MISSISSIPPI
MDHS-EA-900
Revised 08-01-2020
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FOR OFFICE USE ONLY:

Case Number: _____ Date Received: _____

Appointment Date: _____ Time: _____

303B: ❑ Initials: _____ 530: ❑ Initials: _____

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FIELD OPERATIONS

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 2nd 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.

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 Second Parent in TANF | Date | Signature of witness if signed by mark

SNAP Outreach Agency Code _____

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Income

- Have you or anyone you are applying for received any type of earned income this month such as: wages, tips, bonuses, self-employment, or any other earned income? ❑ Yes ❑ No *If yes, how much? $*_____
- Have you or anyone you are applying for received any type of unearned income this month 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? $*_____
- Do you or anyone you are applying for 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, checking, savings account, or savings certificates? ❑ Yes ❑ No *If yes, how much? $*_____

Please note, at the interview, you will need to disclose any IRA account, valuable coins, stocks or bonds, nonrecurring lump sum payments, recreational vehicles (boat, 4-wheeler, off road vehicles), personal property, buildings and certain land, recreational properties belonging to you or anyone you are applying for.

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
8. 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 either 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.

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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_____

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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 (IEVS) 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: _____

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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.

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.

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						HISPANIC Y or N	RACE (***Choose one or more)	
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

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