

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		OTHER NAMES YOU USE (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	Prefer not to say	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	ZIP CODE	
MAILING ADDRESS (if different from address where you live)		APT. NUMBER	CITY		STATE	ZIP CODE	
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		CCAP	GRH	Tribal TANF	ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE* (optional) Unable to Determine <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.

Client reported:

** 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
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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"/> Prefer not to say <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? CCAP <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"/> Prefer not to say <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	
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WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP <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

PERSON 4							
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME		OTHER NAMES	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	Prefer not to say	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? CCAP <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		IMMIGRATION STATUS	
Has sponsor? <input type="radio"/> Yes <input type="radio"/> No							

PERSON 5							
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME		OTHER NAMES	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	Prefer not to say	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? CCAP <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		IMMIGRATION STATUS	
Has sponsor? <input type="radio"/> Yes <input type="radio"/> No							

If more than 5 people, complete DHS-5223S or use back page of application.

Tell us about your household. (Answer all questions below.)

<input type="radio"/> Yes <input type="radio"/> No	1. Does everyone in your household buy, fix or eat food with you?	AGENCY USE: EATS	
		<input type="checkbox"/> Confirmed response	VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
<input type="radio"/> Yes <input type="radio"/> No	2. Is anyone in the household, who is age 60 or over or disabled, unable to buy or fix food due to a disability?	AGENCY USE: EATS	
		<input type="checkbox"/> Confirmed response	VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
<input type="radio"/> Yes <input type="radio"/> No	3. Is anyone in the household attending school?	AGENCY USE: SCHL	
		<input type="checkbox"/> Confirmed response	VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
<input type="radio"/> Yes <input type="radio"/> No	4. Is anyone in your household temporarily not living in your home? (for example: vacation, foster care, treatment, hospital, job search)	AGENCY USE: REMO	
		<input type="checkbox"/> Confirmed response	VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

☐ Yes ☐ No 5. Is anyone blind, or does anyone have a physical or mental health condition that limits the ability to work or perform daily activities?

AGENCY USE: DISA, EMPS, PBEN, UNEA, WREG

☐ Confirmed response VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No 6. Is anyone unable to work for reasons other than illness or disability?

AGENCY USE: EMPS, WREG

☐ Confirmed response VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No 7. In the last 60 days did anyone in the household:
• Stop working or quit a job? • Refuse a job offer? • Ask to work fewer hours? • Go on strike?

AGENCY USE: STWK, STRK

☐ Confirmed response ELIGIBLE FOR GOOD CAUSE: ☐ Yes ☐ No VERIFICATION: ☐ requested ☐ attached

For all household job information, see the Cover Page on the front of the CAF.

What kinds of income do you have? (Answer all questions below.)

☐ Yes ☐ No 8. Has anyone in the household had a job or been self-employed in the past 12 months?
☐ Yes ☐ No a. For SNAP only: Has anyone in the household had a job or been self-employed in the past 36 months?

AGENCY USE: JOBS

☐ Confirmed response VERIFICATION: ☐ requested ☐ attached

For all household job information, see the Cover Page on the front of the CAF.

☐ Yes ☐ No 9. Does anyone in the household have a job or expect to get income from a job this month or next month? Bring or send proof.

If yes:

EMPLOYEE NAME	HOURLY WAGE (optional)	GROSS MONTHLY EARNINGS
EMPLOYER/BUSINESS NAME		PAY FREQUENCY
EMPLOYEE NAME	HOURLY WAGE (optional)	GROSS MONTHLY EARNINGS
EMPLOYER/BUSINESS NAME		PAY FREQUENCY

Note: Include income from Work Study and paid internships. Include free benefits or reduced expenses received for work (shelter, food, clothing, etc.).

AGENCY USE: JOBS, STIN

☐ Confirmed response VERIFICATION: ☐ requested ☐ attached

HOW OFTEN PAID: ☐ Daily ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Other

☐ Yes ☐ No 10. Is anyone in the household self-employed or does anyone expect to get income from self-employment this month or next month? Bring or send proof.

