MINNESOTA

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.

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

*Race: *(choose all that apply)*
A = Asian B = Black or African American N = American Indian/Alaska Native
P = Pacific Islander/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

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PERSON 11

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 ◯ Prefer Not to Say ◯ Male ◯ Female	RELATIONSHIP TO YOU

MARITAL STATUS*
◯ N ◯ M ◯ S ◯ L ◯ D ◯ W

LAST SCHOOL GRADE COMPLETED

MOST RECENTLY MOVED TO MINNESOTA
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
☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance ☐ None

ETHNICITY *(optional)*
Hispanic? ◯ Yes ◯ No

RACE** *(optional)*
☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON		
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*RELATIONSHIP VERIFICATION* ◯ requested ◯ attached	*IMMIGRATION VERIFICATION* ◯ requested ◯ attached

PERSON 12

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 ◯ Prefer Not to Say ◯ Male ◯ Female	RELATIONSHIP TO YOU

MARITAL STATUS* ◯N ◯M ◯S ◯L ◯D ◯W

LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA
	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

☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance ☐ None

ETHNICITY *(optional)* Hispanic? ◯ Yes ◯ No

RACE** *(optional)* ☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON		
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*RELATIONSHIP VERIFICATION* ◯ requested ◯ attached	*IMMIGRATION VERIFICATION* ◯ requested ◯ attached

PERSON 13

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 ◯ Prefer Not to Say ◯ Male ◯ Female	RELATIONSHIP TO YOU

MARITAL STATUS* ◯N ◯M ◯S ◯L ◯D ◯W

LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA
	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

☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance ☐ None

ETHNICITY *(optional)* Hispanic? ◯ Yes ◯ No

RACE** *(optional)* ☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON		
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*RELATIONSHIP VERIFICATION* ◯ requested ◯ attached	*IMMIGRATION VERIFICATION* ◯ requested ◯ attached

PERSON 14

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 ◯ Prefer Not to Say ◯ Male ◯ Female	RELATIONSHIP TO YOU

MARITAL STATUS* ◯ N ◯ M ◯ S ◯ L ◯ D ◯ W

LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA 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
☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance ☐ None

ETHNICITY *(optional)* Hispanic? ◯ Yes ◯ No

RACE** *(optional)* ☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON		
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*RELATIONSHIP VERIFICATION* ◯ requested ◯ attached	*IMMIGRATION VERIFICATION* ◯ requested ◯ attached

PERSON 15

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 ◯ Prefer Not to Say ◯ Male ◯ Female	RELATIONSHIP TO YOU

MARITAL STATUS* ◯ N ◯ M ◯ S ◯ L ◯ D ◯ W

LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA 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
☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance ☐ None

ETHNICITY *(optional)* Hispanic? ◯ Yes ◯ No

RACE** *(optional)* ☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON		
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*RELATIONSHIP VERIFICATION* ◯ requested ◯ attached	*IMMIGRATION VERIFICATION* ◯ requested ◯ attached

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