

# Benefits Application

Welcome! Get extra money  
for food and health  
programs every month.

**Apply for government  
programs in 15 minutes.**

**Am I Eligible?**

1

**Answer some basic  
questions about you**

2

**See if you and your family  
qualify for food and health-  
care benefits: SNAP (money  
to buy food) and Medicaid  
(money for healthcare)**

3

**Apply and sign up for the  
programs you want**

## Before you get started

*These programs have helped  
people earn an average of **\$500**  
per year in assistance.*

We will ask you some basic questions  
about you, your household, and  
finances. This will tell you which  
benefits you can get and help you  
enroll.

Providing more information now will  
make the process shorter. You'll want  
to have the following information  
ready:

- ✓ Names, birthdays, and social  
security numbers of everyone in  
your household
- ✓ Income and expenses related to  
your household

This will take 10-15 minutes.

**Get Started**

*Up next: Your information*



Step 1 of 7: Your Information

**Let's start with some  
basic info about you.**

**What is your first name?**

**What is your last name?**

**Continue**

<

Step 1 of 7: Your Information

## Hello, Red Ranger!

When is your birthday?

Month

Day

Year

MM

DD

YYYY

What is your sex?

☐ Female

☐ Male

Continue

<

Step 1 of 7: Your Information

## What is an address where we can reach you?

Street address 1

Street address 2 Optional

City

State

District of Columbia

▼

Zip code

Continue

Up next: Contact information

<

Step 2 of 7: Contact Information

## How would you like us to keep in touch with you?

Select all the ways you'd like to receive updates:

☐ Text me

☐ Call me

☐ Email me

☐ Send me mail

Continue

Up next: Your identity



Step 3 of 7: Your Identity

## A few more specific questions about you.

### What is your Social Security Number?

You can leave this blank if you don't know it



Your information is safe and secure

### Do you currently get SSI?

SSI is a benefit you can if you are 65 or older, blind, or disabled.

☐ Yes

☐ No

Continue



Step 3 of 7: Your Identity

## Next, we will need to prove your identity

### We can verify your identity with your financial records.

You are not sharing account balances or transaction details, and we will never charge any fees.

☐ Last 8 digits of credit card

☐ Auto loan account number

☐ Mortgage loan account number

☐ Home equity line of credit loan account number

Continue



Step 3 of 7: Your Identity

## Finally, we will send you a confirmation code

### This is the final step in your identity verification.

We will send you a text message with a six-digit code.

202-555-1023

### This phone meets the following requirements:

- ✓ This phone is in your name or a family member's name
- ✓ This phone is not a virtual phone, such as Google Voice or Skype
- ✓ This phone must not be a pay-as-you-go phone

Send Text Message



Step 3 of 7: Your Identity

## Finally, we will send you a confirmation code

Enter code sent to 202-555-1023

Didn't get the code?

[Call me with the code instead](#)

[Send the code again](#)

Entered the wrong phone number?  
[try again.](#)

**Submit Code**

*Up next: Household Finances*



Step 4 of 7: Household Finances

## Thanks, Red Ranger. Now tell us a bit about your household.

How many people live in your household, including yourself, family, and roommates?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

**Continue**



Step 4 of 7: Household Finances

## Tell us about your household income.

How much money did your household earn from working last month before taxes?

\$

**If you have income from other sources, let us know. Optional**

For example: child support, workers' compensation, Veteran's benefits, cash assistance, unemployment insurance, Supplemental Security Income, grants or scholarships, money from rent, or income from friends, relatives.

\$

**Continue**

<

Step 4 of 7: Household Finances

## How about your household expenses?

What is the monthly rent or mortgage for your household?

\$

How much do you spend on utilities each month?

\$

Continue

Up next: Household Members

<

Step 5 of 7: Household Members

## Who do you live with?

You told us that there are 3 members in your household including yourself. Please tells us about the other two people.

Person 1

First name

Last name

Relationship to you?

Select relationship

Person 2

First name

Last name

Relationship to you?

Select relationship

Continue

<

Step 5 of 7: Household Members

## Tell us more about Blue Ranger

When is Blue Ranger's birthday?

