"/> Informal <input type="checkbox"/> Minor guardianship <input type="checkbox"/> Legal custody <input type="checkbox"/> Permanent guardianship	
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Social Security number		Relationship to you				
Were the parents married when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			If they weren't married, was paternity established? <input type="checkbox"/> Yes - voluntarily* <input type="checkbox"/> Yes - by court order <input type="checkbox"/> No <input type="checkbox"/> Not sure			
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Date of order	Weekly support \$	Past support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is the child covered under a parent's health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Type of coverage		Name of insurance company	
Parent 1			ABSP		Parent 2	
ABSP			ABSP			
Is this parent the same as for child 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to the next page.			Is this parent the same as for child 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to the next page.			
Name (last, first, middle initial)			Name (last, first, middle initial)			
Any other names (maiden name, nickname, alias)			Any other names (maiden name, nickname, alias)			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number
Date of birth		Place of birth		Date of birth		Place of birth
Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number (with area code)			Phone number (with area code)			
Email address			Email address			
Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			
Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known			
Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			

* The parents signed a Voluntary Acknowledgment of Parentage (VAP) to establish parentage because they were not married at the time of the child's birth. This is usually done at the hospital shortly after a child is born.

5. Tell us about each child you're applying for (continued...)

MEMB

INFORMATION ON CHILD #3

First, middle, last name & suffix (Jr., Sr., III, etc.)			CITIZENSHIP		KINSHIP ARRANGEMENT		
DOB (mm/dd/yyyy)		Place of birth	<input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other		<input type="checkbox"/> Informal <input type="checkbox"/> Minor guardianship <input type="checkbox"/> Legal custody <input type="checkbox"/> Permanent guardianship		
		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number				
Relationship to you							
Were the parents married when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			If they weren't married, was paternity established? <input type="checkbox"/> Yes - voluntarily* <input type="checkbox"/> Yes - by court order <input type="checkbox"/> No <input type="checkbox"/> Not sure				
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Date of order	Weekly support \$	Past support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Is the child covered under a parent's health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Type of coverage		Name of insurance company		
Parent 1			ABSP		Parent 2		
ABSP			ABSP				
Is this parent the same as for child 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to the next page.			Is this parent the same as for child 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to the next page.				
Name (last, first, middle initial)			Name (last, first, middle initial)				
Any other names (maiden name, nickname, alias)			Any other names (maiden name, nickname, alias)				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number	
Date of birth		Place of birth		Date of birth		Place of birth	
Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone number (with area code)			Phone number (with area code)				
Email address			Email address				
Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known				
Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known				
Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known				

* The parents signed a Voluntary Acknowledgment of Parentage (VAP) to establish parentage because they were not married at the time of the child's birth. This is usually done at the hospital shortly after a child is born.

5. Tell us about each child you're applying for (continued...)

MEMB

INFORMATION ON CHILD #4

First, middle, last name & suffix (Jr., Sr., III, etc.)			CITIZENSHIP		KINSHIP ARRANGEMENT	
DOB (mm/dd/yyyy)		Place of birth	<input type="checkbox"/> U.S. citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Legal alien <input type="checkbox"/> Other		<input type="checkbox"/> Informal <input type="checkbox"/> Minor guardianship <input type="checkbox"/> Legal custody <input type="checkbox"/> Permanent guardianship	
		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Social Security number		Relationship to you				
Were the parents married when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			If they weren't married, was paternity established? <input type="checkbox"/> Yes - voluntarily* <input type="checkbox"/> Yes - by court order <input type="checkbox"/> No <input type="checkbox"/> Not sure			
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Date of order	Weekly support \$	Past support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is the child covered under a parent's health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Type of coverage		Name of insurance company	
Parent 1			ABSP		Parent 2	
ABSP			ABSP			
Is this parent the same as for child 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to the next page.			Is this parent the same as for child 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to the next page.			
Name (last, first, middle initial)			Name (last, first, middle initial)			
Any other names (maiden name, nickname, alias)			Any other names (maiden name, nickname, alias)			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security number
Date of birth		Place of birth		Date of birth		Place of birth
Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number (with area code)			Phone number (with area code)			
Email address			Email address			
Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Mailing address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			
Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Physical address if different: <input type="checkbox"/> Current <input type="checkbox"/> Last known			
Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			Employer's name & address: <input type="checkbox"/> Current <input type="checkbox"/> Last known			

* The parents signed a Voluntary Acknowledgment of Parentage (VAP) to establish parentage because they were not married at the time of the child's birth. This is usually done at the hospital shortly after a child is born.

