

Combined Application Form

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

If you need help filling out this application contact your local county or Tribal Nation office. Sign and date the application on pages 1 and 9.

CASE NUMBER

PERSON 1

APPLICANT'S LEGAL NAME – LAST		FIRST NAME		MIDDLE NAME	
OTHER NAMES YOU USE (family name, nickname, etc.)				SOCIAL SECURITY NUMBER (only if applying for help)	
DATE OF BIRTH		GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer Not to Say		MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	
ADDRESS OF CURRENT RESIDENCE			APT. NUMBER	CITY	STATE ZIP CODE
MAILING ADDRESS (If different from address where you live)			APT. NUMBER	CITY	STATE ZIP CODE
Do you consider yourself homeless? <input type="radio"/> Yes <input type="radio"/> No		Do you live within the boundaries of a Tribal Nation? <input type="radio"/> No <input type="radio"/> Yes – which one? _____			
PRIMARY PHONE NUMBER	OTHER PHONE NUMBER	Is anyone in your household pregnant? <input type="radio"/> No <input type="radio"/> Yes – who? _____			
Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No	What is your preferred spoken language?		What is your preferred written language?		
What program(s) are you applying for? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> CCAP <input type="checkbox"/> Tribal TANF <input type="checkbox"/> None					
Are you applying for cash assistance from MN Housing Support Program? <input type="radio"/> Yes <input type="radio"/> No			HOUSING SUPPORT VENDOR NAME AND NUMBER (if known)		
Has anyone in your household ever received cash assistance, commodities or SNAP benefits before? <input type="radio"/> Yes <input type="radio"/> No If yes, When? _____ Where? _____ What? _____					

*Marital status (choose one)

N = Never married **M** = Married living with spouse **S** = Separated (married, living apart) **L** = Legally separated **D** = Divorced **W** = Widowed

Do you need help with food right away? Answer questions 1-6. If you can get help right away, you will be contacted within 24 hours for an interview.

- How much income did or will your household get **this month**? \$ _____
- 1a. Are you self-employed? ☐ Yes ☐ No
- How much does your household (including children) have in **cash, checking or savings**? \$ _____
- What utilities do you pay? ☐ Heat ☐ Air conditioning ☐ Electricity ☐ Phone ☐ None
- How much does your household pay for housing costs other than utilities? \$ _____
- Have you received energy assistance in the past year? ☐ Yes ☐ No
- Is anyone in your household a **migrant or seasonal farm worker**? ☐ Yes ☐ No

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	AGENCY/TRIBAL SIGNATURE	DATE RECEIVED

What is your living situation? *(optional)*

- ☐ In housing that you own or rent. (Have a lease, mortgage, roommate etc.)
- ☐ Emergency shelter
- ☐ Hospital, treatment facility, detox center or nursing home
- ☐ Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport)

- ☐ Family/friends due to economic hardship
- ☐ Service provider - foster care, group home
- ☐ Jail, prison or juvenile detention facility
- ☐ Hotel or motel
- ☐ Declined
- ☐ Unknown
- ☐ Other: _____

Legal guardian

Do you have a legal guardian or conservator, or is there a power of attorney? ☐ Yes ☐ No

Information regarding texts and emails

Minnesota invites you to get electronic communications about your benefits and resources available to you. By selecting yes, you consent to get electronic communications and agree to Minnesota terms and conditions and privacy policy. Message and data rates may apply. Message frequency varies. Terms and conditions at <https://mn.gov/dhs/text-economic-assistance>. Privacy policy at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG>.

Is it OK to communicate with you via text? ☐ No ☐ Yes – which number should receive texts? _____

Is it OK to communicate with you via email? ☐ No ☐ Yes – email address: _____

Information regarding receiving your benefits

1. Have you had an Electronic Benefit Transfer (EBT) card in the past? ☐ Yes ☐ No

2. Would you like more information on having your benefits directly deposited into your bank account, if available?
☐ Yes ☐ No

AGENCY USE

1. EBT account still open in MONY/DISB? ☐ Yes ☐ No

1a. If yes, was the client referred to EBT customer service to request a new card if they no longer have the old one? ☐ Yes ☐ No

2. Direct Deposit brochure provided ☐ Yes ☐ No

PERSON 1 – Additional Information

LAST SCHOOL GRADE COMPLETED

MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy)

Date: _____

From: _____

CITIZENSHIP

☐ U.S. Citizen or U.S. National ☐ Naturalized U.S. Citizen or Derived U.S. Citizen ☐ Not a U.S. Citizen

IMMIGRATION STATUS (only if applying for help)

U.S. Military Service (regardless of dscharge status)?

