



NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

**FOOD STAMP BENEFITS APPLICATION**

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version
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Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code \_\_\_\_\_

Another phone number where you can be reached \_\_\_\_\_ Do you want to receive notices in:  Spanish and English  English **Only**

**List everyone who lives with you even if they are not applying. List yourself first.**

	First Name	M I	Last Name	Social Security Number (SSN) of applying member	Date of Birth	Sex M or F	Is this person applying?		Relationship to you	Buys and/or prepares food with you?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*						
							Yes	No		Yes	No	Yes	No	I	A	B	P	W		
1							<input checked="" type="checkbox"/>	<input type="checkbox"/>	self	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2																				
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\*Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** - Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** - White

Is everyone living with you a US citizen?  Yes  No If No, who is not a citizen? \_\_\_\_\_

Is anyone living with you fleeing from a law enforcement agency on felony charges, or in violation of probation or parole according to a court?  Yes  No

Has anyone living with you ever been disqualified from receiving Food Stamp benefits because of fraud or intentional program violation?  Yes  No

Is anyone in your household applying for or receiving assistance in another place?  Yes  No

Is anyone living with you blind, disabled or pregnant?  Yes  No If Yes, who \_\_\_\_\_

Is anyone living with you a veteran?  Yes  No If Yes, who \_\_\_\_\_

Does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment?  Yes  No

If you are recertifying for FS, list on the last page what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out).

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box.→

APPLICANT/REPRESENTATIVE SIGNATURE

DATE SIGNED

**INCOME**

List **ALL** the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for scholarships for rent or food, Public Assistance, and income from friends or relatives.**

Name of Person Receiving Income	Source of Income	How Often is it Received? <i>(for example, weekly, bi-weekly, monthly)</i>	Gross Amount Received Before Deductions

Does anyone living with you have child/dependent care costs related to employment or training?  Yes  No *If Yes, who* \_\_\_\_\_ .

Amount paid \$ \_\_\_\_\_ . How often paid (e.g., weekly, monthly) \_\_\_\_\_ .

Has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income?  Yes  No

Does anyone living with you have any potential income that has not yet been received?  Yes  No *If Yes, explain on last page.*

Does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance?  Yes  No *If Yes, who* \_\_\_\_\_ .

Has anyone in your household set aside any income under “PASS: Plan To Achieve Self Support” approved by the Social Security Administration?  Yes  No *If Yes, who* \_\_\_\_\_ .

Is anyone living with you participating in a strike?  Yes  No *If Yes, who* \_\_\_\_\_ .

**RESOURCES**

How much money does everyone applying have? (For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts)

\$ \_\_\_\_\_ Belongs to \_\_\_\_\_ .

Other financial assets? (For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates)  Yes  No

*If Yes, amount \$ \_\_\_\_\_ Type \_\_\_\_\_ Owner \_\_\_\_\_ .*

How many cars, trucks or other vehicles do you have? **#1** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_ Used for: \_\_\_\_\_

**#2** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Owner \_\_\_\_\_ Used for: \_\_\_\_\_

Do you or anyone applying own any property including your own home?  Yes  No *List \_\_\_\_\_ Owner \_\_\_\_\_*

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for Food Stamp benefits?  Yes  No

**LIVING ARRANGEMENTS AND EXPENSES**

Check all the descriptions that apply to your household:

Own home or paying for home  Renting  Migrant/seasonal farm worker  No permanent residence  Live with relatives or friends

List your expenses: Monthly rent or mortgage payment \$ \_\_\_\_\_ Tax on home per year \$ \_\_\_\_\_ Insurance on home per year \$ \_\_\_\_\_ .

Monthly heating/cooling cost \$ \_\_\_\_\_ Specify type of heating:  Gas  Electric  Oil  Wood  Coal  Other (list) \_\_\_\_\_ .

Monthly utilities (other than heating/cooling) \$ \_\_\_\_\_ Other (for example, garbage/trash, water, initial installation of utilities) \$ \_\_\_\_\_ .

Monthly telephone expense \$ \_\_\_\_\_ .

Do you have an air conditioner or have central air conditioning?  Yes  No

Does anyone living with you pay any of these expenses for you (including Section 8 or other subsidy program)?  Yes  No *If yes, who* \_\_\_\_\_ .

Does anyone living with you pay court-ordered child support?  Yes  No *If yes, who* \_\_\_\_\_

Name(s) of child(ren) support is being paid for \_\_\_\_\_

Payment amount \$ \_\_\_\_\_ Frequency of payments (for example, weekly, bi-weekly, monthly) \_\_\_\_\_

Does anyone living with you have medical bills?  Yes  No *If yes, list on the last page what they are for, how much and who is responsible for payment.*

Is anyone living with you (16 years old or older) enrolled in school or training?  Yes  No *If yes, who \_\_\_\_\_ Where \_\_\_\_\_*

**You may use the last page if you need more room or there is other information that you think we might need.**

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**READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM**

**FOOD STAMP BENEFITS (FS) PENALTY WARNING** – Any information you provide in connection with your application for Food Stamp Benefits will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

You will **never** be able to get FS again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of law of trafficking in FS worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for FS.

If you have committed your: ■ First IPV, you will not be able to get FS for one year. ■ Second IPV, you will not be able to get FS for two years.

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an Intentional Program Violation if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** commit any act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of coupons, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

**CONSENT** – I understand that by signing this application form I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for FS benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Quality Control Review.

**SUA INFORMATION** – I understand that Food Stamp recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain FS recipients, I intend to apply for a benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

**CHANGES** – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement or address to the best of my knowledge or belief.

**REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES** – I understand that my household must report child care and utility expenses in order to get a Food Stamp deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a FS deduction for these expenses.

I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for FS or may increase my FS benefits. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of FS benefits in future months in accordance with the rules for change reporting.

**PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN)** – The collection of SSN's is authorized for each household member with respect to Food Stamp Benefits pursuant to the Food Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you do not have an SSN and need to get one, the information you give to the social service district may be used to get one for you.

**CERTIFICATION OR CITIZENSHIP/ALIEN STATUS FOR FOOD STAMPS** – I swear and affirm under penalties of perjury, that all household members except \_\_\_\_\_ are United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that information about my Food Stamp household will be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of information about household members including myself who are applying for or receiving FS is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Food Stamp Program. I also understand that information received from the INS may affect my household's eligibility and level of benefits.

**NON-DISCRIMINATION NOTICE** – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**AUTHORIZED REPRESENTATIVE** – You can authorize someone who knows your household circumstances to apply for FS for you. If you do, have them sign in the signature section at the bottom of this page. You can also authorize someone outside your household to get FS for you and to use them to buy food for you. If you would like to authorize someone, print the person's name, address and phone number below.

**CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.**

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED
X		X	

**IF APPLYING FOR SOMEONE ELSE AS AN AUTHORIZED REPRESENTATIVE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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Use this area for additional information:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

Who: \_\_\_\_\_ Explanation:

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**I CONSENT TO WITHDRAW MY APPLICATION.** I understand that I may reapply at any time.

SIGNATURE

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DATE

**For Agency Use Only**

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Who Obtained Eligibility Information: \_\_\_\_\_ Date \_\_\_\_\_

Employed by:  Social Services District  Provider Agency

(Specify) \_\_\_\_\_

Reason \_\_\_\_/\_\_\_\_/\_\_\_\_  Withdrawal  Denial  Recert. Closing

Eligibility Approved by \_\_\_\_\_ Date \_\_\_\_\_

FS Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

Comments:

