



# Combined Application Form

Apply online at <https://mnbenefits.mn.gov>

**This application can be used to apply for any of the following programs:**

## **Supplemental Nutrition Assistance Program (SNAP)**

SNAP helps low income Minnesotans get the food they need for good nutrition and well-balanced meals. If you are age 60 and older and are applying for SNAP only, please use the "Supplemental Nutrition Assistance Program (SNAP) Application for Seniors" (DHS-5223F).

## **Cash assistance programs**

Cash assistance programs are provided to help families and individuals meet their basic needs until they can support themselves. Cash assistance programs include:

- Diversionary Work Program (DWP)
- Emergency Assistance (EA)\*
- General Assistance (GA)
- Housing Support (HS)
- Minnesota Family Investment Program (MFIP)
- Minnesota Supplemental Aid (MSA)
- Refugee Cash Assistance (RCA).

### **Need help paying for child care?**

If you need help paying for child care, ask your worker how to apply for the Child Care Assistance Program.

### **Need to apply for Health Care coverage?**

Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to [www.mnsure.org](http://www.mnsure.org) or call 855-366-7873.

### **Did You Know?**

If you are approved for SNAP or MFIP, children in your household between the ages of 7-17, will be automatically enrolled in the SUN Bucks program. For more information visit <https://dcyf.mn.gov/sun-bucks>.

## **How to fill out this application**

Read all of the information in this application. Contact your county or Tribal Nation if you need help filling out this application. Complete and turn in pages 1–11 as soon as possible to your agency. We can set your application date if we have your name, address and signature (page 1), but we must have the complete application to determine if you can get benefits.

For your application to be complete, you must answer all questions and have certain information verified. SNAP and cash programs require an interview with a worker. This can be a phone or in-person interview.

To answer the marital status and race questions, please refer to page 2 of this application.

Attached to this application is information that will be discussed and reviewed with you during the interview. Review these pages prior to the interview and let your worker know if you have questions about these forms.

If you miss your interview appointment, you must reschedule. If you do not reschedule, we may stop or not approve your benefits.

You may need to provide proof of the information you report on this application. Your worker may ask for additional proof. You may not get help until we get proof of this information. Bring the required information with you to the interview or send the information to your worker as soon as you can.

Most programs require that you must report changes immediately while your application is pending.

Submit your completed application to your county or tribal agency where you reside.

## **Recertifications**

You may use this form to recertify eligibility. Report all changes in the past 12 months on this application. You may need to provide proof of the reported information.

<b>Information That May Be Needed</b> <ul style="list-style-type: none"> <li>• Additional proofs may be needed to determine your benefits.</li> <li>• Proofs should be current (within the past 30 days).</li> <li>• Let your worker know if you need help getting proofs.</li> </ul>	<b>Cash Programs</b>	<b>SNAP</b>
Identity of applicant or authorized representative (driver's license, state ID, passport, school or work identification card, etc.)	✓	✓
Social Security numbers of all people applying for help.	✓	✓
Residency in Minnesota (driver's license, state ID, lease agreement, utility bills, mail sent to you at the stated address, etc.)	✓	✓
Income from the last 30 days (paystubs, unemployment insurance, pension, child support agreements, alimony, etc.) or, if you are self-employed, provide federal income taxes or business records. The agency will attempt to verify Social Security income for you.	✓	✓
Current housing costs (rent/house payment receipt, mortgage, lease, subsidized housing, property taxes, homeowners insurance, etc.)	✓*	✓*
Medical costs for people with disabilities or who are age 60 or older (prescriptions, medical equipment, medical bills, medical payment agreement etc.)		✓*
Relationship to other household members (birth certificates, marriage licenses, court documents, etc.)	✓	
Child support paid within the last 30 days (paystubs, proof of payments made, etc.)	✓	✓*
Checking and savings accounts (bank statement, direct deposit account, Reliacard and debit account statement, <a href="#">DHS-6054 Signed Personal Statement about Assets for Cash Programs</a> etc.)	✓	
Value of vehicles (cars, trucks, motorcycles, trailers, campers, <a href="#">DHS-6054 Signed Personal Statement about Assets for Cash Programs</a> , etc.)	✓	
Current value of stocks/bonds, certificates of deposit, trusts (account statement, <a href="#">DHS-6054 Signed Personal Statement about Assets for Cash Programs</a> , etc.)	✓	
Current utility costs (utility statement, phone bill, etc.)	✓*	
Proof of illness or disability (doctor's statement, receipt of disability benefits, award letters, <a href="#">DHS-2114 Medical Opinion Form</a> , <a href="#">DHS-7122 Professional Statement of Need</a> , etc.)	✓	✓
Student status (signed statement from a school official, <a href="#">DHS-2646 Financial Aid Information</a> , <a href="#">DHS-2883 Request for verification of school attendance/progress</a> , etc.)	✓	✓
Immigration status (immigration document, official USCIS papers, etc.)	✓	✓

\* Providing this proof may increase your benefits.