☐ Yes ☐ No

ETHNICITY *(optional)*

RACE** *(optional)* ☐ Unable to Determine

Client

Hispanic? ☐ Yes ☐ No

☐ A ☐ B ☐ N ☐ P ☐ W Reported: _____

****Race** *(check all that apply)*

A = Asian **B** = Black or African American **N** = American Indian or Alaska Native **P** = Pacific Islander or Native Hawaiian **W** = White

NOTE: This information will not affect eligibility or level of benefits and is to assure that program benefits are distributed without regard to race, color, or national origin.

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Eligible for expedited SNAP? ☐ Yes ☐ No

Same-day interview offered? ☐ Yes ☐ No

Next-day interview offered? ☐ Yes ☐ No

_____ children _____ adults

Declined? ☐ Yes ☐ No

Declined? ☐ Yes ☐ No

Intends to reside in MN? ☐ Yes ☐ No

Does person have sponsor? ☐ Yes ☐ No

Verification: ☐ requested ☐ attached

Additional people

List all of the people living in your home, even those temporarily living away from you, even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. For example, list your spouse, other adults, children, all other people and those temporarily away from your home.

PERSON 2								
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME		OTHER NAMES (maiden name, nickname, etc.)		
SOCIAL SECURITY NUMBER (only if applying for help)			DATE OF BIRTH		GENDER <input type="radio"/> Prefer Not To Say <input type="radio"/> Male <input type="radio"/> Female		RELATIONSHIP TO YOU	
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W			LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____			
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen								
IMMIGRATION STATUS (only if applying for help)			U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No					
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None				ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W		
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON								
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No				RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No								

PERSON 3								
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME		OTHER NAMES (maiden name, nickname, etc.)		
SOCIAL SECURITY NUMBER (only if applying for help)			DATE OF BIRTH		GENDER <input type="radio"/> Prefer Not To Say <input type="radio"/> Male <input type="radio"/> Female		RELATIONSHIP TO YOU	
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W			LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____			
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen								
IMMIGRATION STATUS (only if applying for help)			U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No					
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None				ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W		
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON								
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No				RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No								

PERSON 4					
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME	
OTHER NAMES (maiden name, nickname, etc.)					
SOCIAL SECURITY NUMBER (only if applying for help)		DATE OF BIRTH		GENDER <input type="radio"/> Prefer Not To Say <input type="radio"/> Male <input type="radio"/> Female	
RELATIONSHIP TO YOU					
MARITAL STATUS*		LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA	
<input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W				Date (mm/dd/yyyy): _____ From: _____	
CITIZENSHIP					
<input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen					
IMMIGRATION STATUS (only if applying for help)		U.S. Military Service (regardless of discharge status)?			
		<input type="radio"/> Yes <input type="radio"/> No			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR?			ETHNICITY (optional)		RACE** (optional)
<input type="checkbox"/> CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None			Hispanic? <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
Intends to reside in MN?		RELATIONSHIP VERIFICATION		IMMIGRATION VERIFICATION	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> requested <input type="radio"/> attached		<input type="radio"/> requested <input type="radio"/> attached	

