

Application for WorkNow Kentucky, Continued

I understand that the Social Security Act requires that all recipients of a benefit funded by a program authorized by 42 U.S.C. 601 through 619 to furnish and be identified by a social security number and if I refuse to furnish a number I cannot receive services. I understand that my social security number will be used for various state and federal matches through the Income and Eligibility Verification System (IEVS). These matches include, but are not limited to Social Security, IRS, SSI, wage records, unemployment insurance, and other matches provided under the authority of IEVS. This information may be verified through collateral contact when discrepancies are found. Information provided under IEVS, after verification, may affect eligibility for benefits. This information will be disclosed to other agencies only as permitted by law.

I declare that I am a US citizen or have been admitted under an approved alien status.

I understand the WorkNow Kentucky Program is temporary and will end when ARRA TANF Emergency funds are no longer available for the program.

I understand that the service I perform is in a work-relief or work-training program financed in whole or part by federal, state or local government funding and is non-covered employment that is not reportable for Kentucky Unemployment Insurance tax purposes.

I understand if I receive food benefits, K-TAP, or Medicaid I must follow the reporting requirements of those programs and contact my worker at the Department for Community Based Services. My receipt of subsidized wages may decrease benefits I receive. I understand I need to direct my questions to my worker at the Department for Community Based Services.

I understand if I give false information or withhold information I may be subject to prosecution and may be required to repay benefits.

I understand if I have a problem related to my participation with this program I have the right to file a grievance with _____ . I have received a copy of the grievance process.

I certify, under penalty of perjury, the information, including citizenship or alien status, provided by me on this application is correct and true to the best of my knowledge. I give my consent to _____, the Office of Employment and Training, and the Department for Community Based Services, to make any contacts necessary to verify information provided by me on this application.

Applicant Signature _____ Today's Date _____

Witness _____ Today's Date _____

All applications for benefits are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.