

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



March 21, 2005

ALL COUNTY INFORMATION NOTICE NO. I-15-05

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS**REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: H&R BLOCK FOOD STAMP OUTREACH PROJECT

The purpose of this letter is to provide the counties with information regarding the Food Stamp Program (FSP) outreach project to be conducted with H&R Block in California. Information on the FSP will be provided as part of the service provided by local H&R Block offices. The project will allow customers to obtain FSP applications, contact information and brief application instructions directly from the local H&R Block offices at no charge. H&R Block has been working with the Food and Nutrition Service at the national level on this new project, which is being introduced in California and in eleven other states (enclosure).

We encourage all counties to cooperate with H&R Block as appropriate in this project to increase program participation. Primarily, the counties' role in the project will be the processing of the applications that households received from the local H&R Block offices and providing information on FSP office locations and contacts. In addition, we are encouraging counties to track the applications provided by local H&R Block offices. Tracking applications will be very helpful in evaluating the effectiveness of the project. Along with the FSP application and general program information, H&R Block offices will provide to their customers the county contact information (enclosed) as it is listed on the state Web site at: http://www.dss.cahw.net.gov/foodstamps/CountyWelf_1724.htm or as provided by the county.

In order for the FSP-only application forms (DFA 285 A1, English & Spanish) to be used in the project, they had to be re-formatted in order to be generated by H&R Block's computer systems. The joint program application forms, such as CalWORKs, will not be used for the project. The revised forms have been approved by the California Department of Social Services (CDSS) and copies are attached. The county will need to provide a copy of the FS 22 QR form, Application for Food Stamp Benefits, to applicants using the H&R Block FSP application.

Page Two

If you have any questions regarding the H&R Block outreach project, please contact Ms. Detta Hunt, Food Stamp Policy Development Unit, at (916) 653-6161 or by email at detta.hunt@dss.ca.gov

Sincerely,

RIGHTON YEE, Chief
FOOD STAMP BRANCH

Attachment



Providing Nutritional
Assistance to All Ages

Application For

Food Stamp Benefits

Follow these simple steps to apply for food stamp benefits.

Note: If you have a disability or need help completing this application, please let a worker know and someone will help you.

Step 1: Fill out as much of this application as you can, sign on page 1, and return it to the local food stamp office. We need at least your name, address and signature. **If you are without money for food, you may be able to get emergency food stamp benefits in three (3) days. You need to answer all checked (✓) questions on all pages.**

Step 2: You will be scheduled for an interview with a food stamp worker who will go over this application with you and will ask you more questions to complete the application process.

Step 3: You must bring proof of identification and income to your interview. You should bring other items as well, such as rent receipts, utility bills, or paycheck stubs. If you do not report and provide proof of expenses, no deduction from your income will be allowed for those expenses.

Important Information for Immigrants

- ▶ You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
- ▶ You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for food stamp benefits because of immigration status and who are not asking for food stamp benefits.
- ▶ Using food stamp benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.

Applying For Food Stamp Benefits

Useful Tips and Information

Please read the following - there is nothing to fill out on this page.

WHAT WE MEAN WHEN WE SAY

To help you understand some of the words used in the application and the interview, refer to the definitions below.

You, Anyone, Everyone - Any and all persons who live in your home and who are applying for food stamp benefits. When we need information about the other people in your home, we will ask you.

Your Household - People living in the home who buy and prepare food together and are applying for food stamp benefits.

Food Stamp Benefits - Benefits for low- income households to help buy food.

Food Stamps Expedited Service - Food stamp benefits available to you within three (3) days.

Resources - Money you have, such as:

- Cash on hand, uncashed checks, money in checking accounts, savings accounts, or savings certificates, etc.
- Trust deeds, notes receivable, stocks or bonds, etc.

Utilities - Gas, electricity, heating, fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.

Income - Money received or expected to receive this month, such as:

- Earnings, welfare, child support, SSI or Social Security, or veterans payments
- Pension or retirement payments
- Unemployment (UIB), State Disability (SDI) or other disability
- Strike funds, payments from roomers, school grants and loans
- Cash gifts, cash winnings, or any other cash payments

Cash Aid - California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Assistance, or your county's local Cash Aid program [General Assistance or General Relief (GA/GR), or Cash Assistance Program for Immigrants (CAPI)].

