









## Application for Benefits

(Co	implete this application	and return it to your L	OCAL COUNTY DFCS office
What	Am I Applying For: (Check all that	apply)	
X6	Food Stamps (Supplemental Nutrition Assistatunded program that provides month The program also provides nutrition employment and training opportunity SNAP.	ition Assistance Program (SNAP) nce Program (SNAP), formerly knownly benefits to low-income household education to families to meet their f	wn as Food Stamps, is a federally olds to help pay for the cost of food. food and nutritional needs and
P	payments, or other support services the caretaker who would like to be in Grandparents Raising Grandchi Grandparents Raising Grandchi	milies (TANF) provides temporary r , to strengthen eligible families with neluded in the grant, we will require children (GRG) Idren (GRG) will provide additional	monthly cash payments, single cash children. If you are the child's parent, or you to participate in a work program.  cash payments so that children can be ply 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.		
0	Medicaid Medicaid offers medical coverage to When you apply, we will look at all M	elderly, blind or disabled adults, pro ledicaid programs and decide which	egnant women, children, and families. h ones you may be eligible to receive.
City	Savannah	State 4	Zip Code 31403
	1 may		
What is your Preferred Language?			If an interview is required, will you need an interpreter? Yes or No
	J		

First Name James Middle Initial

Last Name

Pike