









## Application for Benefits

(Cor	nplete this applica	tion and return it to your	LOCAL COUNTY DFCS office.
What Am I Applying For: (Check all that apply)			
	The Supplemental Nutrition funded program that provide The program also provides in	tal Nutrition Assistance Program (SNA Assistance Program (SNAP), formerly kn as monthly benefits to low-income housel autrition education to families to meet their portunities to help families gain employment	nown as Food Stamps, is a federally holds to help pay for the cost of food. It food and nutritional needs and
0	□ Temporary Assistance for Needy Families (TANF) Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program. □ Grandparents Raising Grandchildren (GRG) Grandparents Raising Grandchildren (GRG) will provide additional cash payments so that children can be cared for in the homes of their grandparents. Applicants must apply for TANF to be eligible for GRG.		
□ 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.			
a.		erage to elderly, blind or disabled adults, at all Medicald programs and decide wh	pregnant women, children, and families. ich ones you may be eligible to receive.
City	14	State	Zip Code
Man	ettu	GA	30339
What is your Preferred Language?			If an interview is required, will you need an interpreter? Yes or No

First Name Chris

Last Name Middle Initial Cornellius