

FOR OFFICE USE ONLY:

CASE NUMBER: _____ DATE RECEIVED: _____
Appointment Date: _____ Time: _____ 303B: Initials: _____
Interviewed _____ Telephonic _____ Hardship _____
By : _____ Interview: _____ Reason: _____



**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES(TANF)
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM(SNAP) APPLICATION**

Name _____ SSN _____ Date of Birth _____

Residence Address _____ Phone _____

City State Zip

Mailing Address _____ 2nd Phone _____

City State Zip

Would you like to receive notices by email? Yes No If yes, email address: _____

What benefits are you applying to receive? TANF SNAP Before we can determine your eligibility, you must be interviewed.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

To begin your application, complete the above section and sign below. We are required to take action within 30 days from the day you give us this form.

SNAP

You may file your application immediately as long as we have your name, address and the signature of a responsible household member or your authorized representative. Benefits are provided from the day we receive this form in our office, if you are determined eligible. We are required to verify information you provide and take action within 30 days from the date your application is received, unless you are entitled to receive benefits within 7 days. **YOU MAY GET SNAP WITHIN 7 DAYS** if your household's gross monthly income is less than \$150 and your household's resources such as cash, checking or savings accounts are \$100 or less; or if your rent/mortgage and utilities are more than your household's combined gross monthly income and liquid resources; or if you are a migrant or seasonal farm worker household; and you verify your identity.

- Has anyone in your household received any income (money, checks, gifts, etc) this month? Yes No
If yes, how much? \$ _____
- Does anyone expect to receive income later this month? Yes No If yes, how much? \$ _____
- How much money does your household have in cash, checking account and savings account? \$ _____
- Give the actual expense amounts: Rent/Mortgage \$ _____ Electricity \$ _____ Gas \$ _____ Water \$ _____ Phone \$ _____
- Is your household's only income from migrant or seasonal farm work? Yes No
- Is anyone in your household currently serving a SNAP disqualification due to fraud? Yes No
- Has any member of your household been convicted of a drug-related felony that was committed since 08/22/96? Yes No

For information regarding the TANF Families First Resource Centers, contact 1 800 948 3050 or visit our website at www.mdhs.state.ms.us.

By signing and dating this application, I am giving consent for the attendance records of the children identified on this application to be disclosed by the Mississippi Department of Education to the Mississippi Department of Human Services for use by the Department of Human Services to determine compliance with school attendance requirements of the Temporary Assistance for Needy Families (TANF) Program.

Only US citizens and qualified aliens are eligible for SNAP benefits. Any non-citizens or non-qualified aliens may be left off your application for assistance. Such persons will not be reported to the Immigration and Customs Enforcement agency. Non-citizens included in your application will have eligibility determined under SNAP rules. The income and resources of all persons in your household will be considered in determining eligibility for persons included in the SNAP application.

I certify that each applicant included in my household is a U.S. citizen or alien in lawful immigration status and that the information provided is true to the best of my knowledge. I give permission for the Department of Human Services to make a full review of my case and any necessary contacts to verify my statements. I know that I could be penalized if I knowingly give false information. I certify that I received the Rights and Responsibilities handout from this agency.

Signature of Applicant

Date

Signature of witness if signed by mark

Signature of Authorized Representative or
Second Parent in TANF

Date

Signature of witness if signed by mark

List who you are applying for beginning with the Head of Household

Name (First, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER *SEE DISCUSSION BELOW	DATE of BIRTH	AGE	SEX	**OPTIONAL		US CITIZEN Y or N
						HISPANIC Y or N	RACE (***)Choose one or more)	
1.	HEAD OF HOUSEHOLD							
2.								
3.								
4.								
5.								
6.								

**Information pertaining to Ethnicity and Race are not required and will not be used in determining your eligibility or benefit level. This information will be used to help determine how effective the program is in reaching the eligible population.
***Race Codes: **AL**-American Indian/Alaska Native; **AS**-Asian; **BL**-Black or African American; **HP**-Hawaiian or Other Pacific Islander; **WH**-White

List anyone in your household who you are not including in this application

Name (First, Last)	Relationship to Head of Household	Age	Name (First, Last)	Relationship to Head of Household	Age

SNAP 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 SNAP. You are responsible for the information that anyone acting as your authorized representative gives, including any information that may be incorrect.

I would like to appoint: Name _____

As part of the eligibility process for SNAP, I understand that certain household members including myself will be eligible to receive SNAP benefits only by following requirements to register for work, seek employment, and/or accept suitable employment. I understand that job seeking services are available through the MS Department of Employment Security, and that I may be required to complete job seeking requirements at a later date. I will accept an offer of suitable employment whether it was received through my own effort or through an employment and training referral. I understand that failure to comply with work registration requirements may result in disqualification of a household member or the entire household from SNAP, and that I will explain these work requirements to my household.

PENALTY WARNING: *A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested per the Food and Nutrition Act of 2008. SSNs will be verified and used for Federal and State data matches, including but not limited to, Social Security, Internal Revenue Service, VA, MS Department of Employment Security, resource/income verifications, program disqualifications, and for collection of fraud debts. State and federal laws provide for fines, imprisonment or both for any person guilty of obtaining assistance to which he/she is not entitled by willfully withholding or giving false information. Information may be verified through collateral contacts when discrepancies are found. Alien status is subject to verification with United States Citizenship and Immigration Services (USCIS) and will require submission of certain information from this application to USCIS.

SNAP PENALTY WARNING: If your household receives SNAP, it must follow the rules listed below. 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.

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 food 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:

- Disqualified for 2 years for the 1st offense and permanently for 2nd offense involving the sale of illegal drugs for SNAP benefits;
- Permanently disqualified for the 1st offense involving the sale of firearms, ammunition, explosives for benefits; or trafficking in SNAP of \$500 or more.
- Individuals (Case Head, spouse, or responsible household member), determined by a court or the State agency to have made a fraudulent statement or representation with respect to identity and/or residence in order to receive multiple benefits simultaneously will be disqualified for 10 years.

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Service (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food & Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.