OTHER THINGS YOU SHOULD KNOW

- **You may wonder why we ask some of the questions. All questions are required by Federal/State law to determine your eligibility for food stamp benefits.**
- You can apply for food stamp benefits and cash aid at the same time and have only one interview for both, except when you apply for GA/GR as a cash aid.
- If your food stamp benefits, Authorization Document (AD) or issuance cards are lost in the mail, you must report it before the end of the month in which you should have gotten them. But if they were stolen or destroyed, you must report your loss within ten (10) days of the incident.
- If you receive too many food stamp benefits, you will have to pay them back and/or your benefits may be lowered or stopped. Your Social Security Number (SSN) may be used to collect the amount of benefits owed, through the courts, other collection agencies and for federal government collection action.
- Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with you and with employers, banks, or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.
- Providing your SSN is not required when you first submit your application. However, you will be asked to give us information to figure the eligibility and benefits for other members of your household. You usually have to give us your SSN(s) or proof of application for your SSN(s) before we can give you any benefits. We can deny you or any member of your household benefits for failure to provide an SSN.

COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to work it out with the county. If you can't work it out, you may call or write to:

California Department of Social Services
744 P Street, MS 20- 23
Sacramento, CA 95814
Phone Number: 1- 800- 952- 5253, or for the hearing or speech impaired call 1- 800- 952- 5349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local county welfare office or by calling the phone numbers listed above. You must ask for a hearing within ninety (90) days of the action and tell why you want one.

The law says that all applicants/recipients for aid, benefits or services are to be treated fairly without regard to race, color, national origin, political affiliation, religion, marital status, sex, age or disability.

If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator; or
2. Writing to or calling:

The state's Civil Rights Bureau, M.S. 15- 70,
P.O. Box 944243, Sacramento, CA 94244- 2430
1- 866- 741- 6241 (Toll Free)

3. Or for Food Stamp benefits only, writing to:

Secretary of Agriculture
U.S. Department of Agriculture
14th & Independence Avenue, S.W.
Room 200A
Administration Building
Washington, D.C. 20250

Application for Food Stamp Benefits

Applicant Information

1. Please fill out the following personal information for the person requesting food stamp benefits.

Name (Last, First, Middle)	
Telephone Number (include area code)	
Home Address (Street, P.O Box, Apt. #)	
City, State, Zip Code	
Mailing address (if different from above)	
City, State, Zip Code	

2. The food stamp office can provide an interpreter at no cost to you. Would you like an interpreter at your interview? Yes No If "Yes," what language? _____

3. To help us improve our services to you, please complete A and B below. If you don't complete these items, the county will do it for you. Check all that apply. This will not affect your eligibility.

A. ETHNIC GROUP - White Hispanic Black Filipino Chinese
 American Indian or Alaskan Native Japanese Korean Guamanian Samoan
 Vietnamese Asian Indian Laotian Hawaiian
 Other Asian or Pacific Islander (specify) _____

B. PRIMARY LANGUAGE - English Spanish Lao Tagalog
 American Sign Cantonese Cambodian Vietnamese Russian
 Other (specify) _____

✓ 4. Someone in the household is: (check more than one if applicable)

Disabled Homeless
 Elderly (60 & older) Migrant/ Seasonal Farmworker -
 Without money for food Has your only income stopped? Yes No

5. Do you have a physical or mental condition that requires special help during your interview with a food stamp worker? Yes No

✓ 6. How much is your rent or mortgage this month? \$ _____

✓ 7. How much are your utilities this month, if separate from your rent or mortgage? \$ _____

I have been informed about getting emergency food stamp benefits within three (3) days.

Signature

Date

County Use Only:

Case Name _____ Case # _____

Application Type: New Recert Date received by County _____

Screened for Expedited Service (ES)? Yes No ES Eligible Yes No

Application for Food Stamp Benefits

Household Information

8. Complete the following information for all persons in the home, including yourself. The County will use this information to determine eligibility only.

