

**FOR OFFICE USE ONLY:**

Case Number: \_\_\_\_\_ Date \_\_\_\_\_  
Received: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  
303B:  Initials: \_\_\_\_\_ 530:  Initials: \_\_\_\_\_



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

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell  Yes  No 2<sup>nd</sup> Phone \_\_\_\_\_ Cell  Yes  No  
Alternate Person Contact Phone \_\_\_\_\_ Cell  Yes  No

Would you like to receive paperless notices?  Yes  No If yes, email address \_\_\_\_\_

**What benefits are you applying to receive?  SNAP  TANF Before we can determine your eligibility, you must be interviewed. You will be interviewed by telephone, unless you request a face-to-face interview. You may file a joint application for both SNAP and TANF or may file a separate application for both programs.**

**SNAP**

You may file your application immediately by submitting the forms to the local county office either in person, through an authorized representative, by fax, online, or by mail as long as we have your name, address and the signature of a responsible household member or your authorized representative. The application filing date is considered the day we receive this form in our office, and benefits are provided from that day, if determined eligible. However, when a resident of an institution jointly applies for SSI and SNAP prior to leaving the institution, the application filing date must be considered the day of your release from the institution. 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. All SNAP applications, regardless of whether they are joint applications or separate applications, will be processed according to SNAP regulations and timeframes and will not be affected if TANF is denied.

**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.

**For information regarding services provided by Families First for Mississippi, contact them at their Jackson, MS location (601- 366-6405) or their Tupelo, MS location (662-844-0013). You can also visit their website at [www.familiesfirstforms.org](http://www.familiesfirstforms.org) or our website at [www.mdhs.ms.gov](http://www.mdhs.ms.gov).**

**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 give consent for the release of income verification to MDHS for all household members that are 18 or above. I know that if I give false or incorrect information, I could be penalized, my case may be denied, and I may be subject to criminal prosecution. 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 \_\_\_\_\_ Date \_\_\_\_\_ Signature of witness if signed by mark \_\_\_\_\_  
Second Parent in TANF

SNAP Outreach Agency Code \_\_\_\_\_

**FOR OFFICE USE ONLY:**

CASE NUMBER: \_\_\_\_\_

DATE

RECEIVED: \_\_\_\_\_

### Income

- Do you or anyone you are applying for receive any type of earned income such as: wages, tips, bonuses, self-employment, or any other earned income?  Yes  No *If yes, how much? \$\_\_\_\_\_*
- Do you or anyone you are applying for receive any type of unearned income such as: social security/railroad retirement, other disability, VA income, pensions, unemployment, child support, alimony, money from other people (cash gifts), worker's compensation?  Yes  No *If yes, how much? \$\_\_\_\_\_*
- Does anyone expect to receive income later this month?  Yes  No *If yes, how much? \$\_\_\_\_\_*
- Is your household's only income from migrant or seasonal farm work?  Yes  No

### Resources

- Do you or anyone you are applying for have any type of resources such as: cash on hand, listed on a checking or savings account, IRA account, valuable coins, savings certificates, stocks or bonds, nonrecurring lump sum payments, own recreational vehicles (boat, 4-wheeler, off road vehicles), personal property, buildings and certain land, recreational properties?  
 Yes  No *If yes, how much? \$\_\_\_\_\_*

### Expenses

- Give the actual expense amounts you pay: Rent/Mortgage \$\_\_\_\_\_ Electricity \$\_\_\_\_\_ Gas \$\_\_\_\_\_ Water \$\_\_\_\_\_ Phone \$\_\_\_\_\_
- Do you or anyone you are applying for pay for care of a dependent child or a disabled household member?  Yes  No
- Does anyone 60 years of age or older or disabled have medical expenses that exceed \$35 such as: doctor visits, hospital visits, prescriptions, Medicare premiums, health insurance premiums, glasses, dentures, hearing aids, part D prescription premiums, transportation expenses to and from doctor or hospital; pharmacy pick-ups?  Yes  No

### Additional Questions

1. Are you deaf, hearing impaired, or in need of interpreter services?  Yes  No
2. Is anyone in your household currently serving a SNAP disqualification due to fraud?  Yes  No
3. 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 or parole or probation?  Yes  No
4. Are you or any member of your household a resident of a commercial boarding home (establishment that offers meals and lodging compensation with the intent of making a profit)?  Yes  No
5. Are you or any member of your household on strike?  Yes  No
6. Have you or any member of your household been convicted of any of the following after 08/22/96 (select all that apply):
  - trading SNAP benefits for drugs  receiving duplicate SNAP benefits in any State
  - buying or selling SNAP benefits over \$500  trading SNAP benefits for guns, ammunitions, or explosives
7. 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

<b>FOR OFFICE USE ONLY:</b>
DATE RECEIVED: _____
CASE NUMBER: _____

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

Name (First, Last)	RELATIONSHIP	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.								
2.								
3.								
4.								
5.								
6.								

\*\*Information pertaining to Ethnicity and Race is 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; **OT**-Other

**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: 1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SNAP Benefit Representative**

You may appoint someone outside your household 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.

I would like to appoint: 1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
CASE NUMBER: _____	DATE RECEIVED: _____

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, unless a work exemption is met by that household member. 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.

I understand that the information included on this application 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. I understand that if a SNAP/TANF claim arises against my household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collections agencies, for claims collection.

Information available through the Income and Eligibility Verification System (IVES) will be used to verify statements you provide on this application regarding household income. Information available through IEVS will be requested, used and may be verified through collateral contacts when discrepancies are found by MDHS. **Additionally, information you provide regarding household income, expenses, or financial resources are subject to verification through third party electronic databases.** Such information may affect your household's eligibility and level of benefits.

Information you provide on this application regarding the alien status of household members may be subject to verification by the United States Citizenship and Immigration Services (USCIS) through use of the Systematic Alien Verification and Entitlements (SAVE) System. Submitted information from USCIS may affect your household's eligibility and level of benefits.

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

**\*PENALTY WARNING\***

**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 of persons requesting benefits 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, and 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: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

CASE NUMBER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

### **USDA Nondiscrimination Statement**

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: [How to File a Complaint](#), 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](mailto: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: [SNAP Hotline](#).

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.

**FOR OFFICE USE ONLY:**

CASE NUMBER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

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

Name (First, Last)	RELATIONSHIP	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)	
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

\*\*Information pertaining to Ethnicity and Race is 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; **OT**-Other

**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