# APPLICATION FOR ASSISTANCE

This application may be used to apply for Temporary Assistance for Needy Families (TANF), known as Personal Opportunities with Employment Responsibilities (POWER) and/or the Supplemental Nutrition Assistance Program (SNAP).

**NOTE: All SNAP applicants have the right to file an incomplete application as long as it contains the name, address, and signature of a responsible household member or an authorized representative. SNAP benefits will begin with the filing date, which is the date the application is received at the SNAP benefit office.**

## HELP US DECIDE IF YOU CAN RECEIVE SNAP BENEFITS WITHIN SEVEN (7) DAYS

### EXPEDITED SUPPLEMENTAL NUTRITION ASSISTANCE PROGAM (SNAP) BENEFITS ONLY

An applicant may file an incomplete application immediately. If eligible, SNAP benefits will begin with the filing date, which is the date the application is received at the SNAP benefit office. A SNAP application will be considered filed as long as it contains the applicant's name, address, and the signature of a responsible household member or authorized representative.

EXPEDITED SNAP Benefits: An assistance unit may be eligible to receive SNAP Benefits within seven days if they meet the expedited rules; otherwise, it could take up to 30 days. The applicant may qualify if s/he is: a migrant or seasonal farm worker, who is destitute and their liquid assets such as cash on hand, checking or savings accounts do not exceed $100; their monthly rent/mortgage and utilities are more than the assistance unit's gross monthly income and liquid assets; their gross monthly income is less than $150, and the assistance unit's assets, such as cash or checking/savings accounts are $100 or less. Complete the information listed below, furnish proof of identity and leave this expedited application with the SNAP benefit office. Completion of the standard application is required for the continuation of benefits. The completed application may be submitted to the SNAP benefit office either in person, through an authorized representative, by fax or by mail.

If you are applying for SNAP, completing this section may help you receive benefits within seven (7) days:

1. Are you a migrant or seasonal farm worker? ☐ Yes ☐ No
2. How much total earned income will your household receive this month before taxes (gross)? $_____
3. How much total unearned income or other money will your household receive this month? $_____
4. Total amount of liquid assets available (cash on hand, checking and savings accounts): $_____
5. How much is your household's monthly rent, lot rent and/or house payment? $_____ (total)
6. Check all the utilities your household is responsible for and/or if you receive LIEAP:
   ☐ Heating ☐ Cooling ☐ Electricity ☐ Telephone ☐ Water ☐ Sewer ☐ Garbage ☐ Receive LIEAP
7. Do you have a Wyoming Electronic Benefit Transfer (EBT) card for SNAP? ☐ Yes ☐ No

## SIGN AND DATE APPLICATION HERE

AUTHORIZED REPRESENTATIVE: You may name up to two persons as an authorized representative. You can name one who can apply for SNAP benefits for you only and one who can receive and use your SNAP benefits at the store; or you can name one person to do both. You will be responsible for any overpayment that results from wrong information given by this person. This person cannot be a member of your household and you must give us an ID for this person.

Printed Name of Applicant: _____ Date: _____

Address of Applicant: _____

Signature of Applicant: _____

Signature of Authorized Representative: _____

Signature of Authorized Representative: _____

| Agency Use Only – Expedited Formula | | |
|---|---|---|
| Step 1<br><br>If Monthly Income is below $150 and liquid assets are $100 or less, then expedite. | Step 2<br><br>Earned Income $_____<br>Unearned Income + $_____<br>Liquid Assets + $_____<br>= $_____ (A)<br><br>Rent/Mortgage $_____<br>Utility Standard + $_____<br>= $_____ (B)<br><br>If B is greater than A then expedite. | SUA – Any of the following:<br>• Heating<br>• Cooling<br>• LIEAP<br><br>UO – Two of the following:<br>• Water<br>• Sewer<br>• Garbage<br>• Electric<br>• Telephone |
| Was the screening for expedited service completed? ☐ Yes ☐ No<br>Is the household eligible for expedited service? ☐ Yes ☐ No<br>Was the identity of the applicant verified? ☐ Yes ☐ No<br>*Migrant or seasonal farm worker assistance units who are destitute, provided their liquid assets (i.e. cash on hand, checking or savings accounts, savings certificates, and lump sum payments) do not exceed $100 would also be expedite. | | Reviewer Initials: _____<br>Case Number: _____<br>Date Reviewed: _____ |

**For Office Use Only:**

Appointment Date: _____ Worker's Name: _____

Appointment Time: _____ ☐ Phone Interview ☐ In-person Interview

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| NEW: | PO | SNAP | | PO | SNAP | CARC'D: | YES ____ NO ____ |
| RECERT: | PO | SNAP | OPEN | ____ | ____ | Address done: | YES ____ NO ____ |
| Staff Initials: _____ | | | REG | ____ | ____ | Staff Initials: _____ | |

## HOW TO APPLY

Please read all questions carefully and complete each section to the best of your knowledge. Please print your answers and sign the application using dark ink. You may have someone help you complete the application. Take, fax, or mail the completed application to the local Department of Family Services (DFS) field service office in your area. An interview is required to complete the application process. Some information on this application must be verified for each person applying. The address and phone number of the local DFS field service office in your area can be found on the list located at http://sites.google.com/a/wyo.gov/dfsweb/programs-and-services or by calling 1-800-457-3659.

