











Application for Benefits

ce.

(Complete this applie	estion and return it to your	LOCAL COUNTY DECS office
		ECONE COUNTY DECS OFFIC
What Am I Applying For: (Check		
The Supplemental Nutrition funded program that provide The program also provides r	ntal Nutrition Assistance Program (SNA) i Assistance Program (SNAP), formerly kn es monthly benefits to low-income househ nutrition education to families to meet their portunities to help families gain employmen	own as Food Stamps, is a federally olds to help pay for the cost of food.
☐ Temporary Assistance for N	Needy Families (TANF)	
Temporary Assistance for New payments, or other support se the caretaker who would like to Grandparents Raising Gr	edy Families (TANF) provides temporary revices, to strengthen eligible families with to be included in the grant, we will require	children. If you are the child's parent, or you to participate in a work program.
☐ Refugee Cash Assistance		
The Refugee Cash Assistance p	program provides financial assistance to r refugee includes refugees, Cuban/ Haitia d refugee minors.	efugee households who are not eligible an Entrants, victims of human trafficking,
Medicaid Medicaid offers medical coverage When you apply, we will look at al.	e to elderly, blind or disabled adults, pregi I Medicaid programs and decide which o	nant women, children, and families. nes you may be eligible to receive.
city Saxanah	State C-A	Zip Code
What is your Preferred Language? Eกฏไว้ รัน	lf an ir interpr	nterview is required, will you need an eter? Yes or No

First Name Carl

Middle Initial

Last Name

F

Brutenanadilevski