



Attached is a verification document

The attached verification document was submitted by an applicant on MNbenefits.org. If any of the inputs below are empty, that is because the applicant did not provide that information.

Applicant Information

Name

Date of Birth

SSN

Phone #

Email

Case #

Combined Application Form

Apply online at www.applymn.dhs.mn.gov

This application can be used to apply for any of the following programs:

Supplemental Nutrition Assistance Program (SNAP)

SNAP helps low income Minnesotans get the food they need for good nutrition and well-balanced meals. If you are age 60 and older and are applying for SNAP only, please use the "Supplemental Nutrition Assistance Program (SNAP) Application for Seniors" (DHS-5223F).

Cash assistance programs

Cash assistance programs are provided to help families and individuals meet their basic needs until they can support themselves. Cash assistance programs include:

- Diversionary Work Program (DWP)
- Emergency Assistance (EA)*
- General Assistance (GA)
- Group Residential Housing (GRH)
- Minnesota Family Investment Program (MFIP)
- Minnesota Supplemental Aid (MSA)
- Refugee Cash Assistance (RCA).

If you need help paying for child care, ask your worker how to apply for the Child Care Assistance Program.

Need to apply for Health Care coverage?

Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to www.mnsure.org or call 855-366-7873.

How to fill out this application

Read all of the information in this application. Tell someone if you need help filling out this application. Complete and turn in pages 1–9 as soon as possible to your agency. We can set your application date if we have your name, address and signature (page 1), but we must have the complete application to decide if you can get help.

For your application to be complete, you must answer all questions and have certain information verified. SNAP and cash programs require an interview with a worker. For SNAP, this can be a phone interview.

If you miss your interview appointment, you must reschedule. If you do not reschedule, we may stop or not approve your benefits.

You may need to provide proof of the information you report on this application. Your worker may ask for additional proofs. You may not get help until we get proof of this information. Bring the required information with you to the interview or send the information to your worker as soon as you can.

Recertifications

Report all changes in the past 12 months on this application. You may need to provide proof of the reported information.

| Required Information | Cash Programs | SNAP |
|---|---------------|------|
| Identity of applicant or authorized representative (driver's license, state ID, passport, etc.) | ✓ | ✓ |
| Social Security numbers of all people applying for help | ✓ | ✓ |
| Residency in Minnesota (state ID, lease agreement, etc.) | ✓ | ✓ |
| Income** (paystubs, pension, etc.) or any other money coming into your household (unemployment, sponsor income, etc.). The agency will verify Social Security income. | ✓ | ✓ |
| Housing costs*** (rent/house payment receipt, mortgage, lease, etc.) | ✓ | ✓ |
| Medical costs*** (prescription and medical bills, etc.) | | ✓ |
| Relationship to other household members (birth certificates, marriage licenses, court documents, etc.) | ✓ | |
| Checking and savings accounts (bank statement, etc.) | ✓ | |
| Value of vehicles (cars, trucks, motorcycles, trailers, campers) | ✓ | |
| Current value of stocks/bonds, certificates of deposit, trusts (statement, etc.) | ✓ | |
| Utility costs (utility statement, phone bill, etc.) | ✓ | |
| Proof of illness or disability (doctor's statement, etc.) | ✓ | |

* Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

** Proof of income from the last 30 days or federal income tax records if you are self-employed.

*** Your SNAP benefits may increase if you also provide proof of these expenses: child support paid for children not living with you; housing costs; medical expenses (including prescriptions) for people with disabilities or who are age 60 or older. Your DWP benefits may increase if you provide proof of your housing and utility costs.

Important Information

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

Denial or changes

The state may deny or change your cash or SNAP assistance because of information you give on the application. The state may make changes without giving you 10 days advance notice for cash assistance and SNAP. The state will send you written notice no later than the effective date of the change for cash assistance and no later than the date you receive or would receive your SNAP benefits.

For SNAP only

Household members may choose not to apply. The amount of SNAP benefits will depend on the number of people who apply. The Social Security number and citizenship or immigration questions do not need to be completed for those who do not apply. Household members who do apply must provide this information. Household members who are not applying must give information on their income and, in some cases, assets because this information is needed to see if the persons who are applying can get help.

Interim Assistance Programs

GA and GRH are "interim assistance programs." That means they will help you while you apply for other benefits. To get GA or GRH you have to apply for other benefits you may be eligible for, like Social Security or Worker's Compensation. If you get other benefits for the same period of time that you got GA or GRH, you will have to pay GA and GRH back.

Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations
- To coordinate with other programs or state agencies to provide more effective and meaningful services to you.

If you are not a U.S. citizen and are applying for Refugee Cash Assistance you do not have to provide an SSN.

Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is not a U.S. citizen and who is applying for help. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

For non-citizen members of your household who apply and are eligible for help, your worker may do a computer match with the U.S. Citizenship and Immigration Services (USCIS) to confirm the immigration status documents you give us are valid.

We will not share information about you with the USCIS without your permission. If you get cash it may affect changes to your immigration status. If you would like more information or would like to know what the agency might tell or ask the USCIS, talk to your worker.

Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself.

Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 800-799-7233; 800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 866-223-1111.

Vulnerable adults

To report suspected maltreatment of a vulnerable adult call the Minnesota Adult Abuse Reporting Center at 844-880-1574.

