

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. 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 _____

Filing An Application

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?

Applicant Information	<p>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.)</p> <p>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.</p> <p>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.</p>																			
	NAME (Last, First, Middle) Use first line for yourself		Relationship 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.																				
Other Members	OTHERS - List your parents or step parent(s) if you are under age 18 and living in the same home.																			
Voter Registration	<p>IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?</p> <p><input type="checkbox"/> Yes, I would like to register to vote.</p> <p><input type="checkbox"/> Yes, I am registered but would like to change my address for voting purposes.</p> <p><input type="checkbox"/> No, I do not want to apply to register to vote.</p> <p>IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.</p> <p>Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration form, we will help you. You may seek assistance with the application form by seeking assistance at the time of your interview or by calling your local Department of Human Resources located within your county. The decision whether to seek or accept help is yours. You may fill out the application form in private.</p> <p>If you choose to apply to register to vote or if you decline to register to vote, the information on your application or declination form will remain confidential and will be used for voter registration purposes only.</p> <p>If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at State Capitol, 600 Dexter Avenue Suite E-208, Montgomery, AL 36130 or by calling 334-242-7210 or 1-800-274-VOTE (1-800-274-8683) .</p>																			
Race & Ethnicity Codes	<p>*Collection of ethnicity is used for statistical and Federal reporting purposes only.</p> <p>Providing this information will not affect your eligibility.</p> <p>If you do not complete this information, it will be completed for you.</p> <table border="0"> <tr> <td>01=American Indian/Alaskan Native</td> <td>07=Asian and White</td> </tr> <tr> <td>02=Asian</td> <td>08=Black/African American and White</td> </tr> <tr> <td>03=Black/African American</td> <td>09=American Indian/Alaskan Native and Black</td> </tr> <tr> <td>04=Native Hawaiian/Other Pacific Islander</td> <td>12=Asian and Black</td> </tr> <tr> <td>05=White</td> <td>33=Hispanic/Latino/Cuban/Haitian</td> </tr> <tr> <td>06=American Indian/Alaskan Native and White</td> <td>32=Other (worker will determine appropriate code at interview)</td> </tr> </table>								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)
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Civil Rights	<p>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.</p>																			

State of Alabama Agency-Based Voter Registration Form

NVRA-1B-H
2015.02.09

FOR USE BY U.S. CITIZENS ONLY ♦ **FILL IN ALL BOXES ON THIS FORM** ♦ **PLEASE USE INK** ♦ **PRINT LEGIBLY**

To register to vote in the State of Alabama, you must:

- ▶ Be a citizen of the United States.
- ▶ Reside in Alabama.
- ▶ Be at least 18 years of age on or before election day.
- ▶ Not have been convicted of a disqualifying felony, or if you have been convicted, you must have had your civil rights restored.
- ▶ Not have been declared "mentally incompetent" by a court.

FOR USE BY AGENCY OFFICIAL ONLY

Check one (1) box:

- Registrars
- Motor Voter
- State Designated Agency
- Agency-Based
- Disabilities Services Office

Signature of Agency Representative

Business Phone of Agency Representative

ID requested: You may send with this application a copy of valid photo identification. You will be required to present valid photo identification when you vote at your polling place or by absentee ballot, unless exempted by law. For more information, go to www.AlabamaVoterID.com or call the Elections Division: 800-274-8683.

1 Are you a citizen of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ATTENTION! If you answer "No" to either of these questions, do not complete this application.
2 Will you be 18 years of age on or before election day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3 Print Your Name:	Alabama Driver's License or Non-Driver ID Number:						
First _____ Middle _____ Last _____ Suffix _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 60%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">STATE</td> <td style="text-align: center; font-size: 8px;">NUMBER</td> <td></td> </tr> </table>				STATE	NUMBER	
STATE	NUMBER						

4 Print Maiden Name / Former Name (if reporting a change of name)	IF YOU HAVE NO ALABAMA DRIVER'S LICENSE OR ALABAMA NON-DRIVER ID NUMBER
First _____ Middle _____ Last _____ Suffix _____	Last four digits of Social Security number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

5 Date of Birth (mm/dd/yyyy)	6 Primary Telephone	7 Email Address
_____	() _____	_____

Addresses	Current	8 Address where you live: (Do not use post office box)	Home Address (include apartment or other unit number if applicable)	City	State	ZIP
	Address where you receive your mail:	Mailing Address, if different from Home Address	City	State	ZIP	
	Old	Address where you were last registered to vote: (Do not use post office box)	Former Address	City	County	State

9 Sex (check one)
<input type="checkbox"/> Female <input type="checkbox"/> Male

10 Race (check one)
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

11 Place of Birth	City	County	State	Country
_____	_____	_____	_____	_____

12 Map / Diagram
If your home has no street number or name, please draw a map of where your house is located. Please include roads and landmarks.

13 Did you receive assistance?
If you are unable to sign your name, who helped you fill out this application? Give name, address, and phone number (phone number is optional).

REGISTRARS USE ONLY
DATE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
_____ (mm/dd/yyyy)
County Pct _____
City Pct _____
Board member _____
Board member _____
Board member _____

Voter Declaration - Read and Sign Under Penalty of Perjury	
<ul style="list-style-type: none"> ▶ I am a U.S. citizen ▶ I live in the State of Alabama ▶ I will be at least 18 years of age on or before election day ▶ I am not barred from voting by reason of a disqualifying felony conviction ▶ I have not been judged "mentally incompetent" in a court of law 	I solemnly swear or affirm to support and defend the constitution of the United States and the State of Alabama and further disavow any belief or affiliation with any group which advocates the overthrow of the governments of the United States or the State of Alabama by unlawful means and that the information contained herein is true, so help me God.

YOUR SIGNATURE _____	DATE (mm/dd/yyyy) _____
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If you falsely sign this statement, you can be convicted and imprisoned for up to five years.

The decision to register to vote is yours. If you decide to register to vote, the office at which you are submitting this application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, your decision will remain confidential and will be used only for voter registration purposes.