









## **Application for Benefits**

(Co	mplete this application	and return it to your LC	OCAL COUNTY DFCS office
What /	Am I Applying For: (Check all that	apply)	
•	The Supplemental Nutrition Assistation funded program that provides monthly program also provides nutrition	rition Assistance Program (SNAP) ance Program (SNAP), formerly knowr thly benefits to low-income households a education to families to meet their foo ties to help families gain employment the	s to help pay for the cost of food. od 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.		
	<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 ∟oganv	ille	State GA	Zip Code 30052

What is your Preferred Language?

If an interview is required, will you need an interpreter? Yes\_\_\_ or No \_\_\_\_

Jonh Jameson