* The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information 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. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

Combined Application Form

Apply online at: www.applymn.dhs.mn.gov

Do not use this application to apply for health care coverage. The application date or the day your SNAP (food) or cash benefits can start is the date the agency gets your application. We can set your application date if we have your name, address and signature on page 1. For your application to be complete, answer all questions on the application. **Tell someone if you need help filling out this application. Be sure to sign and date the application on pages 1 and 9.**

CASE NUMBER

| | | | | | |
|--|--|--|--|--|--|
| PERSON 1 | | | | | |
| APPLICANT'S LEGAL NAME – LAST | | FIRST NAME | | MIDDLE NAME | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH | | GENDER <input type="radio"/> Male <input type="radio"/> Female | |
| | | | | MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W | |
| ADDRESS WHERE YOU LIVE (if you do not have an address, write "homeless") | | APT. NUMBER | | CITY | |
| | | | | STATE | |
| MAILING ADDRESS (if different from address where you live) | | APT. NUMBER | | CITY | |
| | | | | STATE | |
| HOME PHONE NUMBER | | OTHER PHONE NUMBER | | DO YOU LIVE ON A RESERVATION? <input type="radio"/> No <input type="radio"/> Yes – which one? _____ | |
| DO YOU NEED AN INTERPRETER? <input type="radio"/> Yes <input type="radio"/> No | | WHAT IS YOUR PREFERRED SPOKEN LANGUAGE? | | WHAT IS YOUR PREFERRED WRITTEN LANGUAGE? | |
| LAST SCHOOL GRADE COMPLETED | | MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____ | | U.S. CITIZEN OR U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No | |
| WHAT PROGRAM(S) ARE YOU APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None | | ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No | | RACE* (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W | |

* See **MARITAL** and **RACE** codes on the top of page 2.

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Do you need help right away? Questions 1-4 below will help us decide if you can get help with food right away.

- How much income (cash or checks) did or will your household get **this month**? \$ _____
- How much does your household (including children) have in **cash, checking or savings**? \$ _____
- How much does your household pay for **rent/mortgage per month**? \$ _____
What **utilities** do you pay? ☐ Heat ☐ Air conditioning ☐ Electricity ☐ Phone ☐ None
- Is anyone in your household a **migrant or seasonal farm worker**? ☐ Yes ☐ No
- Has anyone in your household ever received cash assistance, commodities or SNAP benefits before? ☐ Yes ☐ No
If yes, When? _____ Where? _____ What? _____
- Is anyone in your household pregnant? ☐ Yes ☐ No If yes, Who? _____

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON

| | |
|---|--|
| Eligible for expedited SNAP? <input type="radio"/> Yes <input type="radio"/> No | Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No |
| Same-day interview offered? <input type="radio"/> Yes <input type="radio"/> No | Has sponsor? <input type="radio"/> Yes <input type="radio"/> No |
| Next-day interview offered? <input type="radio"/> Yes <input type="radio"/> No | Immigration status _____ |
| _____ children _____ adults | Declined? <input type="radio"/> Yes <input type="radio"/> No |
| | Declined? <input type="radio"/> Yes <input type="radio"/> No |
| | Verification: <input type="radio"/> requested <input type="radio"/> attached |

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

| | | | |
|---|------|------------------|---------------|
| SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE | DATE | AGENCY SIGNATURE | DATE RECEIVED |
| | | | |

List all of the people living in your home even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. You have to give a Social Security number **only** for people who are applying for help. If anyone in the household uses another name (maiden name, nickname, etc.) list the other name(s) in the OTHER NAMES boxes below. **List in this order:** Your spouse, other adult(s), children, all other people, anyone temporarily away from home. The ETHNICITY and RACE questions are optional and will not affect your eligibility or level of benefits. The reason we ask for this information is to assure that program benefits are distributed without regard to race, color, or national origin.

***Marital status:** (choose one)

N = Never married **M** = Married living with spouse **S** = Separated (married, living apart) **L** = Legally separated **D** = Divorced **W** = Widowed

***Race:** (list all that apply)

A = Asian **B** = Black or African American **N** = American Indian or Alaska Native **P** = Pacific Islander or Native Hawaiian **W** = White

Living situation: (optional, choose one)

- ☐ Own housing; lease, mortgage or roommate ☐ Family/friends due to economic hardship ☐ Emergency shelter
☐ Service provider - foster care, group home ☐ Hospital, treatment facility, detox center or nursing home ☐ Unknown
☐ Jail, prison or juvenile detention facility ☐ Hotel or motel ☐ Declined
☐ Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport)

| PERSON 2 | | | | | |
|---|--|---|--|--|---|
| LEGAL NAME - LAST | | FIRST NAME | | MIDDLE NAME | OTHER NAMES |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER <input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU | MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W | |
| LAST SCHOOL GRADE COMPLETED | MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____ | | | | U.S. CITIZEN or U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None | | | ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No | | RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |
| ** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria. | | | AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON | | |
| | | | Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No Has sponsor? <input type="radio"/> Yes <input type="radio"/> No | IMMIGRATION STATUS | VERIFICATION <input type="radio"/> requested <input type="radio"/> attached |

| PERSON 3 | | | | | |
|---|--|---|--|--|---|
| LEGAL NAME - LAST | | FIRST NAME | | MIDDLE NAME | OTHER NAMES |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | GENDER <input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU | MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W | |
| LAST SCHOOL GRADE COMPLETED | MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____ | | | | U.S. CITIZEN or U.S. NATIONAL? <input type="radio"/> Yes <input type="radio"/> No |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance** <input type="checkbox"/> None | | | ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No | | RACE (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |
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| | | | Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No Has sponsor? <input type="radio"/> Yes <input type="radio"/> No | IMMIGRATION STATUS | VERIFICATION <input type="radio"/> requested <input type="radio"/> attached |