

**State of Alabama**  
**Department of Human Resources**  
**Food Assistance Application**

Check here if you prefer a telephone interview or a face-to-face interview.

Telephone Interview   
 or  
 Face-to-Face Interview

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

|               |
|---------------|
| Date Received |
|---------------|

**Do you need help filling out this application due to disability? Do you need an interpreter? Do you need translated materials? If yes, please ask for help at your local Food Assistance Office. Individuals who are deaf, hard of hearing or have speech disabilities can call 1-833-822-2202 using the Alabama Relay Service at 711 or 1-800-548-2546 (TTY) for assistance contacting your local Food Assistance Office.**

- You have the right to file an application the same day you contact your county office.
- To file an application, you need only complete your name, address, and signature.
- Mail, fax, e-mail or take this application to the Food Assistance Office in the county where you live. You may also apply online at [www.dhr.alabama.gov](http://www.dhr.alabama.gov). If eligible for food assistance, you will receive benefits from the date we received your signed application.
- To get the address or phone number of your local county office, call toll free: 1-833-822-2202 or online at [www.dhr.alabama.gov](http://www.dhr.alabama.gov).

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**<br>(Applicants Only) |  |
| Mailing Address                 |        | Street Address, if different  |            | Food Assistance Case Number                   |  |
| City                            | County | State                         | Zip        | Daytime Phone                                 |  |
| Signature _____                 |        |                               | Date _____ |   |  |

\*\*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. Your household's eligibility for food assistance benefits will be determined separately from any other programs and will not be denied solely because benefits from other programs have been denied. Your application for food assistance will be processed in accordance with Food Assistance Program regulations; timeliness, notice, and fair hearing requirements, even if you apply for other programs.

**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. Failure to answer the questions on this application may result in our inability to determine your eligibility for expedited services.**

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

**Have you or any member of your household been convicted of a felony under Federal or State law for possession, use or distribution of a controlled substance (felony drug conviction) after August 22, 1996?**  Yes  No

**Have you or any member of your household been convicted of buying or selling food assistance benefits over \$500?**  Yes  No

**Have you or anyone in your household received lottery or gambling winnings of \$3,750 or more this month?**  Yes  No

## 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<br>First, Middle, Last | Social Security<br>Number**<br>(SSN)<br><br>(Applicants Only) | Date of<br>Birth<br>Month<br>Day<br>Year | Relation<br>to you | Working<br><br>Yes or<br>No | In<br>school<br><br>Yes or<br>No | Sex<br>M/F | Ethnicity*<br><br>Hispanic/<br>Latino or<br>Non-Hispanic<br>HISP NON<br><br>(Optional) | Race*<br>White<br>Asian<br>Black or<br>African American<br>Native Hawaiian or<br>Other Pacific<br>Islander<br>American Indian or<br>Alaskan Native<br>(Optional) | U.S. ***<br>Citizen<br><br>Yes or No<br><br>(Applicants<br>only) |
|-----------------------------|---|--|--------------------|-----------------------------|----------------------------------|------------|--|--|--|
|                             |   |  | 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 for each household member will result in disqualification of that member.

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<br>above any money?<br>YES or NO. If Yes, reason? | Does this person pay any part of the<br>household bills?<br>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).

## 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, audiotope, 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.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.

## 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 may be 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 \_\_\_\_\_

**DO NOT REMOVE. This page must be returned to your county office with pages 1 and 2.**

To get the address or phone number of your local county office, call toll free: 1-833-822-2202 or online at [www.dhr.alabama.gov](http://www.dhr.alabama.gov)

**Alabama SNAP Employment & Training Participant Consent Form**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ DOB \_\_\_\_\_

*Please note this program may provide you some reimbursement for your participation.*

1. Do you currently receive SNAP benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

***If yes, please provide the following:***

2. 9 digit Case number \_\_\_\_\_

I consent to the collection and exchange of confidential information and data about me between DHR and its E&T partners to plan, provide and coordinate services, payments, and benefits for me and to collect participation and outcome data for State and Federal reporting purposes or for other purposes authorized by law. I further grant permission to DHR and its partners to use my confidential information and data and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery. All partners and parties involved are required to safeguard any information and/or data that is collected and reported.

**I authorize and consent to collecting and sharing all of my records, data and information.**

This consent is valid for a period of 2 years beyond participation in the DHR E&T program. A copy of this form is valid to give my permission to share records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (if signed with an X) \_\_\_\_\_ Date \_\_\_\_\_

# State of Alabama Agency-Based Voter Registration Form

NVRA-1B-H  
2019.06.27

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

**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 (The list of disqualifying felonies is available on the Secretary of State's web site at: <a href="http://sos.alabama.gov/mtfelonies">sos.alabama.gov/mtfelonies</a>)</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.

## **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, 7 U.S.C. 2011-2036, to determine eligibility for food assistance. 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:** To determine eligibility, 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:** Citizenship/immigration information is used to determine eligibility for food assistance. 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 for each household member will result in disqualification of that member. 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.**

## DEPARTMENT OF HUMAN RESOURCES

### Food Assistance Program Summarized Eligibility Requirements

If you have difficulty communicating with us because you do not speak English or have a disability, we can provide free language assistance or other aids and services to assist you. These services are available by phone or in person upon request.

Households applying for or receiving food assistance benefits must meet all applicable eligibility requirements based on food assistance policies. Time limits and requirements of other programs do not affect a household's eligibility for food assistance benefits. A household may still qualify for food assistance benefits even if eligibility ends in another program. Households must cooperate with the agency in establishing eligibility for food assistance. Failure to meet these requirements can result in a denial or termination of the food assistance case.

#### TECHNICAL REQUIREMENTS

1. **Household Members.** The food assistance household is composed of individuals who live together and purchase and prepare their meals together for home consumption. Certain individuals, such as spouses and children under age 22, must be included in one food assistance household regardless of their method of buying food and preparing meals.
2. **Strikers.** Households with striking members shall be ineligible to participate in the Food Assistance Program, unless the household was eligible for benefits the day before the strike and is otherwise eligible at the time of application. However, the household shall not receive an increased allotment as a result of a decrease in income of the striking household member(s).
3. **Citizenship and Alien Status.** Citizenship/immigration information is used to determine eligibility for food assistance. Only U.S. citizens and eligible aliens 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. The Food Assistance Division will check with the U. S. Citizenship and Immigration Service (USCIS) only for those household members that you are asking for food assistance benefits. We will not check on the non-citizens you do not include in your food assistance household but their income may count in determining the eligibility and food assistance allotment for the other people included in the food assistance household. Failure to provide this information will result in ineligibility (no benefits) for these members.
4. **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, 7 U.S.C. 2011-2036, to determine eligibility for food assistance. The Social Security Number is used in computer matching and program reviews or audits to make sure the household is eligible for the food assistance benefits it receives. The SSN will be used to check the identity of household members to prevent duplicate participation and to facilitate making changes. Providing a social security number 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.

The household must furnish a Social Security Number for each household member that you are asking for food assistance benefits. If a household member does not have a number, s/he must apply for one.

5. **Residence.** Households must apply for food assistance in the county in which they live. They cannot receive food assistance in more than one county or state in a month.
6. **Work Requirements.** Unless exempt from work registration, each member of your household must meet the following work requirements:
  - must be registered for work
  - must not quit a job voluntarily
  - must not voluntarily reduce hours at a job
  - must accept a suitable job that is offered. (The job must be 30 hours weekly or equal to 30 hours X minimum wage).

If a non-exempt member of your household fails to meet work requirements, [s]he cannot get food assistance. This could reduce or stop your household's food assistance.

#### Able-Bodied Adults Without Dependents (ABAWDs)

People between the ages of 18 and 49 (under age 50) who have no children and are not disabled must meet other special work requirements if they want to get food assistance. Federal law calls these people "Able-Bodied Adults without Dependents," or "ABAWDs." They may have to work in order to get more than three months of food assistance in the period from Jan 2019 to Dec 2021. But there are exceptions to the three-month time limit. Someone between the ages of 18 and 49 (under age 50) can get food assistance for more than three months if the person meets any one of these exceptions:

1. The person works at least 80 hours a month.
2. The person receives disability benefits.
3. The person receives unemployment compensation.
4. Anyone who has applied for unemployment compensation but has not heard yet is also exempt while waiting for a decision.