**Check the programs you wish to apply for. Your income and assets may be considered when applying for these programs.**

☐ **Check here if you need an interpreter or other accommodations with the application.**

☐ **Child Support Enforcement (CSE) Services** – A referral for assistance in locating non-custodial parent(s), establishing paternity, enforcing court orders and collecting child support. CSE Services may help children get financial and medical coverage from parents who do not live in the home and who are or can be court ordered to provide financial or medical coverage. There may be a small fee for this service.

POWER/TANF – If you receive POWER and one parent is not living in the home, your family will automatically be referred to CSE Services. You must cooperate with CSE Services in establishing paternity and in establishing and enforcing child support.

If you are interested in receiving POWER coverage for yourself and/or your children and you do not want assistance from CSE Services because your cooperation might not be in the best interest of your child (example: domestic violence situation), you may claim good cause. If you do want assistance, you must submit a good cause claim with evidence so we can decide if there is good cause.

Are you interested in claiming good cause for not cooperating with CSE Services? ☐ Yes ☐ No

Claiming good cause does not affect your child's eligibility for POWER benefits.

If you choose not to cooperate with CSE Services efforts and you have not claimed good cause or your claim of good cause has been denied, you will not be eligible for POWER benefits.

☐ **Personal Opportunities With Employment Responsibilities (POWER)** – Cash assistance for families who cooperate with seeking child support and work. POWER is limited to 60 months.

☐ **Supplemental Nutrition Assistance Program (SNAP)** – Benefits to help buy food items. Benefits are provided from the date of application. The State must process applications for SNAP in accordance with SNAP procedures, including timeliness, notice, and fair hearing requirements regardless of whether the application is for SNAP and other programs. A household may not be denied SNAP benefits solely because it has been denied benefits from other programs. The applicant has the right to know if the application was approved or denied and the reason(s) for the decision. Benefits must be available to eligible household members no later than 30 days from the date of the application. Paying for food purchased on credit with SNAP benefits is not allowed; doing so could result in disqualification. Do not lie or hide information or get benefits that your household should not get. Do not use SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit accounts. Purchasing a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than for eligible food or intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food will lead to disqualification. Do not use, or have in your possession, EBT cards that are not yours and do not let someone else, besides your authorized representative, use your card. Do not trade or sell EBT cards, or use someone else's card.

☐ **Other, specify:** _____

## CHILD SUPPORT ASSIGNMENT

I hereby assign any rights to back, current or future support/alimony to the State of Wyoming as a condition of eligibility for POWER. By signing this application, I understand any amount of support/alimony owed or paid for myself or on behalf of children named on this application must be turned into DFS.

I HAVE READ AND FULLY UNDERSTAND MY RESPONSIBILITIES ABOVE, AND KNOW THIS IS A REQUIREMENT TO RECEIVE POWER.

_____ _____

Signature of Applicant/Recipient/Authorized Rep/Caretaker Relative Date

_____ _____

Signature of Minor Parent Date

## DECLARATION

Please complete the declaration section if applying for SNAP or POWER.

- Is any household member hiding or running from the law to avoid prosecution, being taken into custody, going to jail for a felony crime or attempted felony crime, or violating a condition of parole or probation? ☐ Yes ☐ No
- Is any household member, who is requesting assistance, fleeing for personal safety, a victim of domestic violence or at risk of further domestic violence? (Not needed for SNAP) ☐ Yes ☐ No
- Has any household member been convicted of buying or selling SNAP benefits over $500 after September 22, 1996? ☐ Yes ☐ No
- Has any household member been convicted of trading SNAP benefits for drugs after September 22, 1996? ☐ Yes ☐ No
- Has any household member been convicted of fraudulently receiving duplicate SNAP benefits in any state after September 22, 1996? ☐ Yes ☐ No
- Has any household member, who is requesting assistance, received benefits of any kind in Wyoming or from another state? ☐ Yes ☐ No Benefits last received: Month _____ Year _____ City _____ State _____
- Is any household member, who is requesting SNAP benefits, a boarder, foster child, or foster adult? ☐ Yes ☐ No
- Is any household member applying for SNAP or POWER benefits on strike? ☐ Yes ☐ No
- Is any household member applying for SNAP benefits disabled? ☐ Yes ☐ No
- Is any household member now disqualified, or has any household member ever been disqualified from SNAP for providing incorrect information to a case worker or failing to provide information to a case worker that affected SNAP eligibility and/or benefits? ☐ Yes ☐ No
- Has any household member been convicted of trading SNAP benefits for guns, ammunitions, or explosives after September 22, 1996? ☐ Yes ☐ No

