



W-1E

(Rev 12/13)

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## Department of Social Services General Application

### Authorized Representative

You may appoint people to help you with your application and also for other purposes relating to your eligibility for DSS programs. Check those that apply to you.

☐ **General authorized representative /responsible person** to help me apply for all DSS programs (SNAP, medical, cash) and to assist me with all aspects of the application and eligibility process, which includes reporting changes and getting notices on my behalf. This person knows my circumstances well enough to answer questions and will act in my best interest.

This person is my: ☐ Power of Attorney ☐ Conservator ☐ Legal Guardian ☐ Other \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### SNAP ONLY

☐ **Shopper** (A person to shop for you)

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

☐ **Medical authorized representative** just to help me fill out my application for medical assistance to pay for my hospital bill and ask for a hearing if medical assistance is denied.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Tell us about the people in your household

**Please answer below for the members of your household STARTING WITH YOURSELF:**

Check the help you want to apply for: ☐ None ☐ Food ☐ Cash

☒ Medical for 65 and older or receiving Medicare or determined disabled by DSS and working

Your Full Name (first, middle initial, last)

JOE P. GENERIC

Sex ☒ Male ☐ Female

Social Security Number

078-05-1120

Last grade completed in school

TWELFTH GRADE

**Marital status:** ☐ Never married ☐ Married ☒ Divorced ☐ Separated ☐ Widowed

**Ethnicity: If Hispanic/Latino ethnicity** ☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican  
☐ Cuban ☐ Other Hispanic/Latino/a or Spanish

**Racial heritage:** ☒ White ☐ Black or African American ☐ American Indian/Alaska Native  
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian  
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

Place of birth (City/state or country)

CHICAGO, U.S.A.

Are you a U.S. citizen? ☒ Yes ☐ No

**If he or she is not a U.S. citizen and is applying for help, complete the following:**

What date did you enter the United States?

What date did you move to Connecticut?

List your I-94 number if you have one.