Name (Last, First, Middle)	Social Security Number (If none, write none)	Relationship (i.e. son, wife, friend, foster child, etc.)	Circle one	Date of Birth	Do you buy and prepare food with this person? (Circle one)
1.			Male / Female		Yes / No
2.			Male / Female		Yes / No
3.			Male / Female		Yes / No
4.			Male / Female		Yes / No
5.			Male / Female		Yes / No
6.			Male / Female		Yes / No
7.			Male / Female		Yes / No
8.			Male / Female		Yes / No
9.			Male / Female		Yes / No
10.			Male / Female		Yes / No

Income and Employment

✓ 9. Do you have or will you receive any income this month? Yes No

List all your household income below:

Name of person who gets money	How much each month?
	\$
	\$
	\$
	\$

Resources

✓ 10. How much money do you have? This includes money in bank accounts, in your home, or any other place. \$ _____

County Use Only:

Application for Food Stamp Benefits

Important Information

- ▶ The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, sex, religion, national origin, or political beliefs. You may file a complaint if you think you have been discriminated against. If you disagree with the decision of the county, an appeal process is available to you.
- ▶ The information on this application may be shared with federal, state and local agencies only for the purposes of verifying eligibility for the Food Stamp Program. This process may include confirmation with the INS of the immigration status only of those persons seeking food stamp benefits. Federal law says the INS cannot use the information for anything else except cases of fraud.

Signature

I certify under penalty of perjury under the laws of the United States of America and the State of California that the information I have provided on this application is true, correct and complete.

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date



Proporcionando asistencia
nutricional para personas
de todas las edades

Solicitud para

Beneficios de estampillas para comida

Para solicitar beneficios de estampillas para comida siga estos simples pasos.

Nota: Si está discapacitado/incapacitado o necesita ayuda para completar esta solicitud, por favor avísele a un trabajador y alguien le ayudará.

1er Paso: Complete todo lo que pueda en la solicitud, firme la primera página y envíela a la oficina local de estampillas para comida. Necesitamos al menos su nombre, dirección y firma. **Si no tiene dinero para comprar comida, es posible que pueda recibir estampillas para comida de emergencia antes de que pasen tres (3) días. Usted necesita contestar todas las preguntas marcadas con una (✓) en todas las páginas.**

2o Paso: Se le programará una entrevista con un trabajador de estampillas para comida quien revisará esta solicitud con usted y le hará otras preguntas para completar el proceso de la solicitud.

3er Paso: Usted tiene que traer pruebas de identificación e ingresos a su entrevista. También debe traer otros documentos, tales como recibos de renta, cuentas de los servicios públicos y municipales, o talones de cheques de pago. Si no reporta ni proporciona pruebas de sus gastos, no se permitirá ninguna deducción en sus ingresos para esos gastos.

Información importante para personas inmigrantes

- ▶ Usted puede solicitar y recibir estampillas para comida para los miembros de su familia que son elegibles, aun si su familia incluye a otros miembros que no son elegibles debido a su situación migratoria. Por ejemplo, padres inmigrantes pueden solicitar beneficios de estampillas para comida para sus hijos que son ciudadanos de los Estados Unidos o que son inmigrantes calificados aunque es posible que los padres no sean elegibles para los beneficios.
- ▶ No tiene que proporcionar información, números de Seguro Social, ni documentos acerca de la situación migratoria de los miembros de la familia que no son elegibles debido a su situación migratoria y quienes no están solicitando estampillas para comida.
- ▶ El recibir beneficios de estampillas para comida no afectará la situación migratoria de usted ni la de su familia. La información acerca de la situación migratoria es privada y confidencial.

Solicitando beneficios de estampillas para comida

Información y consejos útiles

Por favor lea lo siguiente - no hay nada que llenar en esta página.

LO QUE SIGNIFICA CUANDO DECIMOS

Para ayudarle a entender algunas de las palabras que se usan en la solicitud y en la entrevista, consulte las definiciones a continuación.

Usted, cualquier persona, todas las personas - Cualquier persona y todas las personas que viven en su hogar y quienes están solicitando beneficios de estampillas para comida. Cuando necesitemos información sobre las otras personas en el hogar, se lo preguntaremos.