I certify under penalty of perjury all answers, including the information concerning citizenship and alien status of the members applying for benefits, are true and correct and agree to provide information if it is needed to verify any statements given on this form. I understand answers I provide here may result in changes in my benefits including a lower amount of benefits and payment or no benefit or payment. **I understand the information I provide in connection with this application for benefits will be subject to verification by federal, state, and local officials to determine if such information is factual and that if any information is incorrect benefits may be denied, and I may be subject to criminal prosecution for knowingly providing incorrect information.** For SNAP benefits, I understand my application will be kept on file for 30 days. Failure to interview or provide information may lead to my application being denied.

Signature of Applicant: _____ Date: _____

| | |
|---|---|
| 1. Name (Last, First, Middle Initial): | 4. E-mail address: |
| 2. Mailing Address (Street, Box #, City, Zip Code, etc.): | 5. Phone/Message Number: |
| | 6. Do you intend to reside in Wyoming?** ☐ YES ☐ NO |
| 3. Residence, if other than mailing address (Street, City, Zip Code): | 7. What is your preferred language? |

## TELL US ABOUT THE PEOPLE IN THE HOUSEHOLD

Complete the information below for all persons living with you (the Applicant): If you are only applying for SNAP benefits, please list yourself, your spouse, children under age 22, your parents* and any others who purchase and prepare meals with you.

* Individuals under age 22 must list their parents if living in the same home with their parents.

| **Household Members** (Enter Legal Name) Last, First, Middle Initial | **Place of Birth**** City/State or Country | **Relationship To The Applicant** | **Relationship to Spouse or Significant Other** | **Social Security #** | **Date of Birth** | **Sex**** M or F | **Last Grade Com-pleted**** | **Do They Currently Live in Wyoming?** Yes or No If No, estimated date of residency | **U.S. Citizen** Yes or No | **Hispanic or Latino** Yes or No **Optional** | **Race** (Use codes below) **Optional** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ☐ Self | | | | | | | | | |
| | | ☐ Spouse<br>☐ Significant Other<br>☐ _____ | | | | | | | | | |
| | | ☐ Child<br>☐ Step-Child<br>☐ _____ | ☐ Child<br>☐ Step-Child<br>☐ _____ | | | | | | | | |
| | | ☐ Child<br>☐ Step-Child<br>☐ _____ | ☐ Child<br>☐ Step-Child<br>☐ _____ | | | | | | | | |
| | | ☐ Child<br>☐ Step-Child<br>☐ _____ | ☐ Child<br>☐ Step-Child<br>☐ _____ | | | | | | | | |

AI – American Indian/Alaska Native AP – Asian HP – Native Hawaiian/Pacific Island BL – Black WH – White O – Other, specify: _____

**NOTE:** *Providing race and ethnicity information will not affect eligibility or the level of benefits. The reason for the information is to assure that program benefits are distributed without regard to race, color or national origin. The State will develop other means of collecting the ethnic and racial data, such as by observation during the interview, when you do not voluntarily provide the information on the application. If this information is not provided this determination will be made on the information available.*

**Not required for SNAP

**NOTE:** Additional household members can be listed on a separate sheet of paper and submitted with the application.

Is anyone applying for assistance an alien (not a U.S. Citizen)? ☐ Yes ☐ No
If yes, please complete the following:

| Alien's Name | Alien Status/Alien # | Date of entry into US or date asylum status was granted | Sponsor's Name/Address (if applicable) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

For any child(ren) under the age of 18, listed on page 5, is there a parent who is not living in the household? ☐ Yes ☐ No If Yes, name of child(ren) _____

Name of parent(s) not living in the household: _____
Are you (the applicant) the custodial parent? ☐ Yes ☐ No

If applying for POWER for any child with a custodial parent listed on page 5, does the child(ren) live with the parent at least 51% of the time? ☐ Yes ☐ No If Yes, name of child: _____

## TELL US ABOUT THE HOUSEHOLD'S ASSETS

**Assets** – Vehicle information should be entered in the next section on page 7.
Check the box by the assets owned, jointly owned, or being purchased by household members.

