

OFFICE USE ONLY



Case Number: _____

Date Received: _____

Supplemental Nutrition Assistance Program (SNAP)
SIMPLIFIED APPLICATION FOR THE ELDERLY (ESAP)

This application is used for persons applying for SNAP where:

- Everyone in the household is aged 60 or older, or all household members aged 60 or older purchase and prepare food separately from the other household members, and
- No household member receives earnings from work

You may file this application by completing at least your name, address and signing the form. If you need help in completing this application, call toll-free 1-800-948-4060.

Tell us who you are and where you live. We must be able to reach you by telephone.

Last Name:	First Name:	MI:	Phone Numbers To Reach You: Home: Cell:	
Residence Address (include Apt/Lot No.)	City:	State:	Zip Code:	County:
Mailing Address (include Apt/Lot No.)	City:	State:	Zip Code:	
Would you like to receive notices by email? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, email address: _____				

You may appoint someone outside your household to be your representative. 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 provided by anyone acting as your authorized representative, including any information that may be incorrect.

Name of Representative: _____ Telephone Number: _____

Name of Representative: _____ Telephone Number: _____

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 US 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 give consent for the release of income verification to MDHS. 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

Date

Signature of witness if signed by mark

Tell us who lives with you. List yourself (or the applicant) on the first line.

Name (First, Last)	Relationship to Name on Line 1	Social Security Number *See discussion below	Date of Birth	Age	Sex	**Optional		US Citizen Y or N
						Hispanic	Race ***	
1.	Head of Household							
2.								
3.								
4.								

***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.

**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.

*** (Choose one or more) Race Codes: **AL**-American Indian or Alaskan Native; **AS**-Asian; **AW**-Asian and White; **BL**-Black or African American; **BW**-Black or African American and White; **HP**-Hawaiian or Other Pacific Islander; **IB**-American Indian or Alaskan Native and Black; **IW**-American Indian or Alaskan Native and White; **OT**-Other Racial Combinations; **WH**-White

You must answer all of the following questions:

- Are you or anyone in your household currently serving a SNAP disqualification due to fraud? Yes No:
If yes, name: _____
- Have you or any member of your household been convicted of trading SNAP benefits for drugs after 08/22/96?
 Yes No If yes, name: _____
- Have you or any member of your household been convicted of buying or selling SNAP benefits over \$500 after 08/22/96? Yes No: If yes, name: _____
- Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any state after 08/22/96? Yes No: If yes, name: _____
- Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions or explosives after 08/22/96? Yes No: If yes, name: _____
- 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 of parole or probation? Yes No: If yes, name: _____
- Are you or any member of your household a resident of a commercial boarding house (establishment that offers meals and lodging for compensation with the intent of making a profit)? Yes No: If yes, name: _____
- Are you or any member of your household on strike? Yes No: If yes, name: _____
- Are you or any member of your household receiving SNAP benefits in another state? Yes No If yes, name: _____ Which state? _____
- Have you or any member of your household been convicted of any of the following after 02/07/14 (select all that apply): aggravated sexual abuse, sexual exploitation and other abuse of children, sexual assault, murder? If yes, name: _____

Answer the following questions to see if you can get SNAP benefits within seven days:

1. Did you or any member of your household get any income (money, checks, gifts, etc.) this month?
 Yes No If yes, how much? _____ When? _____
2. Does anyone in your household expect to get any more money this month? Yes No If yes, name:
 _____ How much? _____ When? _____
3. How much money does your household have in cash, checking account and savings account? _____
4. Give the actual expense amounts: Rent/Mortgage \$ _____ Electricity \$ _____ Gas \$ _____
 Water \$ _____ Phone \$ _____

Tell us about the income your household receives:

Types of income may include Social Security benefits, SSI, pensions, Veterans benefits, child support, cash contributions, unemployment, railroad retirement, dividends, interest and any other unearned income. If you are receiving any type of earned income (from working), such as wages, tips, bonuses, or self-employment, you are not eligible to receive SNAP benefits through ESAP and you may apply for benefits through your local county MDHS office.

Type of Income	Who Receives It?	Gross (Before Taxes) Monthly Income

You must provide verification of any income that cannot be verified using computer matches. Income that can be verified using computer matches includes Social Security, SSI and child support payments being received through the Mississippi Department of Human Services.

