

State of Alabama
Department of Human Resources
Food Assistance Application

AGENCY USE ONLY:	
Expedite Screening: Entitled ____ Yes ____ No Screener Signature and Date _____ FS Case Number _____ Check digit ____ Processing standard _____ Name _____ IEVS Function _____ PA Case No. _____ Appointment Date _____ Time _____	<div style="border: 1px solid black; padding: 5px; min-height: 60px;">Date Received</div>

You have the right to file an application the same day you contact the Food Assistance Office. **To file an application, you need only complete your name, address, sign, and turn this form into the county Food Assistance Office where you live.** We will interview you to decide if you are eligible. If eligible, you will receive benefits from the date we received your signed application. If you are a resident of an institution, and file a joint application for SSI and food assistance before leaving the institution, if eligible, you will receive benefits from the date you were released from the institution.

YOUR NAME (First, Middle, Last)		Birth date (Month, Day, Year)		Social Security Number**	
				(Applicants Only)	
Mailing Address			Street Address, if different		
			Food Assistance Case Number		
City	County	State	Zip	Daytime Phone	

Expedited Services

You may get food assistance benefits within 7 calendar days if your food assistance household has less than \$150 in monthly gross income and liquid resources (cash, checking or savings accounts) of \$100 or less; or your rent/mortgage and utilities are more than your household’s combined monthly income and liquid resources; or a member of your household is a migrant or seasonal farm worker.

1. How much money do the members of your household have in cash or in a bank account? \$ _____
2. What is the **total** amount of income you expect your household to receive this month? _____
3. What is your **current** monthly rent/mortgage payment? \$ _____ Utilities other than phone? \$ _____
4. Is anyone in your household a migrant or seasonal farm worker? Yes No
 If yes, answer these questions: Did all of your household income stop recently? Yes No
 Does anyone in your household expect to receive income from a new source this month? Yes No
 If yes, how much? _____

Have you or anyone in your household received or do you expect to receive Food Assistance benefits from any other county in Alabama or any other state this month? Yes Where _____ No

Did anyone in your household receive food assistance last month? Yes No

Have you or anyone in your household been convicted by a state or federal court of making a fraudulent statement about your identity or residency in order to receive food assistance in more than one state at the same time?
 Yes No If yes, member’s name _____

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7422 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the **State Information/Hotline Numbers** (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Household Members

INSTRUCTIONS: Please print clearly. Please list everyone who lives in your household and answer all questions for each household member that you are asking to get food assistance benefits. You only have to give social security numbers (SSN) and citizenship/immigration information for those household members that you are asking for food assistance benefits. You will have to give information such as income for household members who are not seeking benefits to determine if the persons for whom you are applying are eligible to receive benefits. (Use another sheet of paper to add members if there is not enough spaces below.) Some of the things you should bring to your interview include: **proof of identity (driver's license, birth certificate), proof of income (check stubs, award letter, child support statement, signed statement from person that gives you money), and proof of expenses (rent receipts, mortgage, property tax, house insurance premium, day care receipts, child support orders and receipts, and medical bills for disabled and aging members).** **If you have expenses that you do not report and/or provide proof of, you will not receive the deduction for the expense.** We will tell you what we need to finish your application during your interview.

Name First, Middle, Last	Social Security Number** (SSN) (Applicants Only)	Date of Birth Month Day Year	Relation to you	Working	In school	Sex M/F	Ethnicity * Hispanic/ Latino or Non-Hispanic HISP NON		Race * White Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native (Optional)	U.S. *** Citizen Yes or No (Applicants Only)
				Yes or No	Yes or No		(Optional)			
			Self							

*This information is voluntary. List all races that apply only if the person is asking for benefits. Your benefits will not be affected if you don't answer the ethnicity or race items (the agency will choose for you if you do not answer). Giving us this information will help ensure program benefits are distributed without regard to race, color, or national origin.

** Providing a SSN for each household member is voluntary. However, failure to provide a SSN for each household member will result in disqualification of that member.

*** Providing citizenship/immigration information is voluntary. Failure to provide this information will result in ineligibility (no benefits) for these members.

List below any other people who live in the same house with you but you do not want included in your food assistance household because they do not purchase and prepare food with you. (Use another sheet of paper to add members if there is not enough space for everyone here.)

Name	Age	Relation to you	Does this person give you or anyone listed above any money? YES or NO. If Yes, reason?	Does this person pay any part of the household bills? YES or NO. If Yes, reason?

Authorized Representative

You may appoint someone outside your household to act for your household, to make an application and to be interviewed. This person should know your household's situation well enough to give any information needed to determine your eligibility for food assistance. You are still responsible for the information that anyone acting as your authorized representative gives, including any information that may be incorrect. If you want to appoint someone for this, write his/her name here: _____

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).

IMPORTANT INFORMATION ABOUT FOOD ASSISTANCE

You have the right to have your application acted on within **thirty days** without regard to race, sex, religion, national origin, age, handicap or political belief. You have the right to know why your application is denied, or your benefits reduced or terminated. You have the right to request a conference or fair hearing either orally or in writing if you are not satisfied with any decision of the county department. You have the right to be represented by any person you choose. You have the right to examine your food assistance case file in relation to any hearing you may have.

You have the right to **confidentiality**. The use or disclosure of information will be made only for certain limited purposes allowed under State and Federal laws and regulations. Information may also be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

The information provided in connection with this application will be subject to verification by Federal, State and local officials to determine if such information is true. If any information is found to be untrue or incorrect, food assistance benefits may be denied to the applicant and the applicant may be subject to **criminal prosecution for knowingly providing incorrect information**. Any person authorized to act on behalf of the household may be barred from participation as a representative for up to one year or may be subject to fines and/or prosecution if s/he breaks any rules on purpose.