Su grupo - Las personas que viven en el hogar quienes compran y preparan la comida juntas, y que solicitan los beneficios de estampillas para comida.

Beneficios de estampillas para comida - Beneficios para grupos de bajos ingresos para ayudarles a comprar comida.

Servicio urgente de estampillas para comida - Beneficios de estampillas para comida disponibles antes de que pasen tres (3) días.

Recursos - Dinero que usted tiene, tal como:

- Dinero en efectivo a la mano, cheques que no se han cambiado, dinero en cuentas de cheques o de ahorros, certificados de ahorros, etc.
- Escrituras de fideicomiso, pagarés, bonos o valores, etc.

Servicios públicos y municipales - Gas, electricidad, calefacción, gasolina, teléfono (cobro básico), instalación de servicios, recolección de basura, agua, alcantarillado, etc.

Ingresos - Dinero que se recibió o que se espera recibir este mes, como:

- Ingresos ganados, asistencia pública, mantenimiento de hijos, pagos suplementales de seguridad (SSI) o de Seguro Social, o pagos para veteranos
- Pagos de pensión o jubilación
- Beneficios del Seguro contra Desempleo (UIB) o del Seguro del Estado contra Incapacidad (SDI) u otra discapacidad
- Fondos de huelga, pagos de inquilinos, subvenciones y préstamos escolares
- Regalos o premios de dinero en efectivo, o cualquier otro pago en efectivo

Asistencia monetaria - Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs), Asistencia para Refugiados o programas locales de su Condado de asistencia monetaria (Asistencia General/ Ayuda General [GA/GR], o Programa de Asistencia Monetaria para Inmigrantes [CAPI]).

OTRAS COSAS QUE USTED DEBE SABER

- **Tal vez usted se pregunte por qué hacemos algunas de las preguntas. Todas las preguntas son requeridas por la ley federal/estatal para determinar su elegibilidad para beneficios de estampillas para comida.**
- Usted puede solicitar los beneficios de estampillas para comida y asistencia monetaria a la misma vez y tener solamente una entrevista para ambos, excepto cuando solicite Asistencia General/ Ayuda General (General Assistance/ General Relief) como una forma de asistencia monetaria.
- Si sus estampillas para comida, documento de autorización (AD) o tarjetas de emisión se pierden en el correo, debe reportarlo antes del fin del mes en que los debió haber recibido. Pero si fueron robados o destruidos, debe reportar su pérdida antes de que pasen diez (10) días a partir de la fecha en que ocurrió el incidente.
- Si usted recibe beneficios de estampillas para comida en exceso tendrá que reembolsarlos y éstos pudieran ser reducidos o descontinuados. Es posible que su número de Seguro Social (SSN) se use para cobrar la cantidad de beneficios que usted debe, por medio de las cortes, otras agencias de colección, y por una acción de colección por parte del gobierno federal.
- Su SSN se usará para verificar su identidad para prevenir la participación en duplicado y para verificar la elegibilidad y beneficios. El SSN se usará en comparaciones por computadora para verificar sus ingresos y recursos con archivos de las agencias de impuestos, asistencia pública, empleo, la Administración de Seguro Social, y otras. Las diferencias se investigarán con usted y con los empleadores, bancos, u otros. La participación fraudulenta en el Programa de Estampillas para Comida puede resultar en acción civil o criminal o acciones administrativas.
- No se requiere que proporcione su SSN al inicio de su solicitud. Sin embargo, se le pedirá información para calcular la elegibilidad y los beneficios para los otros miembros del hogar. Usualmente, usted tendrá que darnos su SSN o evidencia de que ha solicitado uno antes de que le podamos dar cualquier beneficio. Le podemos negar los beneficios a usted o a cualquier miembro de su hogar por su falta de proporcionar un SSN.