# Important Information

## Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

## Denial or changes

The state may deny or change your cash or SNAP assistance because of information you give on the application. The state may make changes without giving you 10 days advance notice for cash assistance and SNAP. The state will send you written notice no later than the effective date of the change for cash assistance and no later than the date you receive or would receive your SNAP benefits.

## Interim Assistance Programs

GA and Housing Support are "interim assistance programs." That means they will help you while you apply for other benefits. To get GA or Housing Support you have to apply for other benefits you may be eligible for, like Social Security or Worker's Compensation. If you get other benefits for the same period of time that you got GA or Housing Support, you will have to pay GA and Housing Support back.

## Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.\* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations
- To coordinate with other programs or state agencies to provide more effective and meaningful services to you.

If you are not a U.S. citizen and are applying for Refugee Cash Assistance you do not have to provide an SSN.

## Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) with permission from a federal immigration agency. Members of your household who are non-citizens, and those who are naturalized or derived U.S. citizens, and are applying for help must show proof of their immigration status by presenting immigration documents. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

For non-citizen members of your household who apply and are eligible for help, your worker is required to verify their immigration documents with a federal immigration agency to make sure the documents you give us are correct.

When you sign this application, you give us permission to contact federal immigration agencies to verify your immigration documents. If you do not sign this form, you are not eligible to receive public benefits. If you receive public benefits, it may affect your immigration status. If you would like more information or would like to know what the agency might tell or ask a federal immigration agency, talk to your worker.

## Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself.

## Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

## Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 1-800-799-7233; 1-800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 1-866-223-1111.

## Vulnerable adults

To report suspected maltreatment of a vulnerable adult call the Minnesota Adult Abuse Reporting Center at 1-844-880-1574.

\* The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

**NO ENGLISH**



Attention. If you need free help interpreting this document, call the number in the box above.

ማሳሰቢያ፡- ስለ ዶክመንቱ ነፃ ገለፃ ከፈለጉ፣ ሠራተኛዎን ያነጋግሩ። Amharic

Arabic. انتباه. إذا احتجت الى مساعدة مجانية في ترجمة هذه الوثيقة، اتصل بالرقم الموجود في المربع أعلاه.

মনোযোগ দিন। যদি আপনি বিনামূল্যে এই নথিটির ব্যাখ্যার জন্যে সহায় চান তাহলে উপরোক্ত বাক্সে থাকা নম্বরটিতে কল করুন। Bengali

သတိပြုရန်။ ဤစာတမ်းကို ဘာသာပြန်ဆိုရန်အတွက် အခမဲ့အကူအညီ လိုအပ်ပါက၊ အထက်ဖော်ပြပါ အကွက်ရှိ နံပါတ်ကို ခေါ်ဆိုပါ။ Burmese

ការយកចិត្តទុកដាក់។  
ប្រសិនបើអ្នកត្រូវការជំនួយឥតគិតថ្លៃក្នុងការបកស្រាយឯកសារនេះ សូមហៅទូរសព្ទទៅលេខក្នុងប្រអប់ខាងលើ។ Cambodian

注意!如果您需要免費的口譯支持,請撥打上方方框中的電話號碼。 Cantonese (Traditional Chinese)

wán. héčínhan niyé wačínŷAn wayúiyeska ki de wówapi sutá, ečíyA kin wóiyawa ed ophíye wan. Dakota

Paunawa. Kung kailangan mo ng libreng tulong sa pag-unawa sa kahulugan ng dokumentong ito, tawagan ang numero sa kahon sa itaas. Filipino (Tagalog)

Attention. Si vous avez besoin d'aide gratuite pour interpréter ce document, appelez le numéro indiqué dans la case ci-dessus. French

સાવધાન. જો તમને આ દસ્તાવેજને સમજવા માટે નિ:શુલ્ક મદદની જરૂર હોય, તો ઉપરના બોક્સ પૈકીના નંબર પર કોલ કરો. Gujarati

ध्यान दें। यदि आपको इस दस्तावेज़ की व्याख्या में नि:शुल्क सहायता की आवश्यकता है, तो ऊपर बॉक्स में दिए गए नंबर पर कॉल करें। Hindi

