

Spanish

What is your Preferred Language?









If an interview is required, will you need an interpreter? Yes____ or No____

Application for Benefits

(Co	mplete this application and return	it to your LOCAL COU	NTY DFCS office.
What /	Am I Applying For: (Check all that apply)		
	Food Stamps (Supplemental Nutrition Assistance Program (SNAP) The Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, is a federally funded program that provides monthly benefits to low-income households to help pay for the cost of food. The program also provides nutrition education to families to meet their food and nutritional needs and employment and training opportunities to help families gain employment that leads to less dependence on SNAP.		
	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.		
V	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.		
	Medicaid 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 Jersey	Sta GA		Zip Code 30018

D Marco Garcia Middle Initial Last Name First Name