

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SNAP APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	Lifeline	<input type="checkbox"/> Apply <input type="checkbox"/> Recertify	Lang
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Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.# _____ City 1, NY Zip Code _____

Mailing Address (if different) _____ Apt.# _____ City 1, NY Zip Code _____

Other Name: _____ Are You: ☐ Applying or ☐ Recertifying Do you want to receive notices in: ☐ Spanish and English or ☐ English Only

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →

APPLICANT/REPRESENTATIVE SIGNATURE

*Carla [Signature]*2

DATE SIGNED

List everyone who lives with you even if they are not applying. List yourself first.

L N	First Name	M I	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying?		Relationship to you	Do you buy and/ or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*								
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U			
1								<input checked="" type="checkbox"/>		self	<input checked="" type="checkbox"/>												
2																							
3																							
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*Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White, **U** – Unknown (**MA Only**)

Are you and is everyone living with you a US citizen? ☐ Yes ☐ No If No, who is not a citizen? _____

Has a court issued a warrant because it found that you or anyone living with you is fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony? ☐ Yes ☐ No

Are you or is anyone living with you in violation of probation or parole according to a court? ☐ Yes ☐ No

Have you or has anyone living with you ever been disqualified from receiving SNAP because of fraud or intentional program violation? ☐ Yes ☐ No

Are you or is anyone in your household applying for or receiving SNAP or Temporary Assistance in another place? ☐ Yes ☐ No

Are you or is anyone living with you blind, disabled or pregnant? ☐ Yes ☐ No If Yes, who _____

Are you or is anyone living with you a veteran? ☐ Yes ☐ No If Yes, who _____

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? ☐ Yes ☐ No

If you are recertifying for SNAP, list on the Page 6 what has changed since your last application or recertification (such as moved, had a baby, someone moved in or out of your household).

You may use the page 6 if you need more room or there is other information that you think we might need.

Go to Page 2

4