NO ENGLISH



Lus Ceeb Toom. Yog tias koj xav tau kev pab txhais lus dawb ntawm cov ntaub ntawv no, ces hu rau tus nab npawb xov tooj nyob hauv lub npov plaub fab saum toj no. Hmong

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိဉ်ဘဉ် တၢ်မၤစၢၤကလီၤလၢ ကကျိးထံလံာ်တီလံာ်မိတဖဉ်အယိ, ကိးနီဉ်ဂံၢ်လၢ အအိဉ်ဖဲတၢ်လွံၢ်နၢဉ် လၢတၢ်ဖီခိဉ်အပူၤတက့ၢ်. Karen

이 문서의 내용을 이해하는 데 도움이 필요하시면 위에 있는 전화번호로 연락해 무료 통역 서비스를 받으실 수 있습니다. Korean

تکایه سهرنج بده. ئەگەر بۆ وەرگیرانی ئەم بەلگەنامەیە پێویستت بە یارمەتی بێبەرامبەرە، ئەوا پەیوەندی بەو ژمارەیەوه بکە کە لە بۆکسەکەی سەر هەدایه Kurdish Sorani

Baldarî. Ger ji bo wergerandina vê belgeyê hewcedariya we bi alîkariya belaş hebe, ji kerema xwe bi hejmara li qutiya jorîn re telefon bikin. Kurdish Kurmanji

Hoŋpín. Tóhán wanǵí thí wíyukčanpi kin yuhá níyunspe hécha čhéya, lé tkíčhun kin k'é nánpa opáwinyan. Lakota

ເອົາໃຈໃສ່. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອພຣີໃນການຕື່ຄວາມເອກະສານນີ້, ໃຫ້ໂທຫາເບີທີ່ຢູ່ໃນບ່ອງຂ້າງເທິງ. Lao

注意！如果您需要免费的口译帮助，请拨打上方方框中的电话号码。  
Mandarin (Simplified Chinese)

P̄alɛ ɾɔ piny: Mi gööri luäk lɔrä kɛ luɔc kä mɛmɛ, ɣɔtni nämbär ɛmɔ t̄ë nhial guäth ɛmɛ. Nuer

Mah Biz'sin'dan.

Keesh'pin nan'deh'dam'mun chi'wee'chi'goo'yan chi'nis'too'ta'man oo'weh ooshii'be'kan.

Ishi'kidoon ah'kin'das'soon ka'ooshi'bee'kadehk ish'peh'mik ka'shi ka'ka'kak. Ojibwe



**NO ENGLISH**



Hubachiisa:-Yoo barreeffama kana hiikuuf gargaarsa bilisaa barbaaddan, lakkoofsa saanduqa armaan olii keessa jirun bilbilaa Oromo

Atenção. Se você precisar de ajuda gratuita para interpretar este documento, ligue para o número na caixa acima. Portuguese

Внимание! Если Вам нужна бесплатная помощь в переводе этого документа, позвоните по телефону, указанному в рамке выше. Russian

Pažnja. Ukoliko vam je potrebna besplatna pomoć u tumačenju ovog dokumenta, pozovite broj naveden u kvadratu iznad. Serbian

Fiiro gaar ah. Haddii aad u baahan tahay caawimo bilaash si laguugu turjumo dukumiintigan, wac lambarka ku jira sanduuqa sare. Somali

Atención. Si necesita ayuda gratuita para interpretar este documento, llame al número que aparece en el recuadro superior. Spanish

Zingatia. Iwapo unahitaji msaada usio na malipo wa kutafsiri hati hii, piga simu kwa namba iliyo kwenye kisanduku hapo juu. Swahili

ልቢ በሉ፡ ነዚ ሰነድ ንምትርጓም ነፃ ሓገዝ እንተ ደልዮም፣ በቲ ኣብ ላዕሊ ኣብ ውሽጢ ሰደቓ ተቐሚጡ ዘሎ ቁጽሪ ይደውሉ። Tigrinya

Увага! Якщо Вам потрібна безкоштовна допомога в перекладі цього документа, зателефонуйте за номером, вказаним у рамці вище. Ukrainian

Xin lưu ý: Hãy liên hệ theo số điện thoại trong ô trên nếu bạn cần bất kỳ sự hỗ trợ miễn phí nào để hiểu rõ về tài liệu này. Vietnamese

Àkíyèsí. Tí o bá nílò ìrànlowọ pẹ̀lú tí tú mọ̀ àkòólẹ̀ yìí, pe nọmbà tó wà nínú àpótí tí wà ló kẹ̀. Yoruba

LB (7-24)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)