6. Answer the following questions about the eligible children:

A. Does any child live in a facility other than a school or college?

INST

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

YES. Provide info below ↻ **NO. Skip to next question** ➡

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

B. Is any child in high school, college, vocational school or training?

SCHL

YES. Provide info below ↻ **NO. Skip to next question** ➡

First name, middle initial	Name of school	School type	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

Does any child listed above have an individualized Education Program (IEP) or disability that prevents graduation before age 19? **YES** **NO**

C. Does any child live with another person some of the time?

YES. Provide info below ↻ **NO. Skip to next question** ➡

First name, middle initial	Time spent living in other household	When not living with you, who do they live 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.)

D. Is any child known by another name?

ALIA

YES. Provide info below ↻ **NO. Skip to next question** ➡

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

E. Does any child have income from work study, student grant or loan?

STIN

YES. Provide info below ↻ NO. Skip to next question ➡

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

F. Does any child receive income from any other source (see below)?

UNEA

YES. Provide info below ↻ NO. Skip to next question ➡

Check the types of income received and then provide details below. List gross income (income before deductions such as 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

7. Are you seeking help to cover shelter expenses for any child?

RENT

YES. Provide info below ↻ NO. Skip to next question ➡

How much? (up to \$540 per grant amount in Chittenden county & up to \$490 in other parts of the state)

\$

8. Waiver from participating in the child support process

You may request a *Waiver of Cooperation* if you believe a parent might physically or emotionally harm you or the children because of something OCS might do to pursue support (e.g., contact the parent to establish parentage) or require you to do (e.g., appear in court with the parent).

To request a waiver, check the relevant boxes in #4 at the bottom of page 3.

OCS will not actively pursue support while your request is being reviewed. If you are granted a waiver, you may receive Child-Only Reach Up without cooperating with OCS; however, you must still provide all the information requested about the parent. You may also request a waiver later on. If you do so, the department will give you the form, review your request and send you a written notice of the decision. Before beginning any legal action to pursue support, OCS will send you a notice to remind you of your right to request a waiver. There are a few exceptions, however, including when either parent files a court action and OCS represents the State of Vermont.

9. Important information

ASSIGNMENT OF RIGHTS TO CHILD SUPPORT

To be eligible for Child-Only Reach Up, you must:

1. Agree to accept services from, and cooperate fully with, the Office of Child Support (OCS).
2. Assign your rights to child support for all children getting a Child-Only Grant to the State of Vermont for the entire period they get it.

The grant may be paid with either state or federal funds. The type of funding you get will affect your right to any unpaid child support (*called arrears*). Once your grant closes:

- ⇒ *State-funded grant*: Any arrears that accrued while you were getting assistance will be owed to you. If your grant reopens, the State may be entitled to some of those arrears.
- ⇒ *Federally-funded grant*: Any arrears that accrued while you were getting assistance will be owed to the State, no matter when OCS collects it.

COLLECTION AND DISTRIBUTION OF CHILD SUPPORT

While you're getting *Child-Only Reach Up*:

- ⇒ OCS will send all child support collected to DCF's Economic Services Division (ESD).
- ⇒ If OCS collects more current support than your grant, you'll get the difference. However, if this happens for two months in a row:
 - The grant will be closed.
 - OCS will start sending current support to you, within two business of receiving it.
 - OCS will continue providing other child support services.
 - OCS will send you an annual statement showing the amount of support collected.
- ⇒ ESD will add up to \$50 of current support collected to your grant as a family bonus. For example: if \$25 in current support is paid, you'll get a \$25 bonus. If \$125 is paid, you'll get a \$50 bonus. You'll start getting bonuses two months after we start collecting child support.

ASSIGNMENT OF MEDICAL SUPPORT RIGHTS

As a condition of eligibility for health care assistance, you must assign all rights to medical support and third party payments (e.g., insurance & court-ordered cash medical payments) to the State of Vermont for Vermont health care services reimbursed by Medicaid. After your grant closes, this assignment will continue as long as the children are getting health care benefits.

