



Combined Application Form

Household Member Supplement

Purpose: This form is a supplement to the Combined Application Form (CAF) (DHS-5223). Use this form if you need more space than the five persons allowed on the CAF to list the people in your household.

Instructions: **List all of the people living in your home** 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. You have to give a Social Security number **only** for people who are applying for help. If anyone in the household uses another name (maiden name, nickname, etc.) list the other name(s) in the OTHER NAMES boxes below. **List in this order:** Your spouse, other adult(s), children, all other people, anyone temporarily away from home. If anyone is pregnant, list unborn child(ren) as "unborn child" and the due date. The RACE and ETHNICITY questions are optional and used to assure that race, color or national origin do not affect eligibility or the level of benefits issued.

* Marital status: (choose one)	N = Never married L = Legally separated	M = Married living with spouse D = Divorced	S = Separated (married, living apart) W = Widowed
* Race: (choose all that apply)	N = American Indian/ Alaska Native P = Pacific Islander/ Native Hawaiian	A = Asian W = White	B = Black or African American

PERSON 6 LEGAL NAME (last/first/middle)		OTHER NAMES		GENDER M F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)		MARITAL STATUS*		SOCIAL SECURITY NUMBER LAST SCHOOL GRADE COMPLETED	
U.S. CITIZEN OR U.S. NATIONAL? Yes No		ETHNICITY (optional) Hispanic? Yes No		RACE (optional)* Date _____ From: _____	
WHAT PROGRAMS IS THIS PERSON APPLYING FOR? SNAP (food) Cash programs Emergency Assistance** None					

**Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Intends to reside in MN? Yes No
 Has sponsor? Yes No
 Immigration status _____
 Verification: requested attached

PERSON 7 LEGAL NAME (last/first/middle)		OTHER NAMES		GENDER M F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)		MARITAL STATUS*		SOCIAL SECURITY NUMBER LAST SCHOOL GRADE COMPLETED	
U.S. CITIZEN OR U.S. NATIONAL? Yes No		ETHNICITY (optional) Hispanic? Yes No		RACE (optional)* Date _____ From: _____	
WHAT PROGRAMS IS THIS PERSON APPLYING FOR? SNAP (food) Cash programs Emergency Assistance** None					

**Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Intends to reside in MN? Yes No
 Has sponsor? Yes No
 Immigration status _____
 Verification: requested attached

PERSON 8 LEGAL NAME (last/first/middle)				OTHER NAMES		GENDER M F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)		MARITAL STATUS*		SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED		
U.S. CITIZEN OR U.S. NATIONAL? Yes No		ETHNICITY (optional) Hispanic? Yes No		RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date _____ From: _____		
WHAT PROGRAMS IS THIS PERSON APPLYING FOR? SNAP (food) Cash programs Emergency Assistance** None							

**Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Intends to reside in MN? Yes No
 Has sponsor? Yes No
 Immigration status _____
 Verification: requested attached

PERSON 9 LEGAL NAME (last/first/middle)				OTHER NAMES		GENDER M F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)		MARITAL STATUS*		SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED		
U.S. CITIZEN OR U.S. NATIONAL? Yes No		ETHNICITY (optional) Hispanic? Yes No		RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date _____ From: _____		
WHAT PROGRAMS IS THIS PERSON APPLYING FOR? SNAP (food) Cash programs Emergency Assistance** None							

**Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Intends to reside in MN? Yes No
 Has sponsor? Yes No
 Immigration status _____
 Verification: requested attached

PERSON 10 LEGAL NAME (last/first/middle)				OTHER NAMES		GENDER M F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)		MARITAL STATUS*		SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED		
U.S. CITIZEN OR U.S. NATIONAL? Yes No		ETHNICITY (optional) Hispanic? Yes No		RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date _____ From: _____		
WHAT PROGRAMS IS THIS PERSON APPLYING FOR? SNAP (food) Cash programs Emergency Assistance** None							

**Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Intends to reside in MN? Yes No
 Has sponsor? Yes No
 Immigration status _____
 Verification: requested attached