Month

Day

Year

MM

DD

YYYY

What is Blue Ranger's sex?

☐ Female

☐ Male

What is Blue Ranger's Social Security Number?

You can leave this blank if you don't know it

Your information is safe and secure

Continue



## Is everyone in your household a citizen or legal permanent resident\* of the United States?

Legal non-citizens may still qualify for some benefits programs. Getting benefits will not affect you or your family's immigration status. This info is private and confidential.

☐ Yes

☐ No

To enroll, you'll need to submit an application and provide your immigration documentation later.

\*A legal permanent resident or "green card" recipient is defined by immigration law as a person who has been granted lawful permanent residence in the United States.

**Continue**



## Who is not a legal permanent resident?

Select person



What kind of citizenship status(es) this person have? Check all that apply.

☐ One of the following immigration groups: Refugee, Cuban or Haitian entrant, Asylee, Amerasian immigrant, Parolee, Deportation or Removal Withheld, Hmong/Highland Laotian or Iraqi/Afghan special immigrant

☐ Non-immigrant status (e.g. worker visa, student visa) or other lawful temporary status

☐ Other

**Continue**



## Check all that apply to you or anyone else in your household:

This information may help and your household qualify for additional benefits.

- ☐ Someone is pregnant
- ☐ Someone had a baby within the last 6 months
- ☐ Someone is enrolled in college or post-secondary classes
- ☐ Someone is paying for child support
- ☐ Someone is paying for child care
- ☐ Someone has a disability
- ☐ Someone has served in the military
- ☐ Someone has health insurance or medicaid

If none of these apply, press continue.

**Continue**

Up next: We'll ask some follow-up questions based on what you checked.

Step 5 of 7: Household Members

Who has health insurance or medicaid?

Select person

What kind of insurance does this person have?

☐ Medicare

☐ Medicaid

☐ Other Public Health Insurance

☐ VA Healthcare or TRICARE

☐ Employer-based Health Insurance

☐ Private Health Insurance (off-Marketplace)

☐ I don't know

Continue

Step 5 of 7: Household Members

Who has health insurance or medicaid?

Red Ranger (You)

What kind of insurance does this person have?

☐ Medicare

☐ Medicaid

☐ Other Public Health Insurance

☒ VA Healthcare or TRICARE

☐ Employer-based Health Insurance

☐ Private Health Insurance (off-Marketplace)

☐ I don't know

+

Add another

Continue

Step 6 of 7: Review

Almost done! Please review your information.

Your Information

First Name: Red

Last Name: Ranger

Date of Birth: May 15, 1981

Sex: Male

Street 1: 1234 Main St.

Street 2:

City: Washington

State: District of Columbia

Zip: 20017

Phone Number: 202-555-1023

Permanent Resident: Yes

Enrolled in College or Post-secondary Classes: No

Paying Child Support: No

Paying Child Care: No

Has Disability: No

Served in Military: No

Health Insurance: VA Healthcare or TRICARE

Household Finances

Income last month: \$1500

Other money last month: \$0

Rent or mortgage: \$750

Utilities: \$200

Blue Ranger

First Name: Blue

Last Name: Ranger

Date of Birth: January 04, 1983

Sex: Female

Social Security Number: ---1234

Permanent Resident: No

Immigration Status: Non-immigrant status (e.g. worker visa, student visa) or other lawful temporary status

Pregnant: No

Had a baby recently: No

Enrolled in College or Post-secondary Classes: No

Paying Child Support: No

Paying Child Care: No

Has Disability: No

Served in Military: No

Health Insurance: VA Healthcare or TRICARE

Green Ranger

First Name: Green

Last Name: Ranger

Date of Birth: July 23, 1998

Sex: Female

Social Security Number: ---1234

Permanent Resident: Yes

Pregnant: No

Had a baby recently: No

Enrolled in College or Post-secondary Classes: No

Paying Child Support: No

Paying Child Care: No

Has Disability: No

Served in Military: No

Health Insurance: No

See what I'm eligible for

Up next: See what you are eligible for

Step 6 of 7: Review

Almost done! Please review your information.

