



Tennessee Department of Human Services Family Assistance Application

THIS BOX DHS USE ONLY

Case #: _____
 Date received: _____
 County: _____

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a DHS worker to complete the application process.

You may be able to get SNAP/Food Stamps in 7 days if:

1. Your household's monthly income is less than \$150, and you now have resources of \$100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office.

Name	I am applying for: <input type="checkbox"/> Families First <input type="checkbox"/> SNAP/Food Stamps		
Home Address	We may use your home or cell phone number to call and remind you of an appointment. We will leave a message if you do not answer.		
City State Zip Code	Home Phone	Work Phone	Cell/Other Phone
Mailing Address (if different)	We use Social Security Numbers to check that you are who you say you are. We use them to make sure you get the right amount of aid, to change the amount of aid you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check Immigration and Naturalization Records. If those records don't match what you say, it may affect whether you can get help and how much cash or food stamps you get. If you give incorrect information on purpose to get help, you may go to jail.		
City State Zip Code			

Do you need an interpreter? () Yes () No
 If yes, what language? _____

By providing Race/Ethnicity information, it helps show if the State is following civil rights laws. Please use the following to indicate race: **W** = White/ Caucasian, **B** = Black/African-American, **A** = Asian, **H** = Native Hawaiian/Pacific Islander, **I** = American Indian/Alaska Native (**Your household is not required to give us this information and it will not affect your eligibility or benefit level.**)
Marital Status: Use one of the following below for each adult member of the household: **married, single, divorced, widowed, separated**

List everyone in your household (including self) To add more people, please attach another application or sheet of paper	Is this person applying for benefits? (Yes/No)	(NOT needed if person does not want to receive benefits) For more information, see page 1 of the Statement of Understanding		Sex (M/F)	(Optional) Check box if Hispanic/Latino	(Optional) Race (see above) Enter all that apply	Marital Status (see above)	Date of Birth	Check box if person is pregnant	Check box if person is disabled
		Social Security Number	Check box if U.S. citizen							

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give DHS permission to get proof. I understand I must report any changes the way DHS tells me to.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get Food Stamps or Families First. I am also saying that I have read and understand the Statement of Understanding.

Signature: _____ **Date:** _____ **Witness (if signed with an X):** _____ **Date:** _____

Guardian or Authorized Representative: _____ **Date:** _____

THIS BOX For Families First only: Permission to release school attendance records		Your SNAP/Food Stamp benefits may end if you:	
I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities. The records will be destroyed when they are no longer needed.		*Give incorrect information or hide facts to get SNAP benefits; *Use someone else's Benefit Security Card without their permission; *Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.	
Signature: _____ Date: _____		If you break these rules, you will not get SNAP/Food Stamp benefits for: 1 year the first time, 2 years the second time, and forever the third time. If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for: 2 years the first time and forever the second time. You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of: *Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances(illegal drugs); *Selling SNAP/Food Stamp benefits worth \$500 or more.	
I understand I may have one or two authorized representatives: _____ may apply for these benefits for me: SNAP/Food Stamp () ; Families First () _____ may use my SNAP/Food Stamp benefits for me () ; may use my Families First benefits for me () _____ may apply for these benefits for me: SNAP/Food Stamp () ; Families First () _____ may use my SNAP/Food Stamp benefits for me () ; may use my Families First benefits for me ()		Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years. Federal and/or State Convictions: Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP/Food Stamp benefits from two or more states at the same time? Yes ___ No ___ Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only) Yes ___ No ___ Have you or any household member been convicted of buying or selling SNAP/Food Stamp benefits over \$500? Yes ___ No ___ Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP/Food Stamp & TANF)? Yes ___ No ___ Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition or parole or probation violations? Yes ___ No ___ Have you or any household member been convicted of trading SNAP/Food Stamp benefits for drugs or controlled substance? Yes ___ No ___	
Voter Registration			
Are you registered to vote where you live now? () Yes () No Would you like to register to vote? () Yes () No Do you want DHS to mail a voter registration form to you? () Yes () No The benefits you may receive from DHS will not change whether you register to vote or not nor does it keep you from applying for benefits.			
Enter information about your household's INCOME in the boxes below. Income includes but is not limited to employment, self-employment, alimony, child support, disability benefits, Social Security/SSI, Worker's Compensation, Unemployment benefits, pensions, stipends, and interest income.			
Person with Income taxes/expenses	Source of income (such as job, Social Security, child support)	Monthly amount before taxes/expenses	
List any household Resources (cash, checking ,savings, or other bank accounts, certificates of deposit, stocks, bonds, mutual funds, retirement accounts, trust funds, annuities, or other liquid assets) Type: _____ Value:\$ _____ Type: _____ Value:\$ _____ Type: _____ Value:\$ _____ Type: _____ Value:\$ _____			
Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.			
If you are between 18 to 24 years old, have you ever been in state custody as a child? Yes ___ No ___ Child Care Expenses Amount paid per week: \$ _____ Child care provider name: _____	Shelter Costs Rent / Mortgage (circle one) Monthly amount: \$ _____ Gas/Electric \$ _____ per month Phone \$ _____ per month	Medical Expenses List recurring medical expenses like prescriptions or insurance premiums. These can help you get more Food Stamps if you're elderly or disabled. Type: _____ \$ _____ per month Type: _____ \$ _____ per month	Child Support Paid If you are legally obligated to <u>pay</u> child support payments to or for a child or children enter it here: Child: _____ \$ _____ per month Child: _____ \$ _____ per month
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination 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, audio tape, 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 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. 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)690-7442 or email at program.intake@usda.gov . Write HHS, Director, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or call (202) 619-0403 (Voice) or (202) 619-3257 (TTY). 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). USDA and HHS are equal opportunity providers and employers. You may also write Tennessee, Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, (615) 313-4700.			