



CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

## **Combined Application – Household Member Supplement Form**

**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.

**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.

		er marrie Ily separ		th spouse <b>S</b> = Separate <b>W</b> = Widowe				g apart)			
	<b>A</b> = Asia <b>P</b> = Pacif		= Black or African American er/Native Hawaiian			n <b>N</b> = American Indian/Alaska Native <b>W</b> = White					
<b>NOTE:</b> 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											
PERSON 6											
EGAL NAME - LAST FIRST NAM		RST NAME	MIDDLE		NAME		OTHER NAMES (maiden name, nickname, etc.)			rtc.)	
SOCIAL SECURITY NUMBER (only if applying for help)			DATE OF BIRTH	_	SENDER O Prefer Not to Say RELAT			P TO YOU			
MARITAL STATUS* LAST SO			CHOOL GRADE COMPLETED MO			T RECENTLY MOVED TO MINNESOTA					
$\bigcirc$ N $\bigcirc$ M $\bigcirc$ S $\bigcirc$ L $\bigcirc$ D $\bigcirc$ W		v		Date (mm/dd/yyyy):			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	U.S. Military Service (regardless of discharge status)?  Yes No										
WHAT PROGRAM(S) IS THIS PER	ССАР		ETHNICITY (optional)			RACE** (optional)	,1				
SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No							PW				
		AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON									
	ide in MN? Yes No			RELATIONSHIP VERIFICATION			IMMIGRATION VERIFICATION				
	es person h	have sponsor? OYes ONo			requested attached			○ requested ○ attached			

PERSON 7											
LEGAL NAME - LAST	FIRST NAME		MIDDLE NAME		OTHER NAMES (		R NAMES (maio	naiden name, nickname, etc.)			
SOCIAL SECURITY NUMBER (only if app	lying for help)	for help) DATE OF BIRTH		GENDER O Prefe		to Say	RELATIONSHIP	P TO YOU			
				○ Male ○ Female							
MARITAL STATUS*	LAST SC	LAST SCHOOL GRADE COMPLETED			MOST RECENTLY MOVED TO MINNESOTA						
$\bigcirc$ N $\bigcirc$ M $\bigcirc$ S $\bigcirc$ L $\bigcirc$ D $\bigcirc$	) w				mm/dd/yyyy):	:	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 discharge status)?											
○ Yes ○ No											
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP ETHNICITY (optional)							RACE** (optional)				
SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No A B N P W											
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON											
	de in MN? (	Yes (	RELATIONSHI	IP VERI	FICATION	IMMIGRATION VERIFICATION					
	Does person h	ave sponsor? (	) No	○ requested ○ attached			requested attached				
PERSON 8       LEGAL NAME - LAST     FIRST NAME     MIDDLE NAME     OTHER NAMES (maiden name, nickname, etc.)								den name nickname etc)			
LEGAL NAME - LAST	TINSTINAME		MIDDLE	INAME	TE OTTER NAMES (Haldel Halle, Hickitaine, etc.)						
SOCIAL SECURITY NUMBER (only if applying for help) DATE OF BIRTH GENDER OF Prefer Not to Say RELATIONSHIP TO YOU							P TO YOU				
					e O Female						
MARITAL STATUS*	HOOL GRADE COI	MPLETED	MOST R	RECENTLY MOVED TO MINNESOTA							
ON OM OS OL OD OW				Date (mm/dd/yyyy):				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 discharge status)?											
○ Yes ○ No											
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP ETHNICITY (optional)								RACE** (optional)			
SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No A B N P								□ A □ B □ N □ P □ W			
	AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON										
	Intends to reside in MN? Yes				RELATIONSHI	IP VERI	IMMIGRATION VERIFICATION				
	Does person h	)No	Oreguested Oattached Oreguested Oattached								

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PERSON 9										
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME			OTHER NAMES (maiden name, nickname, etc.)					
SOCIAL SECURITY NUMBER (only if app	olying for help)	for help) DATE OF BIRTH		GENDER	O Prefer Not	to Say	RELATIONSHI	P TO YOU		
		1		○ Male ○ Female						
MARITAL STATUS* LAST		HOOL GRADE CO	MOST RECENTLY MOVED TO MINNESOTA							
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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 applyin	g for help)	U.S. Military Se	ervice (re	egardles	s of discha	rge s	tatus)?			
○Yes ○No										
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR?  CCAP  ETHNICITY (optional)  RACE** (optional)								RACE** (optional)		
SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No ABNP W										
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON										
	Intends to reside in MN? OYes ONO					RELATIONSHIP VERIFICATION IMMIGRATION VERIFICATION				
	have sponsor? Yes No			requested attached			requested attached			
LEGAL NAME - LAST	PERSON 10  LEGAL NAME - LAST FIRST NAME MIDDLE NAME OTHER NAMES (maiden name, nickname, etc.)									
LEGAL NAIVIE - LAST	FIRST NAIVIE	MIDDLE NAME					N NAMES (IIIII)	den name, mckhame, etc.,		
SOCIAL SECURITY NUMBER (only if applying for help) DATE OF BIRTH GENDER Oprefer Not to Say RELATIONSHIP TO YOU							P TO YOU			
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MARITAL STATUS*	HOOL GRADE CO	OOL GRADE COMPLETED MOST I			RECENTLY MOVED TO MINNESOTA					
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IMMIGRATION STATUS (only if applying for help)  U.S. Military Service (regardless of discharge status)?										
○ Yes ○ No										
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP ETHNICITY (optional) RACE** (optional)								RACE** (optional)		
SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No A B N P V										
	AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON									
	Intends to res	Yes (	No RELATIONSHIP VERIFICATION			IMMIGRATION VERIFICATION				
	Does person have sponsor? Oyes ONG				○reauested ○attached			○ requested ○ attached		

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