QUEJAS Y AUDIENCIAS CON EL ESTADO

Si usted tiene una queja, trate de resolverla con el Condado. Si no se puede resolver, puede llamar o escribir a:

California Department of Social Services
744 P Street M.S. 20- 23
Sacramento, CA 95814
Número de teléfono: 1- 800- 952- 5253, o para las personas con problemas de sordera o del habla, llame al 1- 800- 952- 5349

Si usted cree que alguna acción tomada por el Condado está equivocada, puede pedir una audiencia con el Estado escribiendo a su oficina local de bienestar público del Condado o llamando a uno de los números anotados anteriormente. Tiene que pedir una audiencia antes de que pasen noventa (90) días a partir del día de la acción, y explicar por qué quiere una.

La ley dice que todos los solicitantes/beneficiarios de asistencia, beneficios o servicios se deben tratar justamente, sin tomar en consideración la raza, color, origen nacional, afiliación política, religión, estado civil, sexo, edad o discapacidad/incapacidad.

Si usted piensa que se le ha discriminado, puede presentar una queja al:

1. Comunicarse con el coordinador de derechos civiles de su Condado; o
2. Escribir o llamar a la Oficina de Derechos Civiles del Estado:

The state's Civil Rights Bureau, M.S. 15- 70,
P.O. Box 944243, Sacramento, CA 94244- 2430
Teléfono gratuito: 1- 866- 741- 6241

3. O, solamente para beneficios de estampillas para comida, escriba a:

Secretary of Agriculture
U.S. Department of Agriculture
14th & Independence Avenue, S.W. Room 200A
Administration Building
Washington, D.C. 20250

Solicitud para beneficios de estampillas para comida

Información sobre el solicitante

1. Por favor complete la siguiente información personal para la persona que está solicitando beneficios de estampillas para comida.

Nombre (Apellido, primer nombre, nombre que usa en medio)	
Número de teléfono (incluya el área)	
Dirección (Calle, apartado postal, # de departamento)	
Ciudad, estado, código postal	
Dirección para el correo (si es diferente al domicilio)	
Ciudad, estado, código postal	

2. La oficina de estampillas para comida le puede proporcionar un intérprete sin costo para usted. ¿Quiere que un intérprete esté en su entrevista? Sí No ¿En que idioma? _____

3. Para ayudarnos a mejorar los servicios que le proporcionamos, por favor complete las secciones A y B a continuación. Si no completa esta sección, el Condado lo hará por usted. Marque todo lo que aplica. Esto no afectará su elegibilidad.

A. GRUPO ETNICO - Blanco Hispano Negro Filipino Chino
 Indígena de los EE.UU. o de Alaska Japonés Coreano Guameño Samoano
 Vietnamita Indio Asiático Laosiano Hawaiano
 Otro asiático o Isleño del Pacífico (especifique) _____

B. IDIOMA PRINCIPAL - Inglés Español Laosiano Tagalog
 Idioma Americano de Señas Cantonés Camboyano Vietnamita Ruso
 Otro (especifique) _____

✓ 4. Alguien en el hogar: (marque más de uno si aplica)

Está discapacitado/incapacitado Está sin hogar
 Es de edad avanzada (60 años de edad o más) Es trabajador del campo migrante/de temporada
 Está sin dinero para comprar comida ¿Ha dejado de recibir sus únicos ingresos? Sí No

5. ¿Tiene usted una condición física o mental que requiera de arreglos especiales durante su entrevista con el trabajador de estampillas para comida? Sí No

✓ 6. ¿De cuánto es su pago de renta o de hipoteca este mes? \$ _____

✓ 7. Si los servicios públicos y municipales no se incluyen en su renta mensual, ¿de cuánto es su pago este mes? \$ _____

Se me ha informado sobre cómo obtener beneficios de estampillas para comida de emergencia antes de que pasen tres (3) días.

Firma

Fecha

Sólo para el uso del Condado:

Case Name _____ Case # _____

Application Type: New Recert Date received by County _____

Screened for Expedited Service (ES)? Yes No ES Eligible Yes No

Solicitud para beneficios de estampillas para comida

Información sobre su grupo

8. Complete la siguiente información sobre todas las personas en el hogar, incluyéndose a usted mismo. El Condado usará esta información solamente para determinar la elegibilidad.