☐ Annuities
☐ Assets Owned with Another Person
☐ Burial Plots
☐ Burial Space Items (Casket, Vault, Marker, etc.)
☐ Business Accounts
☐ Business Inventory/Equipment
☐ Cash on Hand
☐ Certificates of Deposit
☐ Checking/Bank &Credit Union Accounts
☐ Farm Equipment, Livestock, Stored Grain
☐ Home/Mobile Home (Not Owner Occupied)
☐ Home/Mobile Home (Owner Occupied)
☐ Income Producing Tools/Equipment
☐ Money Market Account
☐ Life Insurance
☐ Individual Indian Monies Accounts
☐ Life Estate/Life Lease
☐ Notes or Contract for Deed
☐ Mineral Rights (Oil, Gas, Gravel, Coal, etc.)
☐ Prepaid Funeral Plans
☐ Real Property (Land, House, Buildings, etc.)
☐ Retirement Funds (IRA/Keogh/401K)
☐ Safety Deposit Box
☐ Savings Bonds
☐ Savings/Bank &Credit Union Accounts
☐ Stocks/Bonds/Mutual Funds
☐ Trusts
☐ Other, specify: _____

For all items checked above, fill in the boxes below:

| Type of Asset | Location/Description | Total Value | Amount Owed | Owner(s) |
|---|---|---|---|---|
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |
| | | $ | $ | |

In the past 3 months for POWER or SNAP, did the applicant or any household member listed on page 5, sell, transfer, trade, or give away any items of value? ☐ Yes ☐ No

If Yes, list name of household members: _____

Description of items_____

Date items sold/transferred/traded/given away_____/_____/_____ (MM/DD/YYYY)

Value $ _____ Amount received $ _____

Name of person the items were sold/transferred/traded/given away to: _____

**Vehicles**

List vehicles (cars, trucks, motor homes, snowmobiles, motorcycles, 3 wheelers/4 wheelers, boats or other watercrafts, campers, trailers, etc.) owned, jointly owned, or being purchased for all household members, even if the vehicle is not running or not in your possession. Include vehicles licensed in Wyoming or another state, as well as tribal motor vehicles.

| Make/Model | Year | Value (Optional) | Amount Owed | Licensed | Owner(s) |
|---|---|---|---|---|---|
| | | $ | $ | ☐ Yes ☐ No | |
| | | $ | $ | ☐ Yes ☐ No | |
| | | $ | $ | ☐ Yes ☐ No | |
| | | $ | $ | ☐ Yes ☐ No | |
| | | $ | $ | ☐ Yes ☐ No | |
| | | $ | $ | ☐ Yes ☐ No | |

If you indicated Yes above for a licensed vehicle, what state(s) is the vehicle(s) licensed in? _____

_____

## TELL US ABOUT INCOME/MONEY THE HOUSEHOLD RECEIVES

**Unearned Income or Other Money Received**

The following is a list of different kinds of unearned income. Check the box for each unearned income or other money received by any household member(s).

- ☐ Bureau of Indian Affairs/Tribal General Assistance
- ☐ Bingo/Gambling Winnings
- ☐ Charity Income
- ☐ Child Support Monies
- ☐ Educational Income (Financial Aid)
- ☐ Income from Tribes
- ☐ Income from Roomer/Boarder
- ☐ Indian Tribal Funds, Per Capita
- ☐ Insurance/Lawsuit Settlement
- ☐ Money from Friends, Relatives, or Others
- ☐ Oil/Mineral Rights/Royalties
- ☐ Pension/Retirement Benefits
- ☐ Railroad Retirement Benefits
- ☐ Rental Income
- ☐ Reverse Mortgage
- ☐ Social Security Benefits–Survivor Disability
- ☐ Social Security Benefits–Retirement
- ☐ Social Security Benefits – Other
- ☐ Spousal Support (Alimony)
- ☐ Stocks/Bonds/Interest/Dividend Income
- ☐ Supplemental Security Income (SSI)
- ☐ TANF/POWER
- ☐ Unemployment Benefits
- ☐ Veterans'/Military Benefits
- ☐ Workers' Compensation

For all items checked on page 7, fill in the boxes below:

| Type of Unearned Income or Other Money Received | Household Member | How Often Received | Amount Last Month | Amount This Month |
|---|---|---|---|---|
| | | | | |
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**Employment**

Are any household members employed? ☐ Yes ☐ No

If Yes, list information about pay from employment, such as wages, commissions, bonuses, and incentives for all household members including children:

**Reminder:** Gross Pay is the pay before taxes and deductions are taken out, NOT the take home pay.

| Household Member | Employer | Hours Worked Per Week | Hourly Pay | Last Month's Pay Before Taxes & Deductions (Gross) | This Month's Pay Before Taxes & Deductions (Gross) | Amount of Tips Last Month | Amount of Tips This Month | Date of Next Check | How Often Paid (Use Codes Below) | Day of Week Paid (Use Codes Below) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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How Often Paid Codes:
M – Monthly 2X – Twice a Month W – Weekly EX – Every 2 Weeks Other, specify: _____
Day of Week Paid Codes (if paid weekly or every 2 weeks):
M – Monday T – Tuesday W – Wednesday TH – Thursday F – Friday S – Saturday SU - Sunday