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5. The person who is not receiving disability but has a physical or mental problem that limits the work [s]he can do. This may have to be verified by a doctor or other medical professional.
6. The person is unfit for work. For example, chronic homelessness may be an indicator that someone is unfit for work.
7. There is a child in the home less than 18 years old
8. The person cares for an adult who is incapacitated
9. The person is pregnant.
10. The person gets Family Assistance and is in a Family Assistance work program.
11. The person goes to a job training program at least 80 hours a month.
12. The person volunteers at least 80 hours a month doing something that serves a public purpose.
13. The total amount of time the person spends each month working, going to training and volunteering is at least 80 hours a month.
14. The person goes to school at least half time.
15. The person goes to rehab for alcohol or drugs.
16. The person works at least 80 hours a month for non-monetary benefits. For example, the person works for free rent or utilities.

**FINANCIAL REQUIREMENTS**

7. **Income.** Income limits vary according to the household size. Households that contain no elderly or disabled individuals must meet both the gross (income before deduction) and the net income (income after allowable deductions) limits. Households that contain an elderly (age 60 or over) individual or a disabled individual must meet only the net income limits. See table below for both the net and gross income limits according to household size. Income includes wages, salaries, commissions, social security benefits, SSI, veteran’s benefits, child support, contributions, unemployment compensation, etc.

Monthly Income Eligibility Limits Effective 10/1/2021 - 9/30/2022

| Household Size         | Gross Income Limits | Net Income Limits |
|------------------------|---------------------|-------------------|
| 1                      | \$1,396             | \$1,074           |
| 2                      | \$1,888             | \$1,452           |
| 3                      | \$2,379             | \$1,830           |
| 4                      | \$2,871             | \$2,209           |
| 5                      | \$3,363             | \$2,587           |
| 6                      | \$3,855             | \$2,965           |
| 7                      | \$4,347             | \$3,344           |
| 8                      | \$4,839             | \$3,722           |
| Each Additional Member | \$492               | \$379             |

8. **Deductions.** Only the following are allowable deductions for food assistance:
  - Standard Deduction. The standard deduction will vary according to household size. The minimum amount for household sizes 1 through 3 is \$167.00. It is \$181 for a household size of 4. It is \$212 for a household size of 5. The maximum amount allowed is \$243 for a household of six and above.
  - Earned Income Deduction. This deduction is 20% of the gross earned income.
  - Self-Employment Deduction. Households with self-employment income are entitled to a standard deduction of 40% of the gross proceeds from the self-employment income as a cost of doing business.
  - Medical Deduction. Elderly and/or disabled individuals may be entitled to a medical deduction for out-of-pocket medical expenses they incur in excess of \$35 per month. Verification may be required.
  - Dependent Care. The costs incurred for the care of a child or other dependent in order for a household member to work, seek employment, attend training, or pursue education that is preparatory for employment.
  - Child Support. Legally obligated child support paid by a household member to or for a nonhousehold member.
  - Shelter Costs. These costs include rent, mortgage, property taxes, insurance on the structure, utilities, etc.
9. **Resources.** The maximum allowable resource limits for households that contain a disqualified member shall not exceed \$2,500 (\$3,750 for households containing an elderly or disabled member). Resources include cash on hand, bank accounts, stocks, savings bonds, lottery, and gambling winnings of \$3,750 or more, etc.

**OTHER**

10. **Application Processing.** The application process includes completing an application, filing the form in the county in which the household lives, being interviewed, and having certain information verified. Households that meet the following criteria will have their application acted on within 7 calendar days: households with less than \$150 in monthly gross income and their liquid resources, such as cash or checking/savings' accounts are less than \$100; the household's monthly rent/mortgage and utilities are more than the household's gross monthly income and liquid resources; the household is a destitute migrant or seasonal farmworker with less than \$100 in liquid resources.

All other households shall have their application acted upon within 30 days from the date they apply.

11. **Confidentiality and Disclosure of Information.** All information given to the Department is confidential and any use or disclosure will be made only for certain limited purposes allowed under State or Federal laws and regulations. Such purposes include, but are not limited to, establishing eligibility, determining benefit amount and providing services to applicants and recipients. Information about how long you have received food assistance will be released to the State Employment Service for purposes of qualifying your employer for the Work Opportunity Tax Credit (WOTC).

12. **Allotment Amounts.** The amount of food assistance a household actually receives depends on the number of people in the food assistance household and the amount of their net income. See table below for the maximum food assistance allotments by household size.

