DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

May 15, 1998

The Honorable Barbara Mikulski
U. S. Senate
Washington, D.C. 20510

Dear Senator Mikulski:

Thank you for your letter expressing your concern that Maryland state human resources forms require applicants to indicate their immigration status and the immigration status of members of their household in order to apply for federal benefits including cash assistance and medical assistance that are administered by the Department of Health and Human Services.

As a result of your inquiry, we have been reviewing the Maryland application requirement in light of current Medicaid and TANF laws and regulations. We agree that this form raises a number of questions and concerns. In pursuing this we have contacted the State of Maryland and learned that it is presently working to make changes to their application. We will continue to monitor this issue.

Since the Department of Agriculture administers the food stamp program, any decision on what a state may require in an application for food stamps must come from them. We advise you to speak to the Department of Agriculture on this issue.

We will update you as we continue to work with Maryland on their human resources programs application.

Sincerely,

Irene B. Bueno
Deputy Assistant Secretary
for Legislation
(Congressional Liaison)

BARBARA A. MIKULSKI
MARYLAND

COMMITTEES:

APPROPRIATIONS

LABOR AND HUMAN RESOURCES

United States Senate

WASHINGTON, DC 20510–2003

IN REPLY R REFER TO OFFICE INDICATED:

☐ WORLD TRADE CENTER, SUITE 253
401 E. PRATT STREET
BALTIMORE, MD 21202-3099
(410) 962-4510
VOICE/TDD: (410) 962-4512

☐ 60 WEST STREET, SUITE 202
ANNAPOLIS, MD 21401-2448
(410) 263-1805
BALTIMORE: (410) 269-1650

☑ 9658 BALTIMORE AVENUE, SUITE 207
COLLEGE PARK, MD 20740-1346
(301) 345-5517

☐ 82 WEST WASHINGTON STREET, SUITE 301
HAGERSTOWN, MD 21740-4804
(301) 797-2826

☐ SUITE 1E, BUILDING B
1201 PEMBERTON DRIVE
SALISBURY, MD 21801-2403
(410) 546-7711

FACSIMILE TRANSMITTAL FORM

The following 2 pages (not including this form)

Are for: Mark Magana

From: Ms. Chaney

Office of U.S. Senator Barbara Mikulski
9658 Baltimore Avenue
Suite #208
College Park, Maryland 20740

IF THIS TRANSMITTAL IS INCOMPLETE, PLEASE CALL ***(301)345-5517***

THANK YOU

Per our conversation -

please see page 2, last

sentence in "Signature Section"

MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION

APPLICATION PART II: ELIGIBILITY DETERMINATION DOCUMENT

FOR WORKER USE ONLY

ANSWER THE FOLLOWING QUESTIONS HONESTLY AND COMPLETELY. FAILURE TO GIVE TRUTHFUL AND COMPLETE INFORMATION RESULT IN DENIAL OF ASSISTANCE AND CRIMINAL PROSECUTION. PLEASE PRINT ALL ANSWERS.

☐ I wish to apply for:
☐ Cash Assistance ☐ Medical Assistance
☐ Food Stamps ☐ Other, list: _____

☐ I am currently receiving:
☐ Cash Assistance ☐ Medical Assistance
☐ Food Stamps ☐ Other, list: _____

Do you have medical bills now? ☐ YES ☐ NO

1. IDENTIFYING INFORMATION (ADDR)

Last Name | First Name | Middle Name | Jr., III, etc. | Maiden / Other Name

What language do you speak? | Do you need an interpreter? ☐ YES ☐ NO

Are you visually impaired? ☐ YES ☐ NO | Are you hearing impaired? ☐ YES ☐ NO

2. ADDRESS (ADDR) Where do you live?

Number Street | Apt. No. | Floor No. | Telephone Number

City | State | Zip Code + 4 | Telephone Number where you can be reached

3. MAILING ADDRESS (If Different) (ADDR)

Number Street | Apt. No. | Floor No.

P.O. Box | City | State | Zip Code + 4

4. PREVIOUS ADDRESSES IN THE LAST 2 YEARS (ADDR / PREV)

Number Street | City | State | Zip Code + 4

When did you live there? From | To | Was this home owned by a household member? ☐ YES ☐ NO

Number Street | City | State | Zip Code + 4

When did you live there? From | To | Was this home owned by a household member? ☐ YES ☐ NO

5. AUTHORIZED REPRESENTATIVE (If Desired) (ADDR / AREP)

First Name | Middle Name | Last Name | Jr., III, etc.

Number Street | City | State | Zip Code + 4

Telephone Number | Relationship to you

Check what you want the representative to do:
☐ Complete interview for you ☐ Get your cash benefits ☐ Receive your notices
☐ Sign your application ☐ Get your Food Stamps ☐ Receive your Medical Assistance Card

FOR WORKER USE ONLY

5. Authorized Representative type