Have any household members received commissions, bonuses, tips, or incentives other than those included above within the last year? ☐ Yes ☐ No

If Yes, list the household members: _____

Type of income: _____

Date received: _____ /_____ /_____ (MM/DD/YYYY), Amount: $ _____

Are any household members expecting to receive or have any members received a one-time payment (for example a settlement, inheritance, retroactive payment, etc.)? ☐ Yes ☐ No

If Yes, who received the payment? _____

Date payment received: ____/_____/_____ (MM/DD/YYYY), Amount: $ _____

Who was the payment received from? _____

**Self-Employment**

Are any household members self-employed? ☐ Yes ☐ No If Yes, list the household members:

_____

Name and type of business: _____

Is the business a/an ☐ Independent Contractor ☐ LLC
☐ Partnership ☐ S-Corp
☐ Sole Proprietorship ☐ Other _____

Date business started: _____ /_____ /_____ (MM/DD/YYYY)

Is the self-employed household member paid a regular wage or salary? ☐ Yes ☐ No

If Yes, last month's income before taxes (Gross) $ _____

This month's income before taxes (Gross) $ _____

Are there regular out of pocket business expenses? ☐ Yes ☐ No

**Inability of a Household Member to Work**

Are any household members unable to work or disabled because of physical or mental health problems? (If a disability payment (i.e. SSI) is not being received, additional information or proof may be required.)
☐ Yes ☐ No

If yes, complete the following:

| Name | Medical condition | Source of disability payment |
|---|---|---|
| | | |
| | | |
| | | |

**TELL US ABOUT ALL STUDENTS IN THE HOUSEHOLD**

List each Household Member who is a student or enrolled in school (include elementary, secondary, college and trade school):

| Student Name | Name of School | Grade | Student Age | Part Time (PT) or Full Time (FT) | Credit Hours Enrolled | Degree or Certificate? Y/N |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**PLEASE ANSWER THE FOLLOWING QUESTIONS IF APPLYING FOR SNAP**

Have any household members quit or reduced hours/wages within the last 30 days? ☐ Yes ☐ No
If Yes, who? _____

Do any household members receive Food Distribution Program on Indian Reservations (FDPIR) benefits? ☐ Yes ☐ No If Yes, who? _____

**PLEASE COMPLETE THE FOLLOWING SECTION IF APPLYING FOR SNAP**

Please indicate whether any household member is responsible for one or more of the following expenses. For calculation of benefits, choose the deduction and provide the bills, canceled checks, etc., to verify the expenses or choose not to claim the deductions. The household will **NOT** be eligible for deductions if it is not indicated whether the expenses are to be claimed or not or if the expenses are not reported. The application will be processed without the expenses being allowed if verification of the actual expenses is not provided by the requested date. Once the expenses have been used in figuring the monthly SNAP benefits, the amount of the deductions will remain the same during the certification period unless a change is reported.

**Dependent Care** – Actual expenses for each dependent for the dependent care and reasonable costs of transporting the dependent to and from the dependent care provider can be deducted from the SNAP family income when the care is needed*. You must have paid out of pocket expenses to your dependent care provider to claim a dependent care deduction:

- *To seek, accept, and continue employment.
- *To attend training or pursue education that is preparatory to employment.

☐ We do not have these expenses.
☐ We have these expenses and wish to claim the deductions.
Amount: $_____ How often paid? _____
☐ We have these expenses and do not wish to claim the deductions.
☐ We have mileage to claim. Number of miles round trip : _____
☐ Does anyone outside of your household (including Department of Family Services) help pay any of these expenses? ☐ Yes ☐ No
If yes, who? _____ How much do they pay? _____

- Monthly Rent you pay (include rent for mobile home & space rent) $ _____
- Check any of the boxes that best describe your rent type
  ☐ Homeless ☐ Public Housing
  ☐ Includes Utilities ☐ HUD Section 8
  ☐ Living with others
- Monthly Mortgage Amount you pay $ _____
- Monthly Property Taxes not included in Mortgage $ _____
- Monthly Home Insurance not included in Mortgage $ _____
- Monthly Heating and/or Cooling $ _____
  ☐ Gas ☐ Electric ☐ Propane
  ☐ Coal ☐ Wood ☐ Other _____
- Have you received LIEAP in the last 12 months? ☐ Yes ☐ No
- Monthly Water, Sewer and Trash $ _____
- Monthly Court Ordered Child Support paid by any Household Member $ _____
- Monthly Telephone or cellular phone $ _____

☐ Does anyone outside of your household help pay any of the above expenses? ☐ Yes ☐ No
If yes, who? _____ How much do they pay? _____

☐ We do not wish to claim the following expense(s): _____
_____

**Lifeline:** You may be eligible for telephone discounts on monthly service. Contact your telephone provider for more information.

