

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

Filing An Application

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. If you need interpreter services due to language or a hearing impairment, tell us so your worker can arrange for help at no cost to you.

AGENCY USE ONLY

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

Your Name (Last, First, MI)

Other Names Used

Marital Status/Date

- Married Date _____ Separated Date _____
 Widowed Date _____ Divorced Date _____
 Single

Home/Message Phone

Address Where You Live

Apartment No.

City and State

Zip Code

County

Mailing Address (if different from above)

**I CERTIFY UNDER PENALTY OF PERJURY 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.

Past Support

How have you been supporting yourself and others for whom you want assistance and why do you need help now?

LIVING in the HOME and AGE of CHILDREN: The children you list below must be living with you and be under the age of 18 (or age 18 if s/he is a full-time student in a secondary school or equivalent level of vocational or technical training). (Secondary school may include public, private, church and home schools for grades 9 through 12.)

PARENT Applicant: List yourself on line 1 below. Starting on line 2, list the children for whom you want to apply and their brothers and sisters. Also list any other parent of the children in your home and your spouse if living with you.

NON-PARENT Applicant: List yourself on line 1 below. Starting on line 2, list the related children for whom you want to apply and their brothers and sisters. Also list any parent or step parent of the children in your home. **NOTE:** As a non-parent, providing your social security number or information about your citizenship/alienage is optional.

Applicant Information

NAME (Last, First, Middle) Use first line for yourself	Relation-ship to you	Date of Birth	Social Security Number	Sex	* Race Ethnicity	Citizenship and Alienage	
						U.S. Citizen or National Yes/No	In Satisfactory Immigration Status Yes/No
1.	Self						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Other Members

OTHERS - List your parents or step parent(s) if you are under age 18 and living in the same home.

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Race & Ethnicity Codes

*Collection of ethnicity is used for statistical and Federal reporting purposes only.
Providing this information will not affect your eligibility.
 If you do not complete this information, it will be completed for you.

01 =American Indian/Alaskan Native	07 =Asian and White
02 =Asian	08 =Black/African American and White
03 =Black/African American	09 =American Indian/Alaskan Native and Black
04 =Native Hawaiian/Other Pacific Islander	12 =Asian and Black
05 =White	33 =Hispanic/Latino/Cuban/Haitian
06 =American Indian/Alaskan Native and White	32 =Other (worker will determine appropriate code at interview)

Civil Rights

Program rules are the same for everyone. Your race, color, national origin, 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.