









Application for Benefits

(0	Complete this application	and return it to your LO	OCAL COUNTY DFCS office
Wh	at Am I Applying For: (Check all that	t apply)	
	funded program that provides mor The program also provides nutritio	trition Assistance Program (SNAP) ance Program (SNAP), formerly knownthly benefits to low-income household neducation to families to meet their for ities to help families gain employment	ds to help pay for the cost of food. od and nutritional needs and
	payments, or other support service the caretaker who would like to be Grandparents Raising Grand Grandparents Raising Grandc	Families (TANF) provides temporary mes, to strengthen eligible families with of included in the grant, we will require you dchildren (GRG)	children. If you are the child's parent, or ou to participate in a work program.
		efugee includes refugees, Cuban/ Haiti	refugee households who are not eligible ian Entrants, victims of human trafficking,
		to elderly, blind or disabled adults, pre Medicaid programs and decide which	
City	ARRAKIS	State G A	Zip Code 3 0 0 1 5
What	is your Preferred Language? FREMENESE		If an interview is required, will you need an interpreter? Yes or No_X

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