Nombre (Apellido, nombre, nombre que usa en medio)	Número de Seguro Social (si no lo hay, escriba "ninguno")	Relación/ parentesco (es decir, hijo, amigo, esposa, niño de crianza temporal)	Marque con un círculo	Fecha de nacimiento	¿Usted compra y prepara la comida con esta persona? (Marque con un círculo)
1.			Masculino / Femenino		Sí/ No
2.			Masculino / Femenino		Sí/ No
3.			Masculino / Femenino		Sí/ No
4.			Masculino / Femenino		Sí/ No
5.			Masculino / Femenino		Sí/ No
6.			Masculino / Femenino		Sí/ No
7.			Masculino / Femenino		Sí/ No
8.			Masculino / Femenino		Sí/ No
9.			Masculino / Femenino		Sí/ No
10.			Masculino / Femenino		Sí/ No

Ingresos y empleo

✓ 9. ¿Tiene o espera recibir algún ingreso este mes? Sí No

Anote todos los ingresos de su grupo a continuación:

Nombre de la persona que recibe el dinero	¿Cuánto recibe cada mes?
	\$
	\$
	\$
	\$

Recursos

✓ 10. ¿Cuánto dinero tiene usted? Esto incluye el dinero en cuentas bancarias, en su casa, o en cualquier otro lugar. \$ _____

Sólo para el uso del Condado:

Solicitud para beneficios de estampillas para comida

Información importante

- ▶ El Departamento de Agricultura de los Estados Unidos (USDA) prohíbe la discriminación basada en la raza, color, sexo, religión, origen nacional, o creencias políticas en todos sus programas y actividades. Usted puede presentar una queja si piensa que se le ha discriminado. Si usted no está de acuerdo con la decisión del condado, hay un proceso de apelación a su disposición.
- ▶ Es posible que la información en esta solicitud se comparta con oficinas federales, estatales y locales solamente con el propósito de verificar la elegibilidad para el Programa de Estampillas para Comida. Este proceso pudiera incluir que se confirme la situación migratoria con la Oficina de Servicios de Ciudadanía e Inmigración (BCIS) (antes, conocida como la oficina de Servicio de Inmigración y Naturalización [INS]) solamente de las personas que solicitan estampillas para comida. La ley federal estipula que el BCIS no puede usar la información para ninguna otra cosa a menos que sea un caso de fraude.

Firma

Certifico bajo pena de perjurio bajo las leyes de los Estados Unidos de América y del Estado de California que la información que he proporcionado en esta solicitud es verdadera, correcta y completa.

Firma (Miembro adulto del hogar o representante autorizado)

Fecha

Firma del testigo o intérprete

Fecha

Firma del trabajador de elegibilidad

Fecha



H&R Block Food Stamp Outreach for Tax Year 2005

What is the program?

During the 2005 tax season (Jan. 1 to April 15), H&R Block tax preparation offices in California will provide, upon client request, **free blank food stamp application forms**, plus printed information about the program that may help clients start the application process.

Along with the California application form, clients will receive:

- The **California food stamp hotline number: 1-800-952-5253**.
- The **California Web link** to information on food stamps:
www.dss.cahwnet.gov.
- A **Block Advantage advice one-page summary** of the **Food Stamp Program** that has brief “what to do next” **instructions** on starting the application process. (See attachment.)

What information is H&R Block providing to government offices about this outreach?

We are providing government offices with this information packet, which we hope will answer most questions about the program. It contains background information, a program description, company-approved materials for state news release use, and some answers to “Frequently Asked Questions.” We are providing similar information to our tax preparation field offices that are participating in the outreach program.

If additional assistance is required, please ask local food stamp field offices to forward their questions to the state agency, which should then contact the H&R Block World Headquarters via the toll-free number.

H&R Block District Managers are aware of the Food Stamp Outreach and can answer some local questions, but **PLEASE ASK FOOD STAMP FIELD OFFICES TO SUBMIT ANY QUESTIONS TO THE STATE, AND WE WILL ANSWER THROUGH THE STATE AGENCY CONTACT.**

continued on next page



H&R Block Food Stamps Outreach Program for TS05

(continued)

How will it work in the tax offices?