PERSON 5					
LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME	
OTHER NAMES (maiden name, nickname, etc.)					
SOCIAL SECURITY NUMBER (only if applying for help)		DATE OF BIRTH		GENDER <input type="radio"/> Prefer Not To Say <input type="radio"/> Male <input type="radio"/> Female	
RELATIONSHIP TO YOU					
MARITAL STATUS*		LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA	
<input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W				Date (mm/dd/yyyy): _____ From: _____	
CITIZENSHIP					
<input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen					
IMMIGRATION STATUS (only if applying for help)		U.S. Military Service (regardless of discharge status)?			
		<input type="radio"/> Yes <input type="radio"/> No			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR?			ETHNICITY (optional)		RACE** (optional)
<input type="checkbox"/> CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None			Hispanic? <input type="radio"/> Yes <input type="radio"/> No		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
Intends to reside in MN?		RELATIONSHIP VERIFICATION		IMMIGRATION VERIFICATION	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> requested <input type="radio"/> attached		<input type="radio"/> requested <input type="radio"/> attached	

If more than 5 people, complete DHS-5223S or attach a separate sheet.

Tell us about your household. (Answer all questions below.)

1. Does **everyone** in your household buy, fix **or** eat food with you?

☐ Yes ☐ No

AGENCY USE: EATS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

2. Is **anyone** in the household, who is age 60 or over or disabled, unable to buy or fix food due to a disability?

☐ Yes ☐ No

AGENCY USE: EATS, DISA, WREG
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

3. Is **anyone** in the household attending school (any level/age)?

☐ Yes ☐ No

AGENCY USE: SCHL
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

4. Is there **anyone** who normally lives with you that is temporarily not living with you?

☐ Yes ☐ No

AGENCY USE: REMO
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

5. Does **anyone** have a physical or mental health condition, including blindness, that limits the ability to work or perform daily activities?

☐ Yes ☐ No

AGENCY USE: DISA, EMPS, PBEN, UNEA, WREG
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

6. Is **anyone** not able to work for any other reason that is not an illness or disability?

☐ Yes ☐ No

AGENCY USE: EMPS, WREG
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

7. Do all children under the age of 19 have both parents living in the home? If no children under the age of 19 are living with you, leave this question blank.

☐ Yes ☐ No

AGENCY USE: INFC/CSIA, ABPS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

8. **For recertifications only:** Did **anyone** move in or out of your home in the past 12 months?

☐ Yes ☐ No

AGENCY USE: ADME, REMO
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

What kinds of income do you have? (Answer all questions below.)

9. Does **anyone** in the household have a job or expect to get income from a job this month or next month. This includes work study and paid internships.

Bring or send proof.

☐ Yes ☐ No

AGENCY USE: JOBS, STIN, SPON
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
HOW OFTEN PAID: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly
<input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Other

For all household job information, see the cover pages at the start of the CAF pdf.

If yes:

1.	Employee name	Employer/business name
Do you get paid by the hour? <input type="radio"/> Yes <input type="radio"/> No		
If yes, how much are you paid per hour?		How many hours do you work per week?
How often paid? <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> Twice per month <input type="radio"/> Every month <input type="radio"/> It varies		
How much gross money (before taxes and deductions) does this job pay every time you are paid? (If unknown, include the total amount you were paid in the last 30 days).		

2.	Employee name	Employer/business name
Do you get paid by the hour? <input type="radio"/> Yes <input type="radio"/> No		
If yes, how much are you paid per hour?		How many hours do you work per week?
How often paid? <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Every other week <input type="radio"/> Twice per month <input type="radio"/> Every month <input type="radio"/> It varies		
How much gross money (before taxes and deductions) does this job pay every time you are paid? (If unknown, include the total amount you were paid in the last 30 days).		

9a. Do you expect any changes to this income or work hours?

☐ Yes ☐ No

If yes, ADDITIONAL DETAILS

10. Is **anyone** in the household self-employed or does anyone expect to get income from self-employment this month or next month? **Bring or send proof.**

☐ Yes ☐ No

If yes: GROSS MONTHLY EARNINGS

AGENCY USE: BUSI, RBIC, SPON

☐ Confirmed response

☐ 50% ☐ taxable

VERIFICATION: ☐ requested ☐ attached

Examples: • Product sales • Farming • In-home day care • Roomers/boarders • Property rental
• Driver • Delivery services • Other

10a. Do you expect any changes to this self-employment income, expenses or work hours?

☐ Yes ☐ No

AGENCY USE: BUSI, RBIC, SPON

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

If yes, LIST CHANGES

11. In the last 60 days did anyone in the household (check all that apply):

Stop working, quit a job or ended self-employment?