If a food assistance claim arises against your household, the information on this application, including all social security numbers, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

SOCIAL SECURITY NUMBERS: The collection of a Social Security Number (SSN) for each household member is authorized under the Food & Nutrition Act of 2008 as amended by P.L. 96-58 (7 U.S. C.2025F). The Social Security Number will be used in the administration of the Food Assistance Program to check the identity of household members to prevent duplicate participation and to facilitate making changes. Your SSN will also be used in computer matching and program reviews or audits to make sure your household is eligible for food assistance. This may result in criminal or civil administrative claims against persons fraudulently participating in the Food Assistance Program. **Providing a SSN for each household member is voluntary. However, failure to provide a SSN for each household member will result in disqualification of that member. You will still have to give information such as income for this member.**

VERIFICATION: You may have to provide documents to prove what you have stated on the application. If you are unable to provide proof, **you may request help from your worker**. The information given on this application will be checked by using the State Income and Eligibility Verification System, other computer matching systems, program reviews and audits. This includes such information as receipt of Social Security benefits, Unemployment benefits, unearned income such as interest and dividends, and wages from employment. When discrepancies are found, verification of this information may be obtained through contact with a third party such as employers, claims representatives or financial institutions. This information may affect your eligibility and level of benefits. In addition, any information given may also be checked by other Federal Aid Programs and Federally Aided State Programs such as school lunch, Family Assistance, and Medicaid. **If you give false information on purpose, legal or administrative action may be taken against you. You may have to repay food assistance benefits that you receive to which you are not entitled.**

Some elderly and/or disabled household members are allowed certain medical expenses as a deduction if these expenses are reported and proof of the expense is provided to us. Allowable medical expenses include expenses such as the following: prescription drugs, hospital and nursing home bills, doctor, dentist, or other health care professional visits, over the counter medication prescribed by a doctor, Medicare premium, hospital insurance premium, insurance for prescription drug coverage, transportation expenses for travel to doctors, hospitals, drugstores such as amount charged for transportation or for the number of miles driven in your personal vehicle, medical appliances or equipment such as hearing aids, wheelchairs, artificial limbs, eye glasses, contact lenses, dentures, etc., attendant care or homemaker services, service animal expenses such as animal food and veterinary care.

CITIZENSHIP AND IMMIGRATION STATUS: Only U. S. citizens and eligible immigrants may participate in the Food Assistance Program. Any household member who is not a citizen or permanent resident alien may be left out of your food assistance household. **Providing citizenship/immigration information is voluntary. Failure to provide this information will result in ineligibility (no benefits) for these members. You will still have to give information such as income for this member.** The Food Assistance Division will check with U. S. Citizenship and Immigration Service (USCIS) on all non-citizens that you are asking to get food assistance benefits. We will not check on the non-citizens you choose not to include in your food assistance household.

You will be ineligible for benefits if you refuse to cooperate in completing the application process or in subsequent reviews of eligibility including reviews resulting from reported changes, recertification, or as a part of a State or Federal Quality Control Review.

Your signature on the application will serve as authorization for State and Federal Quality Control Reviewers to verify your household circumstances for food assistance eligibility purposes.

You or any member of your household may be disqualified from receiving benefits if you or the member voluntarily quits a job or reduces the number of hours worked without good cause.

Your household will not receive an increase in food assistance benefits if anyone in the household fails to comply with the requirements of another income based (means tested) program such as Family Assistance.

You are not to use food assistance benefits to buy ineligible items such as alcoholic drinks or tobacco or pay on credit accounts.

Penalty Warnings, Perjury Statement and Signature

When your household receives food assistance benefits, you must follow all the rules. You must provide true and complete information about everyone in your household and you must provide documents to prove what you say if you are asked to by the worker. Any member of your household who breaks any of these rules on purpose can be barred from SNAP for 1 year for first offense, 2 years for second offense, and permanently for third offense; fined up to \$250,000, imprisoned up to 20 years or both; and subject to prosecution under other federal laws. She/he may also be barred from the Food Assistance Program for an additional 18 months if court ordered.

DO NOT give false information, or hide information to get or continue to get SNAP benefits. **DO NOT** trade or sell EBT cards. **DO NOT** alter EBT cards to get SNAP benefits you are not entitled to receive. **DO NOT** use SNAP benefits to buy ineligible items such as alcohol and tobacco or to pay on credit accounts. **DO NOT** use someone else's SNAP benefits or EBT card for your household.

Individuals determined by a court to have committed the following program violations will be subject to the following penalties:

- If you are found to have used or received benefits in a transaction involving the sale of a controlled substance, you will be ineligible to receive SNAP benefits for a period of two years for the first offense and permanently upon the second such offense.
- If you are found to have used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you will be permanently ineligible to receive SNAP benefits upon the first occasion of such violation.
- If you have been found guilty of having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to receive SNAP benefits upon the first occasion of such violation.
- If you have been found to have made a fraudulent statement or representation with respect to your identity or place of residence in order to receive multiple SNAP benefits simultaneously, you will be ineligible to participate in the program for a period of 10 years.
- If you are fleeing to avoid prosecution, custody, or confinement, after conviction for a crime or an attempt to commit a crime, which is a felony, or are in violation of probation or parole imposed under a federal or state law, you are ineligible for food assistance.
- If you are convicted of using or receiving food assistance benefits in a transaction involving the sale of a controlled substance, you will be ineligible 24 months for the first violation and permanently for the second violation.
- If you are convicted of a federal or state felony that has an element the possession, use, or distribution of a controlled substance, you are ineligible for food assistance.

I certify under penalty of perjury that my answers to all questions about each household member, including those about citizenship or alien status, are correct and complete.

Household member signature or mark (X): _____ Date _____

Witness if signed by mark: _____ Date _____