A client's potential eligibility for food stamps is identified in the H&R Block tax preparation program based on the client's annual gross income (AGI) as measured against the latest Federal Poverty Guidelines. (For 2005, we will be using the September 2004 guidelines.) This will be part of the confidential tax interview process.

California has reviewed and approved a copy of its food stamp application, which will be part of our tax software program. This can be printed and given directly to the client at any H&R Block office in California.

Upon the client's request, H&R Block will provide the state's food stamp application form and information. It will be included with the other printed documents that clients take home in their completed tax return package.

Along with the application form, people will also get a separate page with a brief explanation of the Food Stamp Program and simple "what to do next" instructions. Among those instructions will be the California food stamp hotline number and its government Web site address for food stamp information.

NOTE: H&R Block tax professionals are not being asked to do anything but provide the food stamp application forms and information listed above.

If clients have other questions, our tax professionals will tell them to contact the information sources provided. The one-page information sheet tells clients that they must submit their food stamp application to a local food stamp office and have a follow-up appointment with a counselor there to complete the application process.

H&R Block acknowledges that it is not acting as an agent for the state food stamp program and cannot assess a client's eligibility for food stamps. That's why we are providing the additional state contact information. You may also give them our free Government Benefits Brochure, which has the national food stamp hotline: 1-800-221-5689.

H&R Block Food Stamps Outreach Program for TS05

(continued)

Why are we launching this program?

With more than 6 million H&R Block clients in the U.S. likely to be eligible for benefit assistance, we can play a significant role in outreach efforts, ensuring that clients receive all the benefits for which they may qualify.

Frequently Asked Questions

Question	Answer
Which states are participating?	<ul style="list-style-type: none">• California• Georgia• Illinois• Massachusetts• Michigan• Missouri• New Jersey• New York• North Carolina• Pennsylvania• Texas• Virginia
What if the client asks a tax professional to help fill out the food stamp application?	We are recommending that tax professionals not attempt to help clients complete the food stamp forms. That's why H&R Block is providing the state-specific contact information, so clients will be able to find the nearest food stamps processing office. Clients must go in person to a food stamps office in order to complete the application process.

H&R Block Food Stamps Outreach Program for TS05

(continued)

Frequently Asked Questions (continued)

Question	Answer
<p>What if someone comes in the tax office JUST to get the food stamp application—not to get their taxes done?</p>	<p>H&R Block is telling tax professionals in this instance that they may:</p> <ol style="list-style-type: none"> 1. Provide people with a pre-printed application form. 2. Print an application from the Tax Preparation Software. 3. Provide a free H&R Block Government Benefits brochure, which contains the national food stamps hotline number and how to apply.
<p>What if clients call tax offices for help?</p>	<p>Tax professionals are being instructed to refer clients to the state food stamp hotline number, the state government food stamp Web site (provided in the H&R Block Advantage statement) or to the national food stamp toll-free hotline number: (800) 221-5689.</p>
<p>Does this program apply to all the H&R Block offices in the participating states?</p>	<p>All company-owned offices will be participating. H&R Block is encouraging franchise-owned tax offices to participate, though they are not required to do so.</p>
<p>What food stamp information will clients in the other states get?</p>	<p>They will receive a generalized H&R Block Advantage statement about the Food Stamp Program, which will include the national toll-free food stamp information number: (800) 221-5689.</p>

H&R Block Food Stamps Outreach Program for TS05

(continued)

Frequently Asked Questions (continued)

Question	Answer
Do tax professionals have to keep track of how many food stamp applications they print?	No. The system will track how many times the food stamp applications are printed and pre-printed.
Does H&R Block or its tax professionals get any compensation for providing the food stamp applications and information?	No.
Won't this slow down the tax preparation process?	There should be no noticeable delay in the completion of tax returns.
Do clients pay any fee for this?	No. There is no fee for the information or for the food stamp application.
Will any of the client's tax information be shared? Will anyone else know they have asked for food stamp information?	No, the tax interview is confidential and there should be no way to recognize those seeking the information.