Refuse a job offer?

Ask to work fewer hours?

Go on strike?

None of the above.

AGENCY USE: STWK, STRK, PBEN

☐ Confirmed response

ELIGIBLE FOR GOOD CAUSE: ☐ Yes ☐ No

VERIFICATION: ☐ requested ☐ attached

ADDITIONAL DETAILS

12. **For SNAP only:** If not currently working or self-employed, has anyone had a job or been self-employed in the past 36 months? If currently working or self-employed, leave this question blank.

☐ Yes ☐ No

AGENCY USE: WREG

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

13. **For SNAP only:** Does anyone in your household receive or expect to receive Advance Child Tax Credit payments in July through December?

☐ Yes ☐ No

AGENCY USE: UNEA

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

Principal Wage Earner (PWE)

SNAP households with children must designate an adult as the PWE. Talk to your worker about how this designation could affect your benefits.

DESIGNATED PWE	SIGNATURE OF APPLICANT
----------------	------------------------

14. Has **anyone** in the household applied for or does anyone get any of the following types of income?

Bring or send proof.

Yes

No

- | | | |
|--------------------------------------|----------------------------------|-----------------------------|
| • Social Security (RSDI) | • Retirement or pension payments | • Tribal Payments |
| • Supplemental Security Income (SSI) | • Rental income | • Gifts |
| • Child or spousal support | • Annuities | • Lottery/gambling winnings |
| • Unemployment | • Trusts | • Day trading proceeds |
| • Workers' compensation | • Interest or dividends | • Any other income |
| • Veterans' benefits | • Contract for deed | |

AGENCY USE: PBEN, UNEA, SPON, DISA, WREG, BUSI

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

For all unearned income information, see the cover pages at the start of the CAF pdf.

1.	FIRST AND LAST NAME	TYPE OF INCOME	
	START DATE	END DATE	AMOUNT \$
			HOW OFTEN RECEIVED
2.	FIRST AND LAST NAME	TYPE OF INCOME	
	START DATE	END DATE	AMOUNT \$
			HOW OFTEN RECEIVED

15. Does **anyone** in the household have or expect to get any loans, scholarships or grants for attending college, university or other post high school? **Bring or send proof.**

☐ Yes ☐ No

AGENCY USE: STIN, STEC, SCHL, WREG

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

What kinds of expenses do you have? (Answer all questions below.)

16. Does **your household** have the following housing expenses?

Check yes or no for each item. **Bring or send proof.**

Rent (include mobile home lot rental)	<input type="radio"/> Yes <input type="radio"/> No
Mortgage/contract for deed payment	<input type="radio"/> Yes <input type="radio"/> No
Association fees	<input type="radio"/> Yes <input type="radio"/> No
Homeowner's insurance (if not included in mortgage)	<input type="radio"/> Yes <input type="radio"/> No
Room and/or board	<input type="radio"/> Yes <input type="radio"/> No
Real estate taxes (if not included in mortgage)	<input type="radio"/> Yes <input type="radio"/> No

AGENCY USE: SHEL, EATS, RBIC

☐ Confirmed response

VERIFICATION: ☐ requested ☐ attached

16a. Do you receive a rental subsidy (ex: Section 8)? ☐ Yes ☐ No

17. Does **your household have the following utility expenses **any time** during the year, **including seasonal charges**? Check yes or no for each item. **Bring or send proof.****

Heating	<input type="radio"/> Yes <input type="radio"/> No	Air conditioning	<input type="radio"/> Yes <input type="radio"/> No
Water and sewer	<input type="radio"/> Yes <input type="radio"/> No	Electricity	<input type="radio"/> Yes <input type="radio"/> No
Phone/cell phone	<input type="radio"/> Yes <input type="radio"/> No	Garbage removal	<input type="radio"/> Yes <input type="radio"/> No

17a. Did you or anyone in your household receive energy assistance of more than \$20 in the past 12 months?
☐ Yes ☐ No

