



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.

	<b>N</b> = Neve <b>L</b> = Lega			ith spouse		= Separate / = Widowe	ed (married, living apart) ed				
	<b>A</b> = Asia <b>P</b> = Pacif			ck or African American <b>N</b> = An cive Hawaiian <b>W</b> = W				nerican Indian/Alaska Native hite			
<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 11											
EGAL NAME - LAST FIRST NAME				MIDDLE NAME			OTHE	R NAMES (mai	den name, nickname, etc.)		
SOCIAL SECURITY NUMBER (only if applying for help)			DATE OF BIRTH	GENDER (			to Say I <b>le</b>	RELATIONSHI	P TO YOU		
MARITAL STATUS* LAST SO			CHOOL GRADE COMPLETED MOST			RECENTLY MOVED TO MINNESOTA					
$\bigcirc$ N $\bigcirc$ M $\bigcirc$ S $\bigcirc$ L $\bigcirc$ D $\bigcirc$ W			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 a	U.S. Military Service (regardless of discharge status)?  Yes No										
WHAT PROGRAM(S) IS THIS PER	ССАР		ETHNICITY (optional)			RACE** (optional)					
SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No									ABNPW		
		AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON									
	Intends to res				ide in MN? Yes No			IFICATION	IMMIGRATION VERIFICATION		
	have sponsor? Yes No			○ requested ○ attached			○ requested ○ attached				

PERSON 12										
LEGAL NAME - LAST	FIRST NAME		MIDDLE NAME			OTHER NAMES (maiden name, nickname, etc.)				
SOCIAL SECURITY NUMBER (only if app	lying for help)	for help) DATE OF BIRTH		GENDER	Prefer Not	to Say	RELATIONSHIP	P TO YOU		
				○Male ○Female						
MARITAL STATUS* LAST S		HOOL GRADE CO	MOST RECENTLY MOVED TO MINNESOTA							
$\bigcirc$ N $\bigcirc$ M $\bigcirc$ S $\bigcirc$ L $\bigcirc$ D $\bigcirc$ W			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 applyin	g for help)	U.S. Military Service (regardless of discharge status)?								
○ Yes ○ No										
WHAT PROGRAM(S) IS THIS PERSON AI	CCAP			ETHNICITY (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? Yes					IP VERI	IMMIGRATION VERIFICATION			
	have sponsor? Yes No			○ requested ○ attached			requested attached			
PERSON 13										
				NAME	NAME OTHER NAMES (maiden name, nickname,			den name nickname etc)		
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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 res	Yes (	No RELATIONSHIP VERIFICATION			IMMIGRATION VERIFICATION				
	Does person have sponsor? Yes No					requested attached requested attached				

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PERSON 14											
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 OPrefer No		to Say	to Say RELATIONSHIP TO YOU				
				○ Male   ○ Female							
MARITAL STATUS*	LAST SC	ST SCHOOL GRADE COMPLETED			MOST RECENTLY MOVED TO MINNESOTA						
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IMMIGRATION STATUS (only if applying	g for help)	U.S. Military Service (regardless of discharge status)?									
○ Yes ○ No											
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SNAP (food) Cash programs Emergency Assistance None Hispanic? Yes No A B N P W											
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON											
	Intends to reside in MN? Yes				RELATIONSHI	IP VERI	IMMIGRATION VERIFICATION				
Į	Does person h	have sponsor? Yes No			○ requested ○ attached			requested attached			
PERSON 15  LEGAL NAME - LAST FIRST NAME MIDDL					NAME OTHER NAMES (maiden name, nickname, etc.)						
LEGAL NAME LAST	FIRST NAME MIDDL			INTIVIL	STIERTO MES (Maldell Harrey Medicality Ctc.)						
SOCIAL SECURITY NUMBER (only if app	olying for help)	DATE OF BIRTH GENDER			Prefer Not to Say RELATIONSHIP TO YOU						
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	AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON										
	Intends to reside in MN? Yes				RELATIONSHIP VERIFICATION			IMMIGRATION VERIFICATION			
	Does person h	)No	○ requested ○ attached ○ requested ○ attached								

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