County Food Stamp Assistance Telephone Numbers for California

Alameda County

Social Services Agency
1-888-999-4772

Amador County

Department of Social Services
(209) 223-6550

Calaveras County

Calaveras Works & Human Services
Agency
(209) 754-6448

Contra Costa County

Social Services Department

El Dorado County

Department of Human Services
(530) 642-7300

Glenn County

Human Resource Agency
(530) 934-6514

Imperial County

Department of Social Services
(760) 337-6800

Kern County

Department of Human Services
1-888-506-2200

Lake County

Department of Social Services
(707) 995-4200

Los Angeles County

Department of Public Social Services
1-877-597-4777

Marin County

Department of Health & Human
Services
(415) 473-3400

Mendocino County

Department of Social Services
(707) 463-7700

Modoc County

Department of Social Services
(530) 233-6501

Monterey County

Department of Social Services
(831) 755-4400

Nevada County

Adult & Family Services
(530) 265-1340

Alpine County

Health & Human Services
(530) 694-2235

Butte County

Department of Employment & Social
Services
North County: (530) 879-3479
South County: (530) 538-7711

Colusa County

Department of Health & Human Services
(530) 458-0250

Del Norte County

Department of Health & Social Services
(707) 464-3191

Fresno County

Employment & Temporary Assistance
(559) 453-4998

Humboldt County

Department of Health & Human Services
1-800-891-8551
(707) 269-3590

Inyo County

Department of Health & Human Services
(760) 872-1394

Kings County

Human Services Agency
(559) 582-3241

Lassen County

Department of Health & Human Services
(530) 251-8152

Madera County

Department of Social Services
(559) 675-2300

Mariposa County

Department of Human Services
(209) 966-3609

Merced County

Human Services Agency
(209) 385-3000

Mono County

Department of Social Services

Napa County

Health & Human Services
(707) 253-4511

Orange County

Social Services Agency
(714) 578-2400
(714) 435-7460

Placer County

Health & Human Services
(916) 784-6000
(530) 889-7610

Riverside County

Department of Public Social Services

San Benito County

Health & Human Services
(831) 636-4180

San Diego County

Health & Human Services Agency
1-866-262-9881

San Joaquin County

Human Services Agency
(209) 468-1000

San Mateo County

Human Services Agency

Santa Clara County

Social Services Agency
408-271-5500

Shasta County

Department of Social Services
(530) 225-5767

Siskiyou County

Welfare Department
1-800-662-7031

Sonoma County

Human Services Department
(707) 565-2715
1-800-331-2278

Sutter County

Department of Human Services
Welfare & Social Services Division
(530) 822-7230

Trinity County

Department of Health & Human Services
(530) 623-1265
1-800-851-5658

Tuolumne County

Department of Social Services
(209) 533-5711

Yolo County

Department of Employment & Social
Services
(530) 661-2750

Plumas County

Department of Social Services
(530) 283-6350

Sacramento County

Department of Human Assistance
(916) 874-2072

San Bernardino County

Human Services System
Transitional Assistance Department

San Francisco County

Department of Human Services
(415) 558-1000
(415) 557-5000

San Luis Obispo County

Department of Social Services
(805) 781-1600

Santa Barbara County

Department of Social Services
Lompoc (805) 737-7080
Santa Maria (805) 346-7135
Santa Barbara (805) 681-4401

Santa Cruz County

Human Resources Agency
Watsonville (831) 763-8500
Santa Cruz (831) 454-4166

Sierra County

Human Services Department
(530) 993-6722

Solano County

Health & Social Services Department
1-800-400-6001

Stanislaus County

Community Services Agency
1-800-211-2224

Tehama County

Department of Social Services
(530) 527-1911

Tulare County

Department of Public Social Services

Ventura County

Human Services Agency

Yuba County

Health & Human Services Department
(530) 749-6311

You have received this document because you have requested information on government benefit programs. You may not be eligible for any or all of these programs. Please contact the organizations listed to get complete and updated eligibility and program information. H&R Block has no affiliation with any of these programs and does not promote or sponsor any organization mentioned.

An H&R Block tax professional is available year-round to provide you with information about these opportunities.

For more information about tax, mortgage and financial services call **1-800-HRBLOCK** or visit **hrblock.com**.