

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DECLARATION AND CONSENT TO PARTICIPATE IN THE MISSISSIPPI COMBINED APPLICATION PROJECT (MSCAP)

BY SIGNING MY NAME BELOW, I AM ACKNOWLEDGING:

1. I have been informed of the MSCAP Project;
2. I have read, or had explained to me, and understand my rights and responsibilities under the MSCAP Program;
3. I understand that as an SSI recipient, in order to receive Supplemental Nutrition Assistance Program (SNAP) benefits for myself only, I will have to participate in the MSCAP program unless I have shelter/utility expenses of more than \$552 or out of pocket medical expenses of more than \$35 each month;
4. I am not paying court ordered child support to anyone outside of my home.

I AM DECLARING:

5. I either live alone or I purchase and prepare meals separately from other members in my household; **I am 21 years of age or younger** Yes No. If "Yes", I live with my **parent/parents** Yes No.
6. I do not have any earned income;
7. I am not receiving income from the Mississippi Band of Choctaw Indian Distribution Plan.
8. **Please check the amount of actual monthly shelter and utility expenses:**
 - Between \$0 - \$400.00
 - Between \$400.01 - \$552.00
 - \$552.01 or greater (**If checked, you may choose to participate in the regular SNAP program**)
 - I would like to participate in the MSCAP program.

IF YOU DO NOT INDICATE YOUR ACTUAL SHELTER/UTILITY EXPENSES, YOU WILL RECEIVE THE LOWER SHELTER DEDUCTION.

9. **If you are not registered to vote where you live now, would you like to apply to register to vote here today?** Yes 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.

Name (**Please Print**): _____ Telephone: _____
(First) (Middle) (Last)

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date: _____

Witness Signature (if signed by mark): _____ Date: _____