**Medical –** Includes medical expenses in excess of $35 which have not been reimbursed. Available only to individuals 60 years of age or older and/or individuals who receive SSI/SSDS/Disability from another government agency for permanent disability under the Social Security Act.

Check any of the following that you pay:

- ☐ Medical and dental expenses, including psychotherapy and rehabilitation services
- ☐ Hospital, outpatient, nursing care and/or attendant care
- ☐ Medication, equipment, dentures, hearing aids, prosthetics and/or eyeglasses when prescribed by a licensed practitioner or other qualified health professional
- ☐ Medical insurance
- ☐ Service animals
- ☐ Medical related transportation and lodging
- ☐ Reasonable transportation and lodging costs to obtain medical, vision, and/or dental care
- ☐ Postage for mail order prescriptions and/or supplies and equipment

☐ We do not have these expenses.

☐ We have these expenses and wish to claim the deduction.

Who? _____

Monthly Amount: $ _____

☐ We have these expenses and do not wish to claim the deduction.

☐ Does anyone outside of your household help pay any of these expenses? ☐ Yes ☐ No

If yes, who: _____

How much do they pay? _____

We do not wish to claim the following expense(s): _____

_____

_____

Signature: _____ Date: _____

**PLEASE COMPLETE THE FOLLOWING SECTION IF APPLYING FOR POWER**

1. Has any household member quit or reduced hours/wages within the last 60 days? ☐ Yes ☐ No

   If Yes, who: _____

2. Does any household member pay legally obligated child support? ☐ Yes ☐ No

   If Yes, who? _____ Monthly amount: $ _____

3. a. Is shelter provided to you free of charge? ☐ Yes ☐ No

   If No, monthly amount? $_____

   b. If applying on behalf of the children only, will the children contribute a portion of the POWER payment to help pay shelter costs? ☐ Yes ☐ No

4. Do you live in subsidized housing? ☐ Yes ☐ No

## AUTHORIZATION TO FURNISH INFORMATION

For purposes of determining eligibility, I allow any person having information about me or other household members to give any requested information, including confidential information, to any authorized agent of the State of Wyoming or the federal government. I also agree to provide information necessary to verify any statement given on this application, to update information promptly, and to cooperate fully with all officials of the State of Wyoming in investigations based upon this application or the information it contains. The information on this application may be referred to federal and state agencies, as well as private claims collection agencies, for claims arising against your household. This applies to state agency errors as well. A copy of this authorization is as valid as the original.

I certify I have read this form, or it has been read to me, and the information given is true and correct. I understand the information given is voluntary and lack of required information could affect eligibility for certain programs. I agree to provide information if it is needed to verify any statements given on this form. I authorize DFS to make inquiry of persons, companies, financial institutions or other agencies to obtain additional information or to verify my statements. I will report and verify any change immediately upon finding out about it for POWER. For SNAP, you are required to report if your total household income (earned plus unearned) goes over 130% of the Federal Poverty Level for your household size. If your household contains an ABAWD you must report if that member's hours decreased to less than 20 hours per week averaged monthly. You are required to report these changes within ten (10) days from the end of the calendar month in which the income was received that puts you over the income limit or when the ABAWD's work hours decreased. I understand the information I provide on this form may result in changes in my benefits, including a lower amount of benefits or no benefits. I declare the identity of minors named on this form to be true and correct.

## SIGN AND DATE THE APPLICATION HERE

Signature of Applicant: _____ Date: _____

Signature (Spouse, Guardian or Other Adult): _____ Date: _____

Signature (Spouse, Guardian or Other Adult): _____ Date: _____

Signature of Authorized Representative: _____ Date: _____

Signature of Authorized Representative: _____ Date: _____

Worker's Signature: _____ Date: _____

## RIGHTS AND RESPONSIBILITIES

**By signing this application, you state that you understand the following:**

**CITIZENSHIP/IMMIGRATION STATUS:**

My signature certifies that the citizenship/immigration status is correct for each person applying. I understand that my records will be kept confidential and will only be released for purposes authorized by federal and state law. Information I provide on this application may be shared with the U.S. Citizenship and Immigration Services (USCIS), formerly known as Immigration and Naturalization Services (INS), for POWER and SNAP applicants. For SNAP applicants, non-applicants are not required to disclose citizenship or immigration status. SNAP benefits cannot be denied to applying household members because a non-applicant household member has not disclosed his or her citizenship or immigration status. Information on income, assets and deductions can be solicited from these individuals to determine eligibility and benefits of eligible household members.

**AUTHORITY TO REQUIRE SOCIAL SECURITY NUMBER:**

Social Security Numbers (SSNs) are required only for individuals who will actually receive SNAP or POWER. SSNs will be used in the administration of public assistance programs to check the identity of household members to prevent duplicate participation. SSNs will also be used in program reviews and/or audits to make sure your household is eligible for these programs. SSNs provided on this application may be shared with the USCIS for POWER and SNAP applicants. If you do not have an SSN for yourself or a household member, DFS can help you apply for one. Privacy Act of 1974; Title VI of the Civil Rights Act of 1964.