18. Do **you or anyone living with you have costs for care of a **child(ren)** because you or they are working, looking for work or going to school? The Child Care Assistance Program may help pay child care costs. Ask your worker how to apply for the Child Care Assistance Program.**

☐ Yes ☐ No

If Yes: Amount \$	How Often
-------------------	-----------

19. Do **you or anyone living with you have costs for care of an **ill or disabled adult** because you or they are working, looking for work or going to school?**

☐ Yes ☐ No

If Yes: Amount \$	How Often
-------------------	-----------

20. Does **anyone in the household **pay** court-ordered child support, spousal support, child care support, medical support or contribute to a tax dependent who does not live in your home?**

☐ Yes ☐ No

If Yes: Amount \$	How Often
-------------------	-----------

21. For SNAP only: Is there a household member who has a disability OR is age 60 or older and has medical expenses? To get a medical deduction you must provide proof of all medical bills incurred by anyone in your household **who is disabled or 60 years or older. Do not** bring medical bills that are being paid for by any health care program, insurance or someone not living with you.

☐ Yes ☐ No

What do you own? (Answer all questions below.)

22. Does **anyone in the household own any of the following? **Bring or send proof.****

Cash	<input type="radio"/> Yes <input type="radio"/> No
Bank accounts (savings, checking, debit card, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Electronic payment card (Reliacard, Direct Express, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Stocks, bonds, annuities, 401K, etc.	<input type="radio"/> Yes <input type="radio"/> No
Vehicles (cars, trucks, motorcycles, campers, trailers)	<input type="radio"/> Yes <input type="radio"/> No

23. Has **anyone in the household given away, sold or traded anything of value **in the past 12 months**? (For example: cash, bank accounts, stocks, bonds, vehicles)**

☐ Yes ☐ No

AGENCY USE: ACUT, HEST
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

AGENCY USE: DCEX, FMED
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

AGENCY USE: DCEX, FMED
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

AGENCY USE: COEX
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

AGENCY USE: FMED, DISA, WREG
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

AGENCY USE: CASH, CARS, ACCT, REST, SECU, SPON
<input type="checkbox"/> Confirmed response
EFT OFFERED? <input type="radio"/> Yes <input type="radio"/> No
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

AGENCY USE: TRAN
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

Other information (Answer questions below.)

24. For Minnesota Supplemental Assistance only: Does **anyone** in the household have any of the following expenses?

Representative payee fees	<input type="radio"/> Yes <input type="radio"/> No
Guardian or conservator fees	<input type="radio"/> Yes <input type="radio"/> No
Medically-prescribed special diet	<input type="radio"/> Yes <input type="radio"/> No
High housing costs	<input type="radio"/> Yes <input type="radio"/> No

AGENCY USE: DIET, PDED

☐ *Confirmed response*

VERIFICATION: ☐ *requested* ☐ *attached*

You may authorize another person(s) to:

- **Fill out forms and apply for help from the agency**
- **Communicate with the agency**
- **Get notices and information related to your case**
- **Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account.**

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, trusted professional acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

AUTHORIZED PERSON 1				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits <input type="checkbox"/> Communicate	NAME	RELATIONSHIP		PHONE NUMBER
	ADDRESS	CITY	STATE	ZIP CODE

*Only one authorized representative can get and use SNAP benefits on behalf of the applicant.

Other help

Are you currently getting help from a social worker or social services agency? ☐ Yes ☐ No

Do you need help with referrals for other areas (for example, food shelves, housing, transportation)? ☐ Yes ☐ No

Do you want to register to vote or update your registration? ☐ Yes ☐ No

Penalty warnings and qualification questions

If you get cash or SNAP benefits, you must follow the rules listed below.

- **Do not give false information** or hide information to get or continue to get benefits. If you get cash or SNAP benefits and give false information or hide information about your **identity** and **residency** to get multiple benefits for the same period of time, you may be barred for 10 years.
- **Do not trade or sell SNAP benefits** or Electronic Benefit Transfer (EBT) access cards. **The trade or sale of benefits valued at over \$500 may result in permanent ineligibility.**
- **Do not use cash or SNAP benefits to buy ineligible items**, such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get cash or SNAP benefits for your household.