RIGHT TO APPEAL

If you disagree with an OCS action or decision in your child support case, you may ask for a review by a unit supervisor. If you disagree with the supervisor's decision, ask for a *Request for Administrative Review* form. When OCS receives your completed form, someone will contact you to complete the review process. If you get state-funded assistance and disagree with a decision about child support forwarded from OCS to ESD, you may ask for a fair hearing.

10. Are you interested in these additional services?

<input type="checkbox"/> Yes <input type="checkbox"/> No	WIC PROGRAM: If you're caring for a child under five, you may qualify for additional help with food, health screenings and nutrition education. If so, would you like someone from WIC to contact you? <i>You can also call 1-800-464-4343 toll free to learn more.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	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. <i>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).</i>

11. Signature & authorization for child support services

BY SIGNING BELOW, I CERTIFY AND AGREE:

- To assign any rights I have to child and medical support for the eligible children in this application to the State of Vermont – for the duration of the Child-Only Reach Up grant.
- To accept services from, and cooperate fully with, OCS unless I request and am granted a *Waiver of Cooperation*, which I may do at anytime.
- That I have read and understand the information on page 10 and above.
- That I have read, understand & accept the *ESD Rights and Responsibilities* as outlined on page 15 and *OCS Statements of Understanding* as outlined on page 16.
- That the information provided is true and complete to the best of my knowledge.
- To report changes that may affect my benefits by calling 1-800-479-6151 – within 10 days from when they happened (e.g., changes to kinship care arrangement, income or living arrangement).

YOU MUST SIGN & DATE YOUR APPLICATION HERE

UNSIGNED APPLICATIONS WILL BE RETURNED

I certify that the information provided on this application is true and complete to the best of my knowledge.

Signature of Caretaker Applicant

Date



12. Authorization for electronic child support payments — after Reach Up ends

You must choose one of the payment options below:

Once we get your authorization, it'll take about 30 days for payments to begin. Call 1-800-786-3214 to find out when OCS received your payment or change your electronic payment option.

1. Direct deposit to one bank account:

- Depending on the bank, funds are usually available 7-10 business days after OCS receives a payment. Contact your bank to find out if a payment has been credited to your account.

2. U.S. Bank ReliaCard®:

- ReliaCard is a Visa® Prepaid Debit Card that can be used to make purchases, pay bills and get cash everywhere Visa debit cards are accepted¹. *It is not a credit card. You don't need a bank account.*
- Your ReliaCard will be mailed to the address you provide within 7 - 10 business days from the date of enrollment. *Sign up to get email or text² alerts when funds are added to your card.*

¹ Fees and transaction limits apply. See fee schedule on page 14 for details.

² Standard text messaging charges apply through your mobile carrier; message frequency depends on account settings.

Provide your information below

Last name	First name & middle initial	Email address
Social Security number	Preferred phone (with area code)	Secondary phone (with area code)

Check one of the two options below. If you don't make a selection, you'll be issued a ReliaCard.

<input type="checkbox"/>	Direct Deposit	Bank Name	ABA Routing/Transit #	Account #	Account Type
					Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<input type="checkbox"/>	U.S. Bank ReliaCard*	<i>Please read the information provided on pages 13 and 14 about the ReliaCard option before you decide which option you'd like to choose.</i>			

***If you select the ReliaCard:** to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. Member FDIC.

SIGN BELOW.

Unsigned applications will be returned.

This request cancels any other direct deposits I have in place with OCS.

Signature

Date

 Sign here

Disclosure Information about the U.S. Bank ReliaCard®

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Vermont Child Support
 Reference Date: June 2017

You have options as to how you receive your payments,
 including direct deposit to your bank account or this prepaid card.
 Ask your agency for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.25* out-of-network	N/A

ATM Balance Inquiry (in-network or out-of-network)	\$0
Customer Service (automated or live agent)	\$0 per call
Inactivity (after 365 days with no transactions)	\$2.00 per month

We charge 3 other types of fees. One of them is:

Card Replacement (standard or expedited delivery)	\$0 or \$15.00
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* This fee can be lower depending on how and where this card is used.
 See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.
 Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid.
 Find details and conditions for all fees and services inside the card package or call
1-855-203-3824 or visit usbankreliacard.com.

U.S. Bank ReliaCard® Fee Schedule

Program Name: Vermont Child Support

Effective Date: May 2018

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or SUM® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator or sum-atm.com .
ATM Withdrawal (out-of-network)	\$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or SUM ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator or sum-atm.com .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-203-3824**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. ©2018 U.S. Bank. Member FDIC. CR-16926173

ESD RIGHTS AND RESPONSIBILITIES

If you need help understanding these rights and responsibilities, call 1-800-479-6151.

