

**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.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (866) 377-8642 (TDY). USDA is an equal opportunity provider and employer.

**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 Code \_\_\_\_\_

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 a bank account? \$ \_\_\_\_\_
2. What is the total amount of income you expect your household to receive this month? \$ \_\_\_\_\_
3. How much is your monthly rent/mortgage payment? \$ \_\_\_\_\_ Utilities other than phone \$ \_\_\_\_\_

**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 \_\_\_\_\_

**Tell us who lives in your Food Assistance Household. (List yourself on Line 1)**

| SSN | First Name | M. I. | Last Name | DOB | Age | Sex | Race | Hispanic  | US Citizen | Relationship to You |
|-----|------------|-------|-----------|-----|-----|-----|------|---|------------|---------------------|
| 1.  |            |       |           |     |     |     |      | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |            | <b>Self</b>         |
| 2.  |            |       |           |     |     |     |      | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |            |                     |
| 3.  |            |       |           |     |     |     |      | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |            |                     |
| 4.  |            |       |           |     |     |     |      | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |            |                     |

**List other people living in your house that are not included in your Food Assistance Household.**

|    | Name | Relationship to you | Birth date |
|----|------|---------------------|------------|
| 1. |      |                     |            |
| 2. |      |                     |            |
| 3. |      |                     |            |
| 4. |      |                     |            |

Is anyone in your Food Assistance household a fleeing felon or probation/parole violator? Yes \_\_\_\_\_ No \_\_\_\_\_

Was anyone in your Food Assistance household convicted of a felony involving drugs that occurred after August 22, 1996?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

| Type of Income | Who Receives It? | *Gross Monthly Amount |
|----------------|------------------|-----------------------|
|                |                  |                       |
|                |                  |                       |
|                |                  |                       |

Tell us about ALL your Food Assistance household resources. Types of resources include cash, checking or savings accounts, Certificates of Deposit, stocks, bonds, annuities, IRA or Keogh accounts.

| Type of Resource | Resource Belongs To? | Value of the Resource |
|------------------|----------------------|-----------------------|
|                  |                      |                       |
|                  |                      |                       |
|                  |                      |                       |

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       |                        |             |            |

Tell us about your utility expenses.

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

- How do you heat your home? Gas \_\_\_ Electricity \_\_\_ Wood \_\_\_ Other \_\_\_\_\_  
Do you have an Air Conditioner?  Yes  No
- Have you received Low Income Home Energy Assistance Program or do you expect to get LIHEAP?  
 Yes  No If yes, when? \_\_\_\_\_
- Does anyone in your Food Assistance household pay out-of-pocket medical expenses?  
Example: (prescriptions, doctor visits, hospital bills, health insurance, Medicare premiums, transportation, etc.)  Yes  No If yes, list their name(s) here: \_\_\_\_\_  
If yes, to receive credit for these expenses, list each type of medical expense, the monthly amount paid and provide proof.

| Medical Expense | Monthly Amount | Medical Expense | Monthly Amount |
|-----------------|----------------|-----------------|----------------|
|                 |                |                 |                |
|                 |                |                 |                |

- 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 their name(s) here: \_\_\_\_\_  
Amount Paid per month \_\_\_\_\_, Paid to \_\_\_\_\_, Paid for \_\_\_\_\_.

Please read and sign this statement/application.

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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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