**CIVIL RIGHTS:**

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, 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, 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.

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.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (800)537-7697 (TTY).

This institution is an equal opportunity provider.

**COMPUTER MATCHES:**

The collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C 2011-2036. The information you report will be checked by computer using SSNs. We will be comparing what you tell us with information on record with agencies such as the Department of Employment, IRS, Social Security Administration, Vital Statistics, Workers' Compensation, Department of Transportation, Child Support Enforcement, and the Department of Revenue and Taxation. Information available through Income and Eligibility Verification System (IEVS) will be requested, used and may be verified through collateral contacts when discrepancies are found by the State agency. This information will also be used to monitor compliance with program regulations and for program management. Such information may affect your household's eligibility and level of benefits. All persons in your home applying for benefits will be included in the computer matches. Outside sources and/or your household members will be asked to verify other information. The information received may affect your eligibility and benefits and this information will also be used to monitor compliance with program regulations and for program management. POWER: P.L. 104-193, as amended, W.S. 42-2-102, 42-2-103, 42-2-104, 42-2-106, ARW POWER, Chapter 1; SNAP: 7 CFR 272.8 and .11, 7 CFR 273.2, 7 CFR 273.16, 7 CFR 273.18 and Food and Nutrition Act of 2008 as amended by 7 U.S.C. 2011-2036.

The alien status of applicant household members may be subject to verification by the United States Citizenship and Immigration Services (USCIS) (formerly known as INS) through the submission of information from the application to USCIS. *The submitted information received from USCIS may affect the household's eligibility and level of benefits.* 7CFR 273.22(b)(2)

**RELEASE OF CONFIDENTIAL INFORMATION:**

Subject to certain limited exceptions, the information you provide is kept confidential. Information may be disclosed to other federal and state agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. A violation of these confidentiality requirements is a "misdemeanor punishable by imprisonment for not more than six months, a fine of not more than seven hundred fifty dollars ($750), or both." W.S. 42-4-112(c)

DFS may give the information you provide, without your consent, in the following circumstances:

1) To federal, state or local authorities responsible for administering or enforcing the regulations of the program for which you apply or receive benefits. These authorities may begin an investigation or bring civil or criminal action on the basis of the information received regarding your case.

2) To a court, judge, or other administrative legal body, but only when the information is required in a civil or criminal proceeding.

3) Eligibility information relating to a child may be released to the non-custodial parent. If you have a court or restraining order that prohibits the release of this information, please include a copy of the order with your application. W.S. 20-2-201(e)

**ADMINISTRATIVE HEARING:**

If you feel our decision to deny, change, or reduce your benefits is incorrect, you may request a conference with your local DFS field service office. If you still do not agree after that conference, you may request an administrative hearing from the DFS field service office. A SNAP hearing request may be requested orally or in writing and an informal conference is optional and in no way will delay or replace the fair hearing process. Except for POWER performance payments, if you request the administrative hearing within 10 days of being notified, the change or reduction will not take place until the administrative hearing has been held and a decision has been made. If you do not request an administrative hearing on POWER within 30 days, or 90 days for SNAP, your request will be denied. The local DFS field service office will help you in arranging for a local conference or in making a request for an administrative hearing with the State. You may be represented by a lawyer, relative, friend, other person, or you may represent yourself. If you hire a lawyer, you must pay all the legal charges.

If you want to discuss our decision or ask any questions about how an administrative hearing works, contact us.

You may also call the local Legal Services Office to find out if free legal advice is available. 7 CFR 273.12; 7 CFR 273.15, P.L. 104-193, as amended, W.S. 42-2-102, 42-2-103, 42-2-104, 42-2-106, 42-2-109, 42-2-112, 42-2-202, 42-2-106, ARW POWER, Chapter 1.

**DISQUALIFICATION PENALTIES:**

Any adult household member who breaks these rules/regulations can be barred from receiving SNAP benefits as follows:

- **You could be subject to criminal prosecution for knowingly giving false information and could lose your benefits for twelve (12) months on the first violation and twenty-four (24) months on the second violation. You may be permanently disqualified for the third violation and still be subject to prosecution under state and federal laws. This also applies to POWER.**
- **Recipients found guilty of using or receiving benefits in a transaction involving the sale of controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) shall be disqualified for two (2) years for a first offense and permanently for a second offense.**
- **Recipients found guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives with SNAP benefits shall be disqualified permanently for the first offense.**
- **Recipients found guilty of having trafficked benefits for an aggregate amount of $500 or more shall be disqualified permanently from the SNAP program upon the first occasion of such violation.**
- **Recipients who make a fraudulent statement of misrepresentation to their identity or their place of residence in order to receive additional SNAP benefits simultaneously shall be disqualified for a period of 10 years.**

**WARNING:**

Federal, state, or local assistance workers may check everything you tell us on the application. Refusal to cooperate with any authorized federal or state agency may result in denial or loss of benefits. Do not lie or hide information to get benefits that your household should not get.

