

**STATE OF ALABAMA - FOOD ASSISTANCE  
SIMPLIFIED APPLICATION FOR THE ELDERLY**

Case Number \_\_\_\_\_

Application Date \_\_\_\_\_

County \_\_\_\_\_

This application is for persons applying for Food Assistance when:

- Everyone in the Food Assistance household is age 60 or older; or
- All household members are age 60 or older and purchase and prepare food separately from the other people in the home; and
- No Food Assistance household member receives earnings from work.

You may file this application by completing at least your name, address, and signing the form. If you need help completing this application, call toll free 1-800-438-2958.

**Tell us who you are and where you live.**

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

(First, Middle, Last)

Mailing Address \_\_\_\_\_ Street Address (if different) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone or Message Number \_\_\_\_\_ (We must be able to reach you at this number 8-5, M-F)

**EXPEDITED SERVICES**

If you are not already certified to get food assistance this month, you may be able to get food assistance within 7 days if your household has little or no money. If you want to see if you qualify for Expedited Services, answer these questions.

1. How much do the members of your household have in cash or in a bank account? \$ \_\_\_\_\_
2. What is the total amount of income you received or expect to receive this month, including cash? \$ \_\_\_\_\_
3. How much is your monthly rent/mortgage payment? \$ \_\_\_\_\_ Utilities other than phone \$ \_\_\_\_\_
4. Have you or anyone in your household received or do you expect to receive Food Assistance benefits this month? Yes  No   
If yes, from where \_\_\_\_\_.

**AUTHORIZED REPRESENTATIVE**

Do you want to give someone else permission to apply or get food assistance benefits for you? Yes  No

Responsible person to make application for you. \_\_\_\_\_ Responsible person to get an EBT card to buy groceries for you. \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

**1. List everyone you are applying to get Food Assistance for. You MUST include your spouse, if living with you.**

Social Security Number	First Name	M. I.	Last Name	DOB	Age	Sex/MF	Race	Ethnicity	U. S. Citizen	Relationship to You
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Self
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
								Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ATTACH A SEPARATE SHEET IF YOU NEED MORE ROOM FOR HOUSEHOLD MEMBERS.

**2. List everyone living in your house that you do not purchase and prepare your meals with.**

Name	Relationship to You	DOB	Does this person pay any part of the household bills? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this person give you any money? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Does this person pay any part of the household bills? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this person give you any money? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Does this person pay any part of the household bills? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this person give you any money? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Does this person pay any part of the household bills? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this person give you any money? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Does this person pay any part of the household bills? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this person give you any money? Yes <input type="checkbox"/> No <input type="checkbox"/>

ATTACH A SEPARATE SHEET IF YOU NEED MORE ROOM FOR NON-HOUSEHOLD MEMBERS.

3. Are you or anyone in your Food Assistance household a fleeing felon or probation/parole violator? Yes  No

4. Have you or anyone in your Food Assistance household been convicted of a felony involving drugs that occurred after August 22, 1996? Yes  No

5. Tell us about **ALL** the income your Food Assistance household receives. Types of income may include Social Security, SSI, pensions or retirement, Veteran's benefits, Child Support, money from friends or relatives, Unemployment, Railroad Retirement, dividends, interest, and any other income. \* Amount before deductions.

Type of Income	Who Receives It?	*Gross Monthly Amount

6. Are you or anyone in your Food Assistance household working? Yes  No

If yes, list that person's name on this line. \_\_\_\_\_

7. Tell us about your shelter expenses.

Type of Expense	Who pays this expense?	Amount Paid	How Often
Mortgage or rent payment			
Lot rent for mobile home			
Property taxes on your home **			
Homeowner's insurance **			

\*\* List only if these expenses are paid separate from mortgage

8. Tell us about your utility expenses.

Type of Expense	Who pays this expense?	Amount Paid	How Often
Electricity			
Gas			
Water			
Garbage/trash			
Telephone			

9. How do you heat your home? Gas  Electricity  Wood  Other \_\_\_\_\_

Do you have an Air Conditioner? Yes  No

10. Have you received Low Income Home Energy Assistance Program or do you expect to get LIHEAP?

Yes  No  If yes, when? \_\_\_\_\_

11. Does anyone in your Food Assistance household pay out-of-pocket medical expenses? Yes  No

If yes, list each type of medical expense you are paying and provide proof. Example: (prescriptions, doctor visits, hospital bills, health insurance, Medicare premiums, transportation, etc.)

**IF PROOF IS NOT INCLUDED, A DEDUCTION FOR THESE EXPENSES WILL NOT BE GIVEN.**

Medical Expense	Monthly amount	Medical Expense	Monthly amount

12. Does anyone in your Food Assistance household pay legally obligated Child Support to or for someone not living in your home? Yes  No  If yes, list amount paid per month \$ \_\_\_\_\_ and provide proof in order to receive the proper deduction. Example: (a copy of the court order or a statement from DHR).

I certify that under penalty of perjury, the information I or my authorized representative have provided above, is true to the best of my knowledge. I give permission for the Department of Human Resources to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information or hide information. I certify that I received the Rights and Responsibilities Handout.

13. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness if signed with an "x": \_\_\_\_\_

## USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at:

**[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)**, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

---

## VOTER REGISTRATION

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?**

- Yes, I would like to register to vote.**
- Yes, I am registered but would like to change my address for voting purposes.**
- No, I do not want to apply to register to vote.**

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

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.

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.

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).

# 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](http://www.AlabamaVoterID.com) or call the Elections Division: 800-274-8683.

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

**③ Print Your Name:**

First	Middle	Last	Suffix
-------	--------	------	--------

**Alabama Driver's License or Non-Driver ID Number:**

STATE	NUMBER
-------	--------

**④ Print Maiden Name / Former Name (if reporting a change of name)**

First	Middle	Last	Suffix
-------	--------	------	--------

**IF YOU HAVE NO ALABAMA DRIVER'S LICENSE OR ALABAMA NON-DRIVER ID NUMBER**

Last four digits of Social Security number:

I do not have an Alabama driver's license or Alabama non-driver ID or a social security number.

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

	(   )	
--	-------	--

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

**⑨ Sex (check one)**

Female     Male

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

**⑩ Race (check one)**

White     Black  
 Asian     American Indian  
 Hispanic     Other

**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  APPROVED     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"> <li>▶ I am a U.S. citizen</li> <li>▶ I live in the State of Alabama</li> <li>▶ I will be at least 18 years of age on or before election day</li> <li>▶ I am not barred from voting by reason of a disqualifying felony conviction</li> <li>▶ I have not been judged "mentally incompetent" in a court of law</li> </ul>	<p>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.</p>
--	--

**YOUR SIGNATURE** \_\_\_\_\_ **DATE** (mm/dd/yyyy) \_\_\_\_\_

**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.