- a. **You may request a fair hearing if you disagree with a decision about benefits.** To do so:
 - Call the ESD Benefits Service Center at 1-800-479-6151.
 - Write the ESD Deputy Commissioner, Department for Children and Families, HC 1 South, 280 State Drive, Waterbury, VT 05671-1020.
 - Write the Human Services Board, 14-16 Baldwin St, 2nd Floor, Montpelier, VT 05633-4302.
- b. **You have the right to get a copy of this application.** Call 1-800-479-6151.
- c. **You have the right to a timely decision.** Unless a delay is caused by you, an unexpected emergency or administrative problem beyond ESD's control, expect a decision within 30 days of applying.
- d. **If you have a disability, you may be entitled to free aids & services (called *reasonable accommodations*) to help you participate.** Call 1-800-479-6151 to let us know. This could include:
 - Giving you program information in accessible formats (e.g., large print, audio or Braille)
 - Giving you more time to gather the documents you need to give us
- e. **You have the right to privacy.** We are committed to protecting your privacy and keeping information about your case confidential—in compliance with the law. We will only share information when it's connected to program administration, allowed by law/court order or you give your permission. This is also required of all agencies that work with us.
- f. **If your household includes people who are not eligible because of their immigration status, you can still apply for those who are eligible.** We'll verify the immigration status of all non-citizens who apply with the U.S. Citizenship and Immigration Services. Getting benefits from ESD can affect an immigrant's sponsor or immigration status. You may contact Vermont Legal Aid if you have legal questions before applying: 1-800-889-2047.
- g. **You are responsible for reporting changes.** You must report changes within 10 days from when they happen by calling 1-800-479-6151. This includes any change to your kinship care arrangement. You must also tell ESD immediately if a child gets benefits from another state.
- h. **You must provide a Social Security number (SSN) for each person on this application.** Federal and State law requires it as a condition of eligibility. We use SSNs to pursue child support, prevent individuals from getting duplicate benefits, and verify the accuracy of the information provided.
- i. **You are responsible for the accuracy of the information provided on this application.** The information provided is subject to verification by federal, state and local officials. If the information you provide is not accurate, your benefits may be reduced, you may be asked to repay benefits, you may be denied benefits or you may be subject to an administrative disqualification hearing and/or criminal prosecution.
- j. **You must cooperate with ESD if your application is selected for a quality control review.** This includes providing proof of any required information and authorizing us to get that proof if you are not able to provide it.
- k. **You must not lie or hide information to get benefits your household should not get.** It is *fraud* if you or any adult in your household knowingly provides false or misleading information to get, attempt to get, or help someone else get Child-Only Reach Up benefits.

OCS STATEMENTS OF UNDERSTANDING

If you need help understanding these statements, call 1-800-786-3214.

- a. **I can get a copy of this application.** Call 1-800-786-3214.
- b. **OCS representatives act on behalf of the State of Vermont to enforce child support laws; they do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues.** OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.
- c. **I understand the role of OCS and my right to get my own attorney in connection with this matter.** In addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.
- d. **By receiving OCS services, I'll receive all services they deem appropriate, many which are automatic.** Services include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting and distributing child support payments, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.
- e. **Child support payments must be made through OCS.** Payments made directly from one parent to the other parent must be turned over to OCS for issuance. I understand that failure to do so may result in the termination of OCS services.
- f. **If money is sent to me in error or issued to me based on insufficient funds, I must return the money.** If I don't return the money, I authorize OCS to deduct such payments from my account or from future payments until this obligation is satisfied.
- g. **OCS is required to submit minimal information about me to a national directory used only by other state child support agencies.** Federal law prohibits the release of information about those who are at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, there may be delays in my case because some automatic processes may not go forward as usual.
- h. **After I try to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS administrative review of any decision or action taken by OCS in my child support case.** I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit, 280 State Drive, Waterbury, VT 05671-1060. I must explain my complaint, request an administrative review, and provide the following information: my name, Social Security number, address, daytime phone number, and whether I want the review conducted in person, over the phone, or by mail.
- i. **If a court order requires either parent to provide health insurance for the child, the other parent will have access to information maintained by the child's insurer (e.g., Social Security number).**