

What is your Preferred Language?









If an interview is required, will you need an

interpreter? Yes\_\_\_ or No \_\_\_\_

## **Application for Benefits**

(Cor	nplete this application and re	turn it to yo	our LOCAL COUNTY DFCS o	ffice
What A	m I Applying For: (Check all that apply)			
	Food Stamps (Supplemental Nutrition Assistance Prografunded program that provides monthly benefits The program also provides nutrition education employment and training opportunities to help SNAP.	am (SNAP), forme s to low-income ho to families to mee	erly known as Food Stamps, is a federally households to help pay for the cost of food. et their food and nutritional needs and	
	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.			
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	<b>Medicaid</b> 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.			
City Norcross		State GA	Zip Code 30092	
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Lucio De Sousa

First Name Last Name Middle Initial