The state may bar household members who break any of these rules. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The months you are barred from MFIP for breaking the rules may count toward your 60-month lifetime limit.

You can also be prosecuted for fraud if you break the rules and additional fines and penalties may apply. The maximum penalty is a fine of \$250,000 or a jail term of 20 years, or both.

Special SNAP penalty warning: If a federal, state or local court finds you or any household member guilty of giving or receiving SNAP benefits in exchange for:

- **Controlled substances**, that household member will be barred from getting SNAP for 24 months for the first offense and permanently for the second offense.
- **Firearms, ammunition or explosives**, that household member will be barred from getting SNAP permanently.

- | | |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | 1. Has a court or any other civil or administrative process in Minnesota or any other state found anyone in the household guilty or has anyone been disqualified from receiving public assistance for breaking any of the rules above? |
| <input type="radio"/> Yes <input type="radio"/> No | 2. Has anyone in the household been convicted of making fraudulent statements about their place of residence to get cash or SNAP benefits from more than one state? |
| <input type="radio"/> Yes <input type="radio"/> No | 3. Is anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, or to avoid going to jail for a felony? |
| <input type="radio"/> Yes <input type="radio"/> No | 4. Has anyone in your household been convicted of a drug felony in the past 10 years?(If yes, the agency may ask you to take random drug tests). |
| <input type="radio"/> Yes <input type="radio"/> No | 5. Is anyone in your household currently violating a condition of parole, probation or supervised release? |

Employment services registration

I understand that signing this application registers me for employment services. I also understand that doing so automatically registers everyone in my home whom the agency approves to receive assistance with me for employment services. I understand that I or others in my home might have to take part in employment services to receive cash assistance or SNAP benefits.

Assignments

I understand that when I get MFIP I must assign my rights to child support and maintenance to the state of Minnesota.

Perjury and general declarations

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both.

[Minnesota Statutes, section 256.984, subd. 1]

Authorization to share information for fraud investigation and audits

I agree that third parties may share information about me with persons investigating fraud and conducting Federal or state audits. This may include, but is not limited to:

- Employers and schools,
- Landlords and utility companies,
- Financial and insurance agencies, and
- Other government offices.

I understand this consent is good for six months after my benefits stop.

By signing:

- I understand cash assistance is provided to help eligible families meet their basic needs.
- I understand if I give incorrect information or misuse an electronic benefit transfer (EBT) card, I may be investigated and disqualified or prosecuted for fraud. [Minnesota Statute, sections 256.98 and 609.821]
- I acknowledge that since my last application or recertification, I have received my cash and/or SNAP benefits directly or used my EBT card to get my cash and/or SNAP benefits.
- I acknowledge that I have read and understand the "Penalty warnings and qualification questions" section.
- I acknowledge that my worker reviewed and explained the attached "Notice of Privacy Practices" (DHS-3979) and "Client Responsibilities and Rights" (DHS-4163).
- I agree to assign my child support as stated above.
- I agree to the sharing of information as stated on the fraud investigation and audits release information section above.
- I agree to the sharing of information as stated in the Social Security numbers section on page ii.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

AGENCY USE

PROVIDED APPLICANT WITH THE FOLLOWING DOCUMENTS:

- | | |
|--|---|
| <input type="checkbox"/> Program information for cash, food and child care programs (DHS-2920) | <input type="checkbox"/> Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759) (<i>attached</i>) |
| <input type="checkbox"/> Domestic Violence Information brochure (DHS-3477) | <input type="checkbox"/> Do you have a disability? (DHS-4133) |
| <input type="checkbox"/> Notice of Privacy Practices (DHS-3979) (<i>attached</i>) | <input type="checkbox"/> How to Use Your Minnesota EBT Card (DHS-3315A) |
| <input type="checkbox"/> Client responsibilities and rights (DHS-4163) (<i>attached</i>) | <input type="checkbox"/> Reviewed all pages of application with client |
| <input type="checkbox"/> Appeal Rights (DHS-3353) (<i>attached</i>) | |

AGENCY SIGNATURE	INTERVIEW DATE	CASE NUMBER
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