

STATE OF COLORADO



Notice to Reapply You Need to Act Now

Name: _____

Address: _____

SS #: _____

Case #: _____

Please return your information to us at:

AssistancePaymentsN
320 W 10TH ST
PUEBLO CO 81003-2920

(719) 253-7850

Certification Period End Date: _____

To see if you can still get benefits, please answer the questions, sign and return this to us.

Any changes reported can result in a reduction or termination of benefits. Turning this form in incomplete and/or after due date can result in a delay of benefits being issued. I have read this form to renew my benefits and to the best of my knowledge and belief, my answers are true. This information includes the people who live in my house and, citizenship and non-citizenship information. I have listed all amounts and sources of income, money and property I receive or own. I understand and agree to the information provided in the section titled 'What I Should Know'.

I have the right to apply again for Food Assistance benefits by submitting an application for assistance as long as it has my name, address and signature. I can send this application in by mail, drop it off at the office, or through an authorized representative. If everyone in my household receives SSI, I can apply again for benefits at the local Social Security office.

SIGN HERE: _____ **Date:** _____

Best phone number to call you: _____

Have you moved? Yes No

If yes, what is your new address? _____

Please complete this section:

Is anyone who lives in your house a migrant or a seasonal farm worker? Yes No

Is the money (before deductions) you think you will get this month less than \$150? Yes No

Is all the cash, and money in the checking and savings accounts for the house less than \$100? Yes No

Are your monthly housing and utility costs more than the total monthly money, including cash, money from employment gifts, and money in the checking and savings accounts? Yes No

Attach additional pages if you cannot write your answer in the space provided.

People who Live with You

Full Name	Relation to You	Birth Date	Male/ Female	Does this person want benefits?	People who do not want benefits do not have to answer these questions.		
					Social Security Number	US Citizen	Race/Ethnicity (see codes below)
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	
				Y N		Y N	

*Race/Ethnicity is optional. Race options include: Asian-A; Hispanic/Latino-H; American Indian/ Alaskan Native-AI; White-W; Native Hawaiian/Pacific Islander-NH; Black/African American-B; Other- O

*Male/Female is optional

Who buys and eats food with you? _____

Is anyone in the home pregnant? Yes No Who? _____

When is the baby due? _____ How many babies does she expect? _____

List the name of the father: _____

For a quick decision, please send in a doctor's statement with a due date.

Is anyone in the home 18 years or older and in school? Yes No

Who? _____

Are there any school aged children who do not go to school right now (excluding breaks)?

Yes No Who? _____

Are you or any member of your household: In Jail/Prison In a Nursing Home

In a Group Home In Rehab A convicted felon

Not in compliance with the terms of their conviction from 2/7/14 or after for any of the following offenses: aggravated sexual abuse, murder, sexual exploitation and/or abuse of a child(ren), or sexual assault

A fleeing felon, probation violator or parolee violator

If yes, please provide the household member's name and date this happened: _____

Money in Your Home

Tell us about all money in your home: No one in my home has money (income)

We need to know about the money that you or anyone in your house receives from work. If you or anyone gets money from work, please complete the following:

Person Working	Employer Name and Phone	How often are you paid?	How much do you get each paycheck? (before deductions)
			\$
			\$
			\$

You must send in proof of all money in the house. Help us make a quicker decision by sending in the proof with this packet.

Did you or anyone in the home leave or lose a job in the past 60 days? Yes No

Who? _____ When? _____
 Employer Name: _____ Employer phone number: _____
 Date of last pay check: _____ Amount of last pay check: \$ _____

Are you or anyone in the home on strike? Yes No

Who? _____ When? _____

Does anyone get any OTHER type of money? Yes No

Examples: Unemployment benefits; Child Support; Retirement/Pension; Social Security Benefits; Veterans Benefits; Dividends/Interest; Trust; Loans/Gifts; In-kind money (i.e. work around the house in exchange for rent), Worker's Compensation; Alimony, Disability.

Person getting Money	Money From	Amount	How often is it received?
		\$	
		\$	
		\$	

You must send in proof of all money in the house. Help us make a quicker decision by sending in the proof with this packet.

Things You Pay For

Tell us about any changes in the things you pay for: I have no changes
 Please tell us if you have any changes in what you pay for rent/mortgage, home insurance, property taxes, HOA fees, utilities, child/adult day care, medical expenses and court-ordered child support, OR if you have any new things that you pay for.

Type	Amount you told us you pay	Amount you now pay	How Often Do You Pay?
	\$	\$	
	\$	\$	
	\$	\$	

You must send in proof of the things you pay for. Help us make a quicker decision by sending in the proof with this packet.

Did you get LEAP within the past 12 calendar months? Yes No

If I do not report and provide requested proof of rent, mortgage, housing fees, property insurance, property taxes, court ordered child support payments, child or adult care, and medical expenses paid

by elderly or disabled members, I am stating that I do not want that specific expense used as a deduction to determine my food assistance benefit amount.

Things you Own

If you receive Adult Financial, Adult Medical, Medicare Savings Program or Long Term Care benefits:

Tell us about the things you own:

Please tell us if you have any cash, checking and savings accounts, annuities, trusts, mutual funds, promissory notes, property (land and/or homes), vehicles and retirement accounts, OR if you have new things that you own.

Type	Value	Current Value	Name of person who owns the item/ account
	\$	\$	
	\$	\$	
	\$	\$	

You must send in proof of all money in the house. Help us make a quicker decision by sending in the proof with this packet.

Have you given away anything of value since the last time you applied or re-applied?

Yes No

Person who Gave it Away: _____

What was Given Away and When? _____ Value: \$ _____

If you receive Medical and/or CHP+ benefits:

Has anyone in the home had changes in their medical health insurance? Yes No

Who? _____ What changed? _____

Stop Here if you are only receiving Food Assistance, Adult Financial (OAP, AND, etc.) or Colorado Works. If you are receiving Medical Assistance, please complete these additional questions.

Starting October 1, 2013, changes in Federal law require Colorado to ask additional questions about you and your family. We have identified that you have not provided the information required as of October 1, 2013.

Instructions: Please complete the questions below for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family members who live with you. Use More Paper if Necessary.

Send this letter back to the person and address listed above or you can enter the information on PEAK Redetermination at Colorado.gov/PEAK.

You must respond by no later than 09/05/2018.

Do You Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Health First Colorado (Colorado's Medicaid Program), CHP+, or health insurance even if you do not file a federal income tax return.</i>
1. Will you file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will you claim any dependents on your tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will you be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are you related to the tax filer?	

Does Anyone Else in the Home Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Health First Colorado (Colorado's Medicaid Program), CHP+, or health insurance even if you do not file a federal income tax return.</i>
Name		
1. Will they file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will they claim any dependents on their tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will they be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are they related to the tax filer?	