If yes:

GROSS MONTHLY EARNINGS

Examples:

- Product sales
- Farming
- Property rental
- Conservation Reserve Program (CRP)
- Paper route
- Taxi driver
- In-home day care
- Other
- Personal services
- Roomers/boarders

AGENCY USE: BUSI, RBIC

☐ Confirmed response VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **11. Do you expect any changes in income, expenses or work hours?**

AGENCY USE: BUSI, JOBS, WKEX

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

Principal Wage Earner (PWE)

SNAP (food) households with children must designate the person they want as the PWE. Any adult in your SNAP household can be the PWE. Talk to your worker before designating the SNAP PWE.

DESIGNATED PWE

SIGNATURE OF APPLICANT

12. Has *anyone* in the household applied for or does anyone get any of the following types of income each month?

Check yes or no for each item. **Bring or send proof.**

<input type="radio"/> Yes <input type="radio"/> No Social Security (RSDI)*** \$ _____	<input type="radio"/> Yes <input type="radio"/> No Supplemental Security Income (SSI)*** \$ _____
<input type="radio"/> Yes <input type="radio"/> No Veteran Benefits (VA) \$ _____	<input type="radio"/> Yes <input type="radio"/> No Unemployment Insurance \$ _____
<input type="radio"/> Yes <input type="radio"/> No Workers' Compensation \$ _____	<input type="radio"/> Yes <input type="radio"/> No Retirement benefits \$ _____
<input type="radio"/> Yes <input type="radio"/> No Tribal payments \$ _____	<input type="radio"/> Yes <input type="radio"/> No Child support or spousal support \$ _____
<input type="radio"/> Yes <input type="radio"/> No Other unearned income (trusts, gifts, gambling, etc.) \$ _____	

*** The agency will verify this income for you.

AGENCY USE: PBEN, UNEA

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **13. Does *anyone* in the household have or expect to get any loans, scholarships or grants for attending school?**

AGENCY USE: STIN

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

What kinds of expenses do you have? (Answer all questions below.)

14. Does your household have the following housing expenses? Check yes or no for each item. Bring or send proof.

<input type="radio"/> Yes <input type="radio"/> No Rent (include mobile home lot rental)	<input type="radio"/> Yes <input type="radio"/> No Rent or Section 8 subsidy
<input type="radio"/> Yes <input type="radio"/> No Mortgage/contract for deed payment	<input type="radio"/> Yes <input type="radio"/> No Association fees
<input type="radio"/> Yes <input type="radio"/> No Homeowner's insurance (if not included in mortgage)	<input type="radio"/> Yes <input type="radio"/> No Room and/or board
<input type="radio"/> Yes <input type="radio"/> No Real estate taxes (if not included in mortgage)	

AGENCY USE: SHEL, EATS

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

15. Does *your household* have the following utility expenses *any time* during the year? Check yes or no for each item. Bring or send proof.

<input type="radio"/> Yes <input type="radio"/> No Heating/air conditioning	<input type="radio"/> Yes <input type="radio"/> No Electricity	<input type="radio"/> Yes <input type="radio"/> No Cooking fuel
<input type="radio"/> Yes <input type="radio"/> No Water and sewer	<input type="radio"/> Yes <input type="radio"/> No Garbage removal	<input type="radio"/> Yes <input type="radio"/> No Phone/cell phone
<input type="radio"/> Yes <input type="radio"/> No Did you or anyone in your household receive LIHEAP (energy assistance) of more than \$20 in the past 12 months?		

AGENCY USE: ACUT, HEST

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **16. Do you or anyone living with you have costs for care of a **child(ren)** because you or they are working, looking for work or going to school? The Child Care Assistance Program may help pay child care costs. Ask your worker how to apply for the Child Care Assistance Program.**

AGENCY USE: DCEX

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **17. Do you or anyone living with you have costs for care of an **ill or disabled adult** because you or they are working, looking for work or going to school?**

AGENCY USE: DCEX

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **18. Does **anyone** in the household **pay** court-ordered child support, spousal support, child care support, medical support or contribute to a tax dependent who does not live in your home?**

AGENCY USE: COEX

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **19. For SNAP only: Does **anyone** in the household have medical expenses?**
To get a medical deduction you must provide proof of all medical bills incurred by anyone in your household **who is disabled or 60 years or older. Do not** bring medical bills that are being paid for by any health care program, insurance or someone not living with you.