Maximum Monthly Allotments Effective 10/01/21

| Household Size         | Maximum Food Assistance Allotment |
|------------------------|-----------------------------------|
| 1                      | \$250                             |
| 2                      | \$459                             |
| 3                      | \$658                             |
| 4                      | \$835                             |
| 5                      | \$992                             |
| 6                      | \$1,190                           |
| 7                      | \$1,316                           |
| 8                      | \$1,504                           |
| Each Additional Person | \$188                             |

13. **Authorized Representative.** The head of household, spouse, or other responsible household member may designate an authorized representative to act on behalf of the household. This person may apply for benefits, obtain the benefits and/or use the benefits for the food assistance household.

14. **Simplified Reporting.** Some households have to report their household situation semi-annually on a six-month report form. These households have to report on a six-month basis regardless of whether there have been any changes in their situation. Required Reportable Changes: (1) If the household's income increases to more than the maximum income level for their household size; (2) ABAWDs work hours fall below 20 hours per week, average 80 hours per month; (3) Lottery and gambling winnings of \$3,750 or more.

15. **Fair Hearings.** A household not satisfied with agency action affecting its participation in the Food Assistance Program has the right to request a fair hearing within 90 days of the action being appealed. The request may be made orally or in writing to the County Department of Human Resources, Food Assistance Office or to the Department of Human Resources, Food Assistance Division, S. Gordon Persons Building, 50 N. Ripley Street, Montgomery, Alabama 36130-4000, telephone (334) 242-1700. The household's case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson. To obtain free legal advice, contact Legal Services Alabama statewide intake toll-free number at 1-866-456-4995 or at their statewide online intake website at [WWW.ALABAMA.LEGALHELP.ORG](http://WWW.ALABAMA.LEGALHELP.ORG).

16. **Ineligible Individuals.** The following individuals are ineligible to receive food assistance:

- Anyone who is fleeing to avoid prosecution, custody, or confinement after a felony conviction under the law.
- Anyone in violation of his/her parole/probation.
- Anyone found guilty by a court of using food assistance benefits to buy firearms, ammunition, or explosives. These individuals are permanently disqualified from receiving food assistance benefits.
- Anyone using food assistance benefits to buy illegal drugs may be disqualified from receiving food assistance from 2 years to permanently.
- You may be ineligible if you are convicted after August 22, 1996 of a felony under Federal or State law for possession, use or distribution of a controlled drug substance.
- Anyone found guilty by a court of buying or selling food assistance benefits of \$500 or more. These individuals are permanently disqualified from receiving food assistance.

- Anyone who misrepresents his identity or residence in order to receive multiple food assistance benefits simultaneously. These individuals are ineligible to receive food assistance benefits for 10 years from the date of conviction.
  - Anyone found guilty of an intentional program violation (IPV) through an Administrative Disqualification Hearing or by a Federal, State, or local court or signed a hearing waiver, will be ineligible for food assistance for 12 months for first violation, 24 months for the second violation and permanently for the third violation. These individuals may also be fined or imprisoned or both, and may be subject to federal prosecution and penalties.
  - Anyone physically and mentally fit between the ages of 18 and 50 enrolled in an institution of higher education, who does not meet certain eligible student criteria.
  - Anyone who does not meet citizenship or alien status requirements.
  - Anyone who refuses or fails without good cause to provide a social security number.
  - Anyone disqualified for not complying with work requirements. This includes voluntarily quitting a job or reducing the number of hours worked without good cause.
  - Anyone disqualified for violating program regulations.
  - Any household that refuses to cooperate with Quality Control.
17. **Claims & Trafficking.** Households must report correct information about their situation. Households must use their benefits to buy eligible food for their personal use. There are penalties that can be applied to the household including a requirement to repay benefits received incorrectly. If a household member intentionally provides false information, sells or tries to sell or trade benefits, buys ineligible items such as alcoholic drinks, or tobacco, or pay on credit accounts or gives away or sells an EBT card, there are other penalties that can be applied including disqualification from the program from one year to permanent and prosecution in court.
18. **Voter Registration.** If you are not registered to vote where you live now, you may register to vote during the Food Assistance application process. We can help you with the application or you may choose to fill out the application in private. Your decision to register or decline to register to vote does not affect the decision about your Food Assistance application or any benefits you might receive. 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, Alabama State Capitol, 600 Dexter Avenue Suite E-210, Montgomery, AL 36130.

### **USDA Nondiscrimination Statement**

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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).

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