

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

## PERSON 6

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)	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
<b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>			
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 7**

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"/> O L <input type="radio"/> O D <input type="radio"/> O 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"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None	CCAP	ETHNICITY (optional) <input type="radio"/> 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
<b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>			
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 8**

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"/> O L <input type="radio"/> O D <input type="radio"/> O 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"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None	CCAP	ETHNICITY (optional) <input type="radio"/> 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
<b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>			
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 9**

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 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?		CCAP	ETHNICITY (optional)	RACE** (optional)
<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
<b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>				
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 10**

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 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?		CCAP	ETHNICITY (optional)	RACE** (optional)
<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
<b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>				
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				