**Any member who breaks any of the rules on purpose can be barred from SNAP for one year to *permanently*, fined up to $250,000, imprisoned up to 20 years or *both*. S/he may also be subject to prosecution under other applicable federal and State laws. S/he may also be barred from SNAP for an additional 18 months if court ordered.**

**REPORTING CHANGES:**

I understand that I am responsible for reporting changes to the information I have provided on this application so that I can receive the benefits for which I am eligible.

For SNAP, you are required to report if your total household income (earned plus unearned) goes over 130% of the Federal Poverty Level for your household size. If your household contains an ABAWD you must report if that member's hours decreased to less than 20 hours per week averaged monthly. You are required to report these changes within ten (10) days from the end of the calendar month in which the income was received that puts you over the income limit or when the ABAWD's work hours decreased.

You must report any changes within ten (10) calendar days upon knowing of the change for POWER.

Following are some examples of changes you will need to tell us about for yourself and the people living with you:

- Earnings
- Other Income
- Assets
- Student Status
- Living Arrangements/Address/Child Care

Do you expect any of this to change or has it already changed? If so, call, write or complete and turn in a Change Report form along with verification of the change. DO NOT let your benefits go down or cause an overpayment just because you did not let us know about the change. 7 CFR 271.5, 7 CFR 273.12, ARW SNAP, Chapter 1; P.L. 104-193, as amended, W.S. 42-2-102, 42-2-103, 42-2-104, 42-2-106, 42-2-109, 42-2-112, 42-2-202, 42-4-106, ARW POWER, Chapter 1.

**YOU ARE RESPONSIBLE FOR THE ACCURACY OF YOUR BENEFITS. IF YOU DO NOT KNOW IF YOU SHOULD REPORT A CHANGE, REPORT IT!**

**BEFORE YOU APPLY**

**HERE'S WHAT YOU MAY NEED TO BRING WITH YOU FOR YOUR INTERVIEW**

**FOR SNAP AND POWER**

**CHILD/ADULT CARE** - Bring in paid receipts for the cost of care for children or disabled adults.

**IDENTITY** - Bring proof of identity for all household members. For Supplemental Nutrition Assistance Program (SNAP) benefits, proof of identity is required only for the person making application. When an authorized representative applies on behalf of the assistance unit, proof of identity is required for both the authorized representative and the applicant. This could be a birth certificate, driver's license, hospital records, public school records or INS documents. If you are an alien, bring proof of your alien status.

**INCOME** - You need proof of your last two month's income and the income you've had so far this month. Examples of proof would be wage stubs, award letters from Social Security, Unemployment Insurance, Veteran's benefits or Workers' Compensation. If you receive alimony, child support, student aid, railroad benefits or money from friends and/or relatives, we need proof of that income too. Interest payments are also considered income.

If you are expecting income or a change in income, you will need a letter from your employer stating what income is expected, how many hours you will work, etc. If you are no longer working, you will need a letter from your employer stating your last day worked and the date and gross amount of your final pay.

**RENT OR MORTGAGE PAYMENT** - Bring in your latest receipt or bill.

**ASSETS** - Bring proof of your Assets. Assets are items like checking accounts, savings accounts, vehicles, land, stocks, bonds, retirement accounts, livestock, tools. Proof is a bank statement, vehicle registration, title, etc.

**UTILITIES** - We need your latest bill, receipt or proof that you are paying a heating or cooling cost or that this cost is included in the rent. Do you have a telephone or cell phone? Are you receiving LIEAP assistance?

**SOCIAL SECURITY NUMBERS** - Bring in social security cards for all household members. If a person doesn't have a card, bring in proof one has been applied for. For SNAP you are only required to provide a social security number.

**ALSO BRING IN THIS INFORMATION IF YOU ARE APPLYING FOR:**

**POWER:** Bring in all marriage licenses, divorce decrees, court orders for child support, death certificates, postsecondary education records, etc.

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP):** Bring proof of medical bills if you are 60 years of age or older or are collecting disability benefits. Bring proof of child support being paid to a non household member and proof of legal obligation to pay support.

*The Department of Family Services may be able to assist households in obtaining required verification(s) as long as the household is cooperating.*

| | |
|---|---|
| Your interview is at: _____ on _____ | If you have a question or problem making your appointment, contact us at the phone number or address below: |
| You will be speaking with _____ | If you miss your scheduled interview, you are responsible to reschedule an interview with your worker. |

**NOTES:**