Tell us about any resources your household owns:

Types of resources may include cash on hand, listed on a checking or savings account, IRA account, valuable coins, savings certificates, stocks or bonds, nonrecurring lump sum payments, recreational vehicles (boats, 4-wheelers, off-road vehicles), personal property, buildings and certain land, and recreational properties.

Type of Resource	Who Owns It?	Value of Resource

Tell us about your shelter expenses:

	Yes	No	If yes, list monthly/yearly amount.
Does your household pay mortgage?			
Does your household pay rent (part you actually pay)?			
Does your household pay property taxes on your home which is paid separately from your mortgage?			
Does your household pay homeowner's insurance which is paid separately from your mortgage?			

Tell us about your utility expenses:

	Yes	No	
Does your household pay for gas, electricity, kerosene, coal or wood for heating or do you have central or window unit air conditioners?			
If your household does not pay for heating or cooling costs, do you pay other utilities?			If yes, list the utility costs you pay and the amount you pay below.
Electricity? _____ Gas? _____ Water? _____ Phone? _____ Sewer? _____			
Garbage? _____ Other? _____			

You must provide verification of your shelter costs and utility expenses in order to receive a deduction. Examples of verification documents include mortgage statements, rent receipts, property tax receipts, homeowner's insurance policies, utility bills, etc. A deduction cannot be allowed for expenses that are being paid by a third party, such as rent being paid by HUD.

Tell us about your medical expenses:

Does your household pay out-of-pocket medical expenses over \$35.00 per month? Yes No If yes, complete the chart below. Examples of allowable medical expenses include: Dentist and doctor visits, including specialists, psychotherapy, rehabilitation services and dialysis; hospitalization or outpatient treatment, nursing care and nursing home care; prescription drugs and other over-the-counter medication (including insulin), medical supplies, sick-room equipment, such as hospital beds and wheelchairs (either rented or purchased), or other prescribed equipment when approved by a licensed health care professional; dentures, hearing aids, and prosthetics; eyeglasses or contact lenses; health and hospitalization insurance policy premiums; Medicare premiums; securing and maintaining service animals, such as seeing eye or hearing guide dogs, including the cost of food and veterinary care; reasonable cost of transportation and lodging to obtain medical treatment or services, including purchasing medicine, dentures, eyeglasses, sickroom equipment, etc. (this would include paying a friend, family member, neighbor or anyone else to take you); paying an attendant, homemaker, home health aide or housekeeper if necessary due to age, infirmity or illness. Food products that can be purchased with SNAP benefits do not qualify as a medical expense even if recommended by a health professional. Medical marijuana does not qualify as a medical expense.

Name	Type of Expense	Amount

You must provide verification of your medical expenses in order to receive a deduction. Examples of verification documents would include printouts from the pharmacy for prescription drugs, itemized bills from your doctor or hospital, statements for health insurance premiums, etc. Please note that deductions can only be allowed for expenses which are not paid by Medicare, Medicaid, or other health insurance.

Does anyone in your household pay legally obligated child support to someone living outside of your home? Yes No If yes, name: _____

Amount of child support paid monthly: _____.

In order to receive a deduction for the child support payments, you must provide verification of both the legal obligation and the amount of child support actually being paid each month unless the payments are being made through the Mississippi Department of Human Services.

Do you need an EBT card? Yes No

You may appoint someone outside of your household to have access to your household's SNAP benefits in the Electronic Benefit Transfer (EBT) Account. This person will be issued an EBT card which allows them total use of your account without your immediate consent. Benefits misused by this individual(s) cannot be replaced.

Name of Representative: _____ Telephone Number: _____

Name of Representative: _____ Telephone Number: _____

If you are not registered to vote where you live now, would you like to register to vote here today? Yes, please mail me an application. No

If you do not check a 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 decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

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: Mississippi Secretary of State, Elections Divisions, P.O. Box 136, Jackson, MS 39205-0136.

Are you deaf, hearing impaired, or in need of interpreter services? Yes No

I understand that I can receive a copy of this completed SNAP application. I choose:
 paper electronic, or I decline a copy.

If you need free legal services, call this toll-free number 1-800-498-1804.

To request a fair hearing, call the ESAP Unit toll-free at 1-800-948-4060.

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:

- 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.

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: _____

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to:

1) mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

2) fax: (833) 256-1665 or (202) 690-7442; or

3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

If returning this application by mail, please use the following address:

**Mississippi Department of Human Services
ESAP Unit
4777 Medgar Evers Blvd.
Jackson, MS 39213**