

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
Family Assistance (FA) Program
Application for Assistance**

To apply for Family Assistance (FA), you only have to fill in your name, address, then sign and date below. Complete as much of the form as possible. If you need help, the worker will help you complete the rest of your application. An understanding of the following terms will assist in completion of the form:

Applicant – A person who has filed an application for assistance on behalf of dependent children.

Assistance Unit – Includes everyone who lives in your home and is included in your FA application.

AGENCY USE ONLY

Date given/mailed _____
Date received _____
County _____
Case File # _____
PSD File # _____
Appt. Date _____
Appt. Time _____
Worker _____

INFORMATION ABOUT YOU

Your Name (Last, First, MI)

Other Names Used

Social Security Number

Marital Status/Date

Home/Message Phone

Address Where You Live

Apartment No.

City and State

Zip Code

County

Mailing Address (if different from above)

Directions to your home

I CERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Your Signature or Mark

Date

Signature of Witness if Mark is Used/Interpreter/Other

Date

If you are eligible, you will get your benefits back to the date we received your signed application. Before you can get benefits, you must come to our office and talk with a worker. We must have proof of the information you give us on your FA application and will take final action on your application within 30 days from the date we receive it. If anything you told us changes after your interview, you must report it to your worker immediately.

Filing An Application

Civil Rights

Program rules are the same for everyone. Your race, color, birthplace, sex, handicap, beliefs or religion do not matter. To file a complaint regarding the Family Assistance Program, write to the Department of Health and Human Services (DHHS), Office of Civil Rights, Room 509F, 200 Independence Avenue, S. W., Washington, D. C. 20201 or call 1-800-368-1019. The DHHS is an equal opportunity provider and employer.

