



# Policy Signature Waiver

The following Policies were verbally explained to the applicant, and they agree to them.

- 1. Fraud Policy:** "Fraud" means a single act or pattern of actions carried out with the intent to deceive or mislead, such as a false statement, omission, or concealment of a substantive fact. This occurs when an applicant or an applicant's household member intentionally fails to report required information or reports false or misleading information to obtain benefits to which they are not entitled. Fraud can be detected both involving active and closed cases and can involve benefits received under a single program as well as multiple programs. A "household" is defined as anyone living in the home at the time the fraud was committed.

**Penalties for Fraud**

- All household members will be ineligible for any Human Services' programs for a period of two years from the date the fraud is discovered if no benefits are received.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

- 2. Privacy Policy:** Charlotte County Department of Human Services (CCDHS) will administer protected client health information in accordance with HIPAA regulations. To that end, all members of the Department's workforce who have access to PHI must comply with this Privacy Policy.

CCDHS takes steps to limit the amount of Protected Health Information we disclose or request to the minimum necessary. To help ensure that only the minimum amount necessary is provided, CCDHS staff are required to verify the extent of information required before providing the information. Similarly, when requesting information from entities outside of the Department, staff will limit their request to only the amount of information that is necessary for completing the task at hand. CCDHS will not disclose PHI to outside entities for marketing or business purposes.

I Certify that the above policies were reviewed with the applicant, and they agree to them. Any policies which the applicant requests have been emailed or sent postal mail.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
CCHS Intake Staff Signature      Date

\_\_\_\_\_  
CCHS Supervisor/Review Agent Signature

\_\_\_\_\_  
Date