









Application for Benefits

-	0111						
	(Co	omplete this a	ipplication a	nd return it to yo	ur LOCAL COUNTY	DFCS office.	
	What	/hat Am I Applying For: (Check all that apply)					
	Food Stamps (Supplemental Nutrition Assistance Program (SNA) The Supplemental Nutrition Assistance Program (SNAP), formerly kn funded program that provides monthly benefits to low-income housel The program also provides nutrition education to families to meet their employment and training opportunities to help families gain employment SNAP.				y known as Food Stamps, is a fe useholds to help pay for the cost their food and nutritional needs a	of food, and	
	X	Temporary Assistar Temporary Assistar payments, or other the caretaker who w	nce for Needy Famili support services, to yould like to be inclu Raising Grandchildre	es (TANF) provides tempo strengthen eligible familier ded in the grant, we will re- dran (GRG) n (GRG) will provide addit	erary monthly cash payments, sin s with children. If you are the chil quire you to participate in a work ional cash payments so that chil st apply for TANF to be eligible	d's parent, or program.	
	Refugee Cash Assistance The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking Amerasians, and unaccompanied refugee minors. Medicaid Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.					are not eligible man trafficking,	
						nd families. to receive.	
City	^ +	lanta		State	Zip Co	ode > 3 g (
What is	your I	Preferred Language	∍?		If an interview is required interpreter? Yes or _N		
	E	ng/15th					

First Name Chris Middle Initial

Last Name