AGENCY USE: FMED

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

What do you own? (Answer all questions below.)

20. Does **anyone in the household own, or is **anyone** buying, any of the following? Check yes or no for each item. Bring or send proof.**

☐ Yes ☐ No Cash

☐ Yes ☐ No Bank accounts (savings, checking, debit card, etc.)

☐ Yes ☐ No Stocks, bonds, annuities, 401K, etc.

☐ Yes ☐ No Vehicles (cars, trucks, motorcycles, campers, trailers)

AGENCY USE: CASH, CARS, ACCT, REST, SECU, SPON

☐ Confirmed response

EFT OFFERED? ☐ Yes ☐ No

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **21. For Cash programs only: Has **anyone** in the household given away, sold or traded anything of value in the past 12 months? (For example: Cash, Bank accounts, Stocks, Bonds, Vehicles)**

AGENCY USE: TRAN

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

Other information (Answer questions below.)

☐ Yes ☐ No **22. For recertifications only: Did **anyone** move in or out of your home in the past 12 months?**

AGENCY USE: ADME, REMO

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

☐ Yes ☐ No **23. For children under the age of 19, are **both** parents living in the home?**

AGENCY USE: INFC/CSIA, ABPS

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

24. For MSA recipients only: Does anyone in the household have any of the following expenses?

- ☐ Yes ☐ No Representative Payee fees ☐ Yes ☐ No Guardian or Conservator fees
☐ Yes ☐ No Physician-prescribed special diet ☐ Yes ☐ No High housing costs

AGENCY USE: DIET

☐ Confirmed response VERIFICATION: ☐ requested ☐ attached

You may authorize another person(s) to act on your behalf to help you:

- Fill out forms and apply for help from the agency (for example, go to an interview for you, talk to or work with Employment services provider(s))
- Get notices and information related to your case
- Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account.

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, conservator acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

AUTHORIZED PERSON 1

I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits	NAME	RELATIONSHIP		PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	

AUTHORIZED PERSON 2

I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits	NAME	RELATIONSHIP		PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	

AUTHORIZED PERSON 3

I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits	NAME	RELATIONSHIP		PHONE NUMBER	
	ADDRESS	CITY	STATE	ZIP CODE	

Legal guardian

☐ Yes ☐ No Do you have a legal guardian or conservator, or is there a power of attorney?

If yes:	PERSON'S FULL NAME	DO YOU PAY A FEE? <input type="radio"/> Yes <input type="radio"/> No	IF YES, AMOUNT	HOW OFTEN?
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Attach copies of legal documents.

Other help

- ☐ Yes ☐ No Are you currently getting help from a social worker or social services agency?
- ☐ Yes ☐ No Do you need help with referrals for other areas (for example, food shelves, housing, transportation)?
- ☐ Yes ☐ No Do you want to register to vote or update your registration?

Additional Income Comments

Additional Application Comments

Penalty warnings and qualification questions

If you get cash or SNAP benefits, you must follow the rules listed below.

- **Do not give false information** or hide information to get or continue to get benefits. If you get cash or SNAP benefits and give false information or hide information about your **identity** and **residency** to get multiple benefits for the same period of time, you may be barred for 10 years.
- **Do not trade or sell SNAP benefits** or Electronic Benefit Transfer (EBT) access cards. **The trade or sale of benefits valued at over \$500 may result in permanent ineligibility.**
- **Do not use cash or SNAP benefits to buy ineligible items**, such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get cash or SNAP benefits for your household.

The state may bar household members who break any of these rules. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The months you are barred from MFIP for breaking the rules may count toward your 60-month lifetime limit.

You can also be prosecuted for fraud if you break the rules and additional fines and penalties may apply. The maximum penalty is a fine of \$250,000 or a jail term of 20 years, or both.

Special SNAP penalty warning: If a federal, state or local court finds you or any household member guilty of giving or receiving SNAP benefits in exchange for:

- **Controlled substances**, that household member will be barred from getting SNAP for 24 months for the first offense and permanently for the second offense.
- **Firearms, ammunition or explosives**, that household member will be barred from getting SNAP permanently.

If you admit committing a drug felony in the past 10 years, the agency may ask you to take random drug tests. The first time you fail a drug test, the agency will reduce your household's MFIP or SNAP benefits by 30 percent. If you fail the test a second time, you will be permanently disqualified.

<input type="radio"/> Yes <input type="radio"/> No	1. Has a court or any other civil or administrative process in Minnesota or any other state found anyone in the household guilty or has anyone been disqualified from receiving public assistance for breaking any of the rules above?		
<input type="radio"/> Yes <input type="radio"/> No	2. Has anyone in the household been convicted of making fraudulent statements about their place of residence to get cash or SNAP benefits from more than one state?		
<input type="radio"/> Yes <input type="radio"/> No	3. Is anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, or to avoid going to jail for a felony?		
<input type="radio"/> Yes <input type="radio"/> No	4. Has anyone in your household been convicted of a drug felony in the past 10 years?		
<input type="radio"/> Yes <input type="radio"/> No	5. Is anyone in your household currently violating a condition of parole, probation or supervised release?		
If you checked yes to any of the above questions , list the household member(s) and question number below:			
QUESTION NO.	HOUSEHOLD MEMBER	QUESTION NO.	HOUSEHOLD MEMBER

Employment services registration

I understand that signing this application registers me for employment services. I also understand that doing so automatically registers everyone in my home whom the agency approves to receive assistance with me for employment services. I understand that I or others in my home might have to take part in employment services to receive cash assistance or SNAP benefits.

Assignments

I understand that when I get MFIP I must assign my rights to child support and maintenance to the state of Minnesota.

Perjury and general declarations

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both. [Minnesota Statutes, section 256.984, subd. 1]

Authorization to share information for fraud investigation and audits

I agree that third parties may share information about me with persons investigating fraud and conducting Federal or state audits. This may include, but is not limited to:

- Employers and schools,
- Landlords and utility companies,
- Financial and insurance agencies, and
- Other government offices.

I understand this consent is good for six months after my benefits stop.

By signing:

- I understand cash assistance is provided to help eligible families meet their basic needs.
- I understand if I give incorrect information or misuse an electronic benefit transfer (EBT) card, I may be investigated and disqualified or prosecuted for fraud. [Minnesota Statute, sections 256.98 and 609.821]
- I acknowledge that since my last application or recertification, I have received my cash and/or SNAP benefits directly or used my EBT card to get my cash and/or SNAP benefits.
- I acknowledge that I have read and understand the "Penalty warnings and qualification questions" section on page 8.
- I acknowledge that my worker reviewed and explained the attached "Notice of Privacy Practices" (DHS-3979) and "Client Responsibilities and Rights" (DHS-4163).
- I agree to assign my child support as stated above.
- I agree to the sharing of information as stated on the fraud release information section above.
- I agree to the sharing of information as stated in the Social Security numbers section on page ii.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

AGENCY USE

PROVIDED APPLICANT WITH THE FOLLOWING DOCUMENTS:

- | | |
|---|---|
| <input type="checkbox"/> Program information brochure (DHS-2920) | <input type="checkbox"/> Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759) (<i>attached</i>) |
| <input type="checkbox"/> Domestic Violence Information brochure (DHS-3477) | <input type="checkbox"/> Do you have a disability? (DHS-4133) |
| <input type="checkbox"/> Notice of Privacy Practices (DHS-3979) (<i>attached</i>) | <input type="checkbox"/> How to Use Your Minnesota EBT Card (DHS-3315A) |
| <input type="checkbox"/> Responsibilities and Rights (DHS-4163) (<i>attached</i>) | <input type="checkbox"/> Reviewed all pages of application with client |
| <input type="checkbox"/> Important Information (DHS-3353) (<i>attached</i>) | |

AGENCY SIGNATURE	INTERVIEW DATE	CASE NUMBER
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