Your Information

Edit

First Name: Red  
Last Name: Ranger  
Date of Birth: May 15, 1981  
Sex: Male  
Street 3: 1234 Main St.  
Street 2:  
City: Washington  
State: District of Columbia  
Zip: 20017  
Phone Number: 202-202-1232  
Permanent Resident: No  
Enrolled in College or Post-secondary Classes: No  
Paying Child Support: No  
Paying Child Care: No  
Has Disability: No  
Served in Military: No  
Health Insurance: VA Healthcare or TRICARE

Household Finances

Income last month:  
\$ 1500  
Other money last month:  
\$ 0  
Rent or mortgage:  
\$ 750  
Utilities:  
\$ 200  
Update

Blue Ranger

Edit

First Name: Blue  
Last Name: Ranger  
Date of Birth: January 04, 1983  
Sex: Female  
Social Security Number: -----1234  
Permanent Resident: No  
Immigration Status: Non-immigrant status (e.g. worker visa, student visa) or other (useful) temporary status  
Pregnant: No  
Had a baby recently: No  
Enrolled in College or Post-secondary Classes: No  
Paying Child Support: No  
Paying Child Care: No  
Has Disability: No  
Served in Military: No  
Health Insurance: VA Healthcare or TRICARE

Green Ranger

Edit

First Name: Green  
Last Name: Ranger  
Date of Birth: July 28, 1998  
Sex: Female  
Social Security Number: -----1234  
Permanent Resident: No  
Pregnant: No  
Had a baby recently: No  
Enrolled in College or Post-secondary Classes: No  
Paying Child Support: No  
Paying Child Care: No  
Has Disability: No  
Served in Military: No  
Health Insurance: No

See what I'm eligible for

Up next: See what you are eligible for

Step 7 of 7: Finish

You are eligible for SNAP and Medicaid!

Since we already have all your info, you can apply right now.

Food Assistance

SNAP

Money for food at supermarkets, convenience stores, farmers markets, and other food retailers.

Medical Assistance

Medicaid

Health insurance program for low-income and needy people. It covers children, the aged, blind, and/or disabled and other people who are eligible to receive federally assisted income maintenance payments

Apply Now

Up next: Complete your application

Step 7 of 7: Finish

Last step! Review the terms and sign at the bottom.

Terms and Privacy Statement

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Integer suscipit, ex vitae cursus dignissim, sem dolor porttitor ipsum, id auctor lectus magna eu orci. Nullam nec pharetra nibh. Ut condimentum lacus ex, quis placerat felis aliquet id. Aliquam pulvinar ipsum orci, eu congue tortor vestibulum in. Pellentesque ac dolor at est fribus efficitur vitae id lectus. Nullam vitae nisi euismod, elementum ligula quis, posuere nulla. Nam magna nulla, efficitur eu tortor id, consectetur porta eros. Nunc trincidunt feugiat porta. Cras eget erat tristique, dictum dolor id, mattis mauris. Nam id nisi id nunc sodales scelerisque. Ut sit amet condimentum dolor. Etiam pretium nunc nec ipsum porttitor interdum.

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Enter your full legal name to sign this application.

By writing your name, you agree that you want to apply for SNAP/Medicaid and that you have been honest on this application, and have read the legal terms on the previous page.

Submit your application

Your information is safe and secure

Step 7 of 7: Finish

Congrats Red Ranger! You are now enrolled in Medicaid and your SNAP application has been received.

What happens next:

SNAP

Before you can get your SNAP benefits, you'll have to be interviewed over the phone or at a local SNAP office.

You will receive a letter/email/text with instructions for setting up your interview.

MEDICAID

In the next 7 to 10 days, you will get a Medicaid card in the mail and your healthcare will begin. If you have any problems, call 555-123-1234.

If you have any problems, call 555-123-1234 or visit your local welfare office.  
Office of Welfare  
1234 Main Street Drive  
America, USA

Office Hours:

Mon: 9am - 5pm  
Tues: 9am - 5pm  
Wed: 9am - 5pm  
Thurs: 9am - 5pm  
Fri: 9am - 5pm  
Sat: 9am - 5pm  
Sun: closed

Save your application

Email a copy

Download

Print a copy