



PROTECTIVE PAYMENT AGREEMENT

Reach Up Head of Household: _____ Last 4 SSN: _____ Date of Birth: _____

A. PROTECTIVE PAYEE

In order to provide for the basic needs of the above-named Reach Up household and to make the best use of the Reach Up benefit, I agree to receive the Reach Up benefit on behalf of this household, beginning with the month of _____.

I also agree to the following conditions:

1. No fee will be paid for these services.
2. All funds will first be used to meet basic needs of the Reach Up household.
3. All information concerning the household will be treated as confidential.
4. I will not provide the household with goods or services for which there is a payment to me.
5. I agree to keep a record of expenditures made on behalf of the household and to supply such information as may be requested by the department.
6. This agreement may be terminated on 10 days written notice by myself, the household or the Department for Children and Families.

Payee's Signature: _____ Date of Agreement: _____

Payee's Phone Number: _____ Payee's Mailing Address: _____

B. VENDOR PAYMENT

I agree that vendor payments up to the amount of my household's monthly Reach Up benefit will be issued beginning with the month of _____. This payment will be made toward my _____ (for example: rent, electric bill, etc).

C. PAST-DUE PAYMENTS

I agree to allow the protective payee to make payments of:

I agree to allow the department to make payments of:

\$ _____ per month on my past-due bills for _____.

\$ _____ per month on my past-due bills for _____.

\$ _____ per month on my past-due bills for _____.

Reach up Head of Household's signature: _____ Date: _____

Your Right to Appeal the Department's Decision

If you disagree with the decision, you can appeal. If you appeal, you will get a fair hearing. A fair hearing is your chance to tell your story to the Human Services Board. The Human Services Board will review the facts of your case in a fair and objective manner. The Human Services Board will decide whether the department's decision should be upheld or reversed. If you want to request a fair hearing call the *Benefits Service Center at 1-800-479-6151* or the *Human Services Board at 1-802-828-2536*. You must ask for a fair hearing *within 90 days* of the date of this notice. You may ask someone you trust to help you ask for a fair hearing.

After requesting a fair hearing, your benefits may continue, or you may reapply.

While you are waiting for the Human Services Board to make a decision, if you requested a fair hearing before the department stops or changes your benefits, your benefits may continue at the current level (except for Postsecondary Education benefits), unless you tell us you do not want them to continue. If your benefits are closed, you may reapply at any time.

It is important to know that:

- If the fair hearing **is not** decided in your favor, you may be asked to repay any benefits that you received during this time that you were not entitled to.
- If the fair hearing **is** decided in your favor, your benefits will be reinstated. If you did not continue to receive benefits, you will receive a retroactive payment. The department will repay any premium amounts that you overpaid.

Do you need free legal help?

You may be able to get free legal help from Vermont Legal Aid. Call Vermont Legal Aid at 1-800-889-2047.

Do You Have Questions?

To learn more about this decision, call the Benefits Service Center at 1-800-479-6151. Be sure to have this letter and your case number ready. You can also look at our website, <http://dcf.vermont.gov/mybenefits>, for general information.

Rights of People with Disabilities

Do you have a physical or mental or learning condition that makes it hard to do things we ask you to do? We can make changes to help you.

The Americans with Disabilities Act (ADA) and Vermont law say that we must make changes so people with disabilities can get public benefits. These changes are called accommodations. Here are some examples of changes we can make:

- Someone can write down your answers if you can't.
- We can give you more time or help you get the documents you need to give us.
- You can have a support person with you when you talk to us.
- We can send documents with a larger print so you can read them.
- We can meet with you in your home or by telephone, so you do not have to come into the District Office.

If you need us to make changes so you can get the benefits you need, call the Benefits Service Center at 1-800-479-6151.

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 निःशुल्क 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)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila 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 govorište 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: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-247-3092. (Thai)

People who are deaf